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POLICY TRANSMITTAL NO. 05-43	DATE: SEPTEMBER 7, 2005
DEVELOPMENTAL DISABILITIES SERVICES DIVISION/OKLAHOMA HEALTH CARE AUTHORITY	DEPARTMENT OF HUMAN SERVICES OFFICE OF PLANNING, POLICY & RESEARCH

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TO: ALL OFFICES

SUBJECT: MANUAL MATERIAL

OAC 317:40-1-1; 40-5-1; 40-5-3 through 40-5-15; 40-5-37 through 40-5-40; 40-7-1 through 40-7-8; 40-7-11 through 40-7-13; 40-7-15; and 40-7-19 through 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) clarify determination of eligibility for Waiver services for persons with mental retardation; (2) simplify rules on relief time for agency companions; (3) address retirement for people receiving Waiver employment services; (4) clarify coordination with the Department of Rehabilitation Services; (5) clarify activities eligible for authorization as community-based vocational services; (6) remove the limit of 15 hours per week on center-based services for all but Homeward Bound class members; (7) revise stabilization services; (8) allow claims for job development after three months; and (9) add updates.

Original signed on 9-1-05

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James M. Nicholson, Director  
Developmental Disabilities Services Division

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Sharon Neuwald, Co-Interim Administrator  
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WF # 05-W (DT)

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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**

317:40-1-1	317:40-1-1, pages 1-10, revised 7-11-05
317:40-5-1	317:40-5-1, 1 page only, revised 7-11-05
317:40-5-3	317:40-5-3, pages 1-4, revised 7-11-05
317:40-5-4	317:40-5-4, pages 1-2, revised 7-11-05
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317:40-5-6	317:40-5-6, 1 page only, revised 7-11-05
317:40-5-7	
317:40-5-8	317:40-5-8, pages 1-3, revised 7-11-05
317:40-5-9	317:40-5-9, 1 page only, revised 7-11-05
317:40-5-10	317:40-5-10, 1 page only, revised 7-11-05
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317:40-5-13	317:40-5-13, pages 1-2, revised 7-11-05
317:40-5-14	
317:40-5-15	
317:40-5-37	

**REMOVE**

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317:40-5-38

317:40-5-39

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317:40-7-1

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317:40-7-21

317:40-5-40, pages 1-16, issued 7-11-05

317:40-7-1, 1 page only, revised 7-11-05

317:40-7-2, pages 1-3, revised 7-11-05

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317:40-7-8, pages 1-2, revised 7-11-05

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317:40-7-12, pages 1-2, revised 7-11-05

317:40-7-13, pages 1-2, revised 7-11-05

317:40-7-15, pages 1-2, revised 7-11-05

317:40-7-20, 1 page only, revised 7-11-05

317:40-7-21, pages 1-3, revised 7-11-05



**317:40-1-1. Home and Community-Based Services (HCBS) Waivers providing services for persons with certain developmental disabilities**

(a) **Applicability.** The rules in this Section apply to services funded through Medicaid Home and Community-Based Services (HCBS) Waivers as defined in Section 1915(c) of the Social Security Act and administered by the Oklahoma Department of Human Services (OKDHS), Developmental Disabilities Services Division (DDSD). The specific waivers are the In-Home Supports Waiver (IHSW) for Adults, the In-Home Supports Waiver (IHSW) for Children, the Community Waiver, and the Homeward Bound Waiver.

(b) **Program Administration.** Services funded through a Home and Community-Based Services Waiver for persons with mental retardation or for certain persons with related conditions are administered by DDSD, under the oversight of the Oklahoma Health Care Authority (OHCA), the State Medicaid agency. The rules in this subsection shall not be construed as a limitation of the rights of class members set forth in the Consent Decree in Homeward Bound vs. The Hisson Memorial Center.

(1) HCBS Waiver services are subject to annual appropriations by the Oklahoma Legislature.

(2) DDSD must limit the utilization of the HCBS Waiver services based on:

(A) the federally-approved recipient capacity for the individual HCBS Waivers;

(B) the cost-effectiveness of the individual HCBS Waivers as determined according to federal requirements; and

(C) State appropriations.

(3) DDSD must limit enrollment when utilization of services under the HCBS Waiver programs is projected to exceed the spending authority.

(c) **Program provisions.** Each individual requesting HCBS Waiver services and his or her family or guardian are responsible for:

(1) accessing, with the assistance of OKDHS staff, all benefits available under Oklahoma's Medicaid State Plan or other payment sources prior to accessing funding for those same services under

a HCBS Waiver program;

(2) cooperating in the determination of medical and financial eligibility, including prompt reporting of changes in income or resources; and

(3) choosing between HCBS Waiver services and institutional care.

**(d) Waiver Eligibility.**

(1) HCBS Waiver services are available to Oklahoma residents meeting Medicaid eligibility requirements established by law, regulatory authority, and policy within funding available through State or Federal resources. To be eligible for and receive services funded through any of the Waivers listed in subsection (a) of this Section, a person must first be determined financially eligible for Medicaid through the OKDHS Family Support Services Division. The Medicaid eligible individual may not simultaneously be enrolled in any other Medicaid Waiver program or receiving services in an institution including a hospital, nursing facility, residential care facility as described in Section 1-819 of Title 63 of Oklahoma Statutes, or ICF/MR facility. The individual may also not be receiving DDSD state-funded services such as the Family Support Assistance Payment, sheltered workshop services, community integrated employment services, or assisted living without waiver supports as described in OAC 340:100-5-22.2. The individual must also meet other Waiver-specific eligibility criteria.

**(A) In-Home Supports Waivers.** To be eligible for services funded through the In-Home Supports Waivers (IHSW), a person must:

(i) meet all criteria for HCBS Waiver services given in subsection (d) of this Section;

(ii) be determined to have a disability, with a diagnosis of mental retardation, by:

(I) the Social Security Administration; or

(II) the Oklahoma Health Care Authority, Level of Care Evaluation Unit;

(iii) be three years of age or older;

(iv) be determined by the Oklahoma Health Care Authority, Level of Care Evaluation Unit, to meet the ICF/MR Institutional Level of Care requirements in accordance with OAC 317:30-5-122;

(v) reside in:

(I) the home of a family member or friend;

(II) his or her own home;

(III) an OKDHS Children and Family Services Division (CFSD) foster home; or

(IV) a CFSD group home; and

(vi) have critical support needs that can be met through a combination of non-paid, non-Waiver, and State Plan resources available to the individual, and with HCBS Waiver resources that are within the annual per capita Waiver limit agreed between the State of Oklahoma and the Centers for Medicare and Medicaid Services (CMS).

**(B) Community Waiver.** To be eligible for services funded through the Community Waiver, the person must:

(i) meet all criteria given in subsection (d) of this Section;

(ii) be age three or older;

(iii) have critical support needs that can be met by the Community Waiver and cannot be met by IHSW services or other service alternatives, as determined by the DDSD Division Director or designee;

(iv) be determined, in accordance with either subunit I or both subunits II and III of this unit:

(I) to have mental retardation or a related condition by the Mental Retardation Authority and to be covered under the State's alternative disposition plan adopted under Section 1919(e)(7)(E) of the Social Security Act;  
or

(II) to have a disability, with a diagnosis of mental retardation, by the Social Security Administration or the Oklahoma Health Care Authority, Level of Care Evaluation Unit; and

(III) to meet the ICF/MR Institutional Level of Care requirements by the Oklahoma Health Care Authority, Level of Care Evaluation Unit.

(C) **Homeward Bound Waiver.** To be eligible for services funded through the Homeward Bound Waiver, the person must:

(i) be certified by the United States District Court for the Northern District of Oklahoma as a member of the plaintiff class in *Homeward Bound et al. v. The Hissom Memorial Center*, Case No. 85-C-437-E;

(ii) meet all criteria for HCBS Waiver services given in subsection (d) of this Section; and

(iii) be determined to:

(I) have mental retardation or a related condition by the Mental Retardation Authority and to be covered under the State's alternative disposition plan adopted under Section 1919(e)(7)(E) of the Social Security Act;  
or

(II) meet the ICF/MR Institutional Level of Care requirements by the Oklahoma Health Care Authority, Level of Care Evaluation Unit.

(2) The person desiring services through any of the Waivers listed in subsection (a) of this Section participates in diagnostic evaluations and provides information necessary to determine HCBS Waiver services eligibility, including:

(A) a psychological evaluation, current within one year, that includes:

(i) a functional assessment; and

(ii) a statement of age of onset of the disability;

(B) a social service summary, current within one year, that

includes a developmental history; and

(C) a medical evaluation current within 90 days.

(3) The Oklahoma Health Care Authority reviews the diagnostic reports listed in paragraph (2) of this subsection and makes a determination of eligibility for DDSD services and ICF/MR level of care for the services funded through an IHSW or the Community Waiver.

(4) For individuals who are determined to have mental retardation or a related condition by the Mental Retardation Authority in accordance with the State's alternative disposition plan adopted under Section 1919 (e)(7)(E) of the Social Security Act, DDSD reviews the diagnostic reports listed in paragraph (2) of this subsection and, on behalf of the OHCA, makes a determination of eligibility for DDSD services and ICF/MR level of care.

(5) A determination of need for ICF/MR Institutional Level of Care does not limit the opportunities of the person receiving services to participate in community services. Individuals are assured of the opportunity to exercise informed choice in the selection of services.

(e) **Waiting list.** When State DDSD resources are unavailable for new persons to be added to services funded through a Home and Community-Based Services Waiver, persons are placed on a statewide waiting list for services.

(1) The waiting list is maintained in chronological order based on the date of receipt of a written request for services.

(2) The waiting list for persons requesting HCBS Waiver services is administered by DDSD uniformly throughout the state.

(3) An individual is removed from the waiting list if the individual:

(A) is found to be ineligible for services;

(B) cannot be located by OKDHS;

(C) does not provide required information to OKDHS;

(D) is not a resident of the state of Oklahoma; or

(E) is offered Waiver services through either an In-Home Supports Waiver or the Community Waiver and declines services.

(f) **Applications.** When resources are sufficient for initiation of HCBS Waiver services, DDS action regarding a request for services occurs within 45 days. If action is not taken within the required 45 days, the applicant may seek resolution as described in OAC 340:2-5.

(1) Applicants are allowed 60 days to provide information requested by DDS to determine eligibility for services.

(2) If requested information is not provided within 60 days, the applicant is notified that the request has been denied, and the individual is removed from the waiting list.

(g) **Admission protocol.** Initiation of services funded through a Home and Community-Based Services Waiver occurs in chronological order from the waiting list in accordance with subsection (e) of this Section based on the date of DDS receipt of a completed request for services, as a result of the informed choice of the person requesting services or his or her legal guardian, and upon determination of eligibility, in accordance with subsection (d) of this Section. Exceptions to the chronological requirement may be made when:

(1) an emergency situation exists in which the health or safety of the person needing services, or of others, is endangered, and there is no other resolution to the emergency. An emergency exists when:

(A) the person is unable to care for himself or herself and:

(i) the person's caretaker, as defined in Section 10-103 of Title 43A of the Oklahoma Statutes:

(I) is hospitalized;

(II) has moved into a nursing facility;

(III) is permanently incapacitated; or

(IV) has died; and

(ii) there is no caretaker to provide needed care to the individual; or

(iii) an eligible person is living at a homeless shelter or on the street;

(B) the OKDHS finds that the person needs protective services due to experiencing ongoing physical, sexual, or emotional abuse or neglect in his or her present living situation, resulting in serious jeopardy to the person's health or safety;

(C) the behavior or condition of the person needing services is such that others in the home are at risk of being seriously harmed by the person. For example, the person is routinely physically assaultive to the caretaker or others living in the home and sufficient supervision cannot be provided to ensure the safety of those in the home or community; or

(D) the person's medical, psychiatric, or behavioral challenges are such that the person is seriously injuring or harming himself or herself, or is in imminent danger of doing so.

(2) the Legislature has appropriated special funds with which to serve a specific group or a specific class of individuals under the provisions of a HCBS Waiver;

(3) Waiver services are required for people who transition to the community from a public intermediate care facility for persons with mental retardation (ICF/MR) or who are children in the State's custody receiving services from OKDHS; or

(4) individuals residing in nursing facilities prior to January 1, 1989, who are determined by PASRR evaluation conducted pursuant to the provisions of 42 CFR 483.100 et seq to have mental retardation or a related condition, who are covered under the State's alternative disposition plan adopted under Section 1919(e)(7)(E) of the Social Security Act, choose to receive services funded through the Community Waiver.

(h) **Movement between DDSD HCBS Waiver programs.** A person's movement from services funded through one Home and Community-Based Services Waiver to services funded through another DDSD-administered HCBS Waiver is explained in this subsection.

(1) When a child receiving services funded through the IHSW for children becomes 18 years of age, services under the IHSW for adults become effective.

(2) Change to services funded through the Community Waiver from services funded through the IHSW occurs only when:

(A) a person has critical support needs that cannot be met by IHSW services, non-Waiver services, or other resources as determined by the DDS Director or designee; and

(B) funding is available in accordance with subsection (b) of this Section.

(3) Change to services funded through the IHSW from services funded through the Community Waiver may only occur when an individual's history of annual service utilization has been within the per capita allowance of the IHSW.

(4) When an individual served through the Community Waiver has support needs that can be met within the per capita Waiver allowance of the applicable IHSW and through a combination of non-Waiver resources, the individual may choose to receive services through the IHSW.

(i) **Continued eligibility for HCBS Waiver services.** Eligibility for children receiving HCBS Waiver services is re-determined if a determination of disability due to mental retardation has not been made by the Social Security Administration when:

(1) a child who is receiving HCBS Waiver services prior to age six reaches age six. The child must be determined to continue to have a disability with a diagnosis of mental retardation. The determination must be made no later than the first Plan of Care review after the seventh birthday. A new diagnostic evaluation is required in accordance with paragraph (d)(2) of this subsection;

(2) a child who is receiving HCBS Waiver services reaches age 18. The service recipient must be determined to continue to have a disability with a diagnosis of mental retardation. The determination must be made at the first Plan of Care review after the nineteenth birthday. A new diagnostic evaluation is required in accordance with paragraph (d)(2) of this subsection; and

(3) required by DDS. DDS may require a new diagnostic evaluation in accordance with paragraph (d)(2) of this subsection and re-determination of eligibility at any time when a significant change of condition, disability, or psychological status determined under paragraph (d)(2) of this Section has been noted.

(j) **HCBS Waiver services case closure.** HCBS Waiver services are terminated when an individual receiving services:

(1) or the service recipient's legal guardian chooses to no longer receive Waiver services;

(2) is incarcerated;

(3) is financially ineligible to receive Waiver services;

(4) is determined by the Social Security Administration to no longer have a disability qualifying the individual for services under these Waivers;

(5) is determined by the Oklahoma Health Care Authority Level of Care Evaluation Unit to no longer be eligible;

(6) moves out of state, or the custodial parent or guardian of a minor moves out of state;

(7) is admitted to a nursing facility, ICF/MR, residential care facility, or mental health facility for more than 30 consecutive days;

(8) or the guardian of a minor or adjudicated adult fails to cooperate during the annual review process as described in OAC 340:100-5-50 through 100-5-58;

(9) or the guardian of a minor or adjudicated adult fails to cooperate in the implementation of OKDHS policy or service delivery in a manner that places the health or welfare of the service recipient at risk, after efforts to remedy the situation through Adult Protective Services or Child Protective Services have not been effective; or

(10) is determined to no longer be Medicaid eligible.

(k) **Reinstatement of services.** Waiver services are reinstated

when:

- (1) the situation resulting in case closure of a Hisson class member is resolved;
- (2) a service recipient is incarcerated for 90 days or less;
- (3) a service recipient is admitted to a nursing facility, ICF/MR, residential care facility, or mental health facility for 90 days or less; or
- (4) a service recipient's Medicaid eligibility is re-established within 90 days of the date of the DDS Notice of Action.

**317:40-5-1. Purpose of Agency Companion Services**

(a) The Agency Companion Services (ACS) program serves persons with developmental disabilities who are 18 years of age or older.

(b) Persons under the age of 18 years may be served with approval from the Developmental Disabilities Services Division (DDSD) director or designee.

(c) Agency Companion services provides an individualized living arrangement with a companion eligible according to OAC 317:40-5-4, that offers up to 24 hour supervision, supportive assistance, and training in daily living skills.



**317:40-5-3. Scope of Agency Companion Services**

(a) Agency Companion Services (ACS) are provided through private agencies that have current contracts with the Oklahoma Health Care Authority (OHCA).

(b) Persons desiring to be companions are employed by or contract with a provider agency and are approved by the Developmental Disabilities Services Division (DDSD) of the Oklahoma Department of Human Services.

(c) The service recipient receives ACS in his or her own home, the companion's home, or in a mutually rented or owned home.

(d) Services are based on the service recipient's need for support as described in the Individual Plan detailed in OAC 340:100-5-50 through 100-5-58, and are available to individuals eligible for services through the Community Waiver or the Homeward Bound Waiver.

(e) Services provide the service recipient with a nurturing home environment.

(f) Services support visitation desired by the service recipient with his or her natural family and friends.

(g) Each service recipient may receive up to 60 days per year of therapeutic leave without reduction in the companion's salary. Therapeutic leave is a Medicaid payment made to the contract provider to enable the service recipient to retain services.

(1) Therapeutic leave is claimed when the service recipient does not receive ACS for 24 consecutive hours because of:

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

(B) vacation without the companion; or

(C) hospitalization, whether the companion is present or not.

(2) An individual may receive therapeutic leave for no more than 14 consecutive days per event, not to exceed 60 days per Plan of Care year.

(3) The payment for a day of therapeutic leave is the same amount as the per diem rate for ACS.

(4) The provider agency pays to the companion the salary that he or she would have earned if the service recipient were not on therapeutic leave.

(5) Therapeutic leave cannot be accrued from one Plan of Care year to the next.

(h) The companion may not have employment, volunteer activities, or personal commitments that prevent the companion from fulfilling his or her responsibilities to the service recipient, as listed in OAC 317:40-5-5.

(1) Serving as the service recipient's companion is the companion's primary employment.

(2) The companion may have other employment when:

(A) the Team has documented in the Individual Plan their efforts to address possible related concerns; and

(B) the other employment has been approved in advance by the DDS area manager or designee.

(3) No companion can have a job that requires on-call duties.

(4) If, after receiving approval for other employment, authorized DDS staff determine that the employment interferes with the care, training, or supervision needed by the service recipient, the companion must determine if he or she wants to terminate the other employment or terminate his or her employment as an agency companion.

(5) Homemaker, Habilitation Training Specialist, and Respite Services are not provided in order for the companion to perform other employment.

(i) The level of support is determined by authorized DDS staff in accordance with this subsection.

(1) **Intermittent level of support.** Intermittent level of support is described in this paragraph.

(A) The service recipient is able to perform basic daily living skills such as:

(i) bathing, dressing, and eating;

(ii) independent toileting;

- (iii) basic survival skills; and
- (iv) awareness of danger to self and others.

(B) The companion:

(i) assists the service recipient in:

(I) money management;

(II) accessing and participating in generic services such as transportation, and recreational opportunities; and

(ii) may provide limited assistance in such areas as:

(I) daily living skills;

(II) medication administration; and

(III) instrumental activities of daily living such as shopping, cleaning, and preparing meals.

(C) The companion assists the service recipient in establishing long term relationships.

(2) **Regular level of support.** Regular level of support is described in this paragraph.

(A) The companion is responsible for regular and sometimes constant supervision and support to assist the service recipient in participation in daily living skills, leisure activities, and personal relationships.

(B) The companion is trained and competent to meet the service recipient's needs which may include behavioral or medical occurrences requiring increased supports for limited periods of time.

(C) The companion is trained and competent to provide supports for a service recipient who receives medication for altering behavior. When the service recipient's record documents no more than episodic behavioral occurrences, the companion receives the regular support level of pay.

(D) The companion ensures the service recipient has on-going daily supervision in a stable environment.

(3) **Enhanced level of support.** Enhanced level of support is described in this paragraph.

(A) The companion is highly skilled and competent to meet the service recipient's needs that include on-going complex medical or behavioral situations that require the highest level of supports and companion expertise.

(B) The companion receives extensive specialized training in order to meet the complex needs of the service recipient. The companion demonstrates the competency to meet the integral needs of the service recipient.

(C) The provider of services at the enhanced rate may not have other employment.

**317:40-5-4. Selection of Agency Companion Services provider**

(a) The matching of the lifestyles and personalities of a companion and a service recipient and the overall compatibility of the companion with the service recipient are the most critical elements of the Agency Companion Services (ACS) program. The past and present relationship the service recipient has with the potential companion is the most important consideration in the companion selection process.

(b) In addition to considering the relationship between the service recipient and the companion, the case manager, the service recipient or legal guardian, and the service recipient's provider agency must reach consensus regarding the criteria listed in this Section before the approval process described in OAC 317:40-5-40 begins.

(1) The companion must have a relationship with the service recipient. Exceptions may be made by the service recipient's personal support team (Team) upon the recommendation of the Developmental Disabilities Services Division (DDSD) case manager, Division of Children and Family Services (DCFS) worker, or the Adult Protective Services (APS) worker, when appropriate.

(2) The companion must have the commitment and skills to meet the individual needs of the service recipient.

(3) The companion must understand the level of commitment required for the ACS program and how the commitment will affect the companion's personal life.

(4) The companion must understand how the commitment to the ACS program will impact the companion's family.

(5) The companion must demonstrate the ability to establish and maintain a positive relationship with the service recipient, particularly when stressful situations occur.

(6) The companion must demonstrate the ability to work collaboratively with others in the service process.

(7) Neither a service recipient's spouse nor the parent of a minor child may serve as that person's companion. A family member serving as companion must meet all requirements for the ACS program given in this Subchapter.

(8) The Chief Executive Officer (CEO) of a provider agency may not serve as a companion.

**317:40-5-5. Agency Companion Services provider responsibilities**

(a) Providers of Agency Companion Services (ACS) are required to meet all applicable standards outlined in this subchapter and competency-based training described in OAC 340:100-3-38. The provider agency ensures that all companions meet the criteria in this Section.

(b) Failure to follow any rules or standards, failure to promote the independence of the service recipient, or failure to follow recommendation(s) of the personal support team (Team) results in problem resolution, as described in subsection (b) of OAC 340:100-3-27, for the companion and, if warranted, revocation of approval of the companion.

(c) In addition to the criteria given in OAC 317:40-5-4, the companion:

(1) ensures no other adult or child is served in the home on a regular or part-time basis without prior written authorization from the Oklahoma Department of Human Services' Developmental Disabilities Services Division (DDSD) area manager or designee;

(2) meets the requirements of OAC 317:40-5-103, Transportation. Neither the companion nor the provider agency may claim transportation reimbursement for vacation travel;

(3) transports or arranges transportation for the service recipient to and from school, employment programs, recreational activities, medical appointments, and therapy appointments;

(4) delivers services in a manner that contributes to the service recipient's enhanced independence, self sufficiency, community inclusion, and well-being;

(5) participates as a member of the service recipient's Team and assists in the development of the service recipient's Individual Plan for service provision;

(6) with assistance from the DDSD case manager and the provider agency program coordination staff, develops, implements, evaluates, and revises the training strategies corresponding to the relevant outcomes for which the companion is responsible, as identified in the Individual Plan;

(A) The companion develops and gives monthly data collection

and health care summaries to the provider agency program coordination staff.

(B) The agency staff provides monthly reports to the DDSD case manager or nurse.

(7) delivers services at appropriate times as directed in the Individual Plan;

(8) does not deliver services that duplicate the services mandated to be provided by the public school district pursuant to the Individuals with Disabilities Education Act (IDEA);

(9) is sensitive to and assists the service recipient in participating in the service recipient's chosen religious faith. No service recipient is expected to attend any religious service against his or her wishes;

(10) participates in and supports visitation and contact with the service recipient's natural family, guardian, and friends, provided this visitation is desired by the service recipient;

(11) obtains permission from the service recipient's legal guardian, if a guardian is assigned, and notifies the family, the provider agency program coordination staff, and the case manager prior to:

(A) traveling out of state;

(B) overnight visits; or

(C) involvement of the service recipient in any publicity;

(12) serves as the service recipient's health care coordinator in accordance with OAC 340:100-5-26;

(13) ensures the monthly room and board contribution received from the service recipient as reflected on OKDHS Form DDS-SAB-1, Service Authorization Budget (SAB), is used toward the cost of operating the household;

(14) assists the service recipient to access entitlement programs for which the service recipient may be eligible and maintains records required for the service recipient's ongoing eligibility;

(15) works closely with the provider agency program coordination staff and the DDSD case manager to ensure all aspects of the service recipient's program are implemented to the satisfaction of the service recipient, the service recipient's family or legal guardian, when appropriate, and the service recipient's Team;

(16) assists the service recipient in achieving the service recipient's maximum level of independence;

(17) submits, in a timely manner, to the provider agency program coordination staff all necessary information regarding the service recipient;

(18) ensures that the service recipient's confidentiality is maintained in accordance with OAC 340:100-3-2;

(19) supports the service recipient in forming and maintaining friendships with neighbors, co-workers, and peers, including people who do not have disabilities;

(20) implements training and provides supports that enable the service recipient to actively join in community life;

(21) does not serve as representative payee for the service recipient without a written exception approval from the DDSD area manager or designee;

(A) The written approval is retained in the service recipient's home record.

(B) When serving as payee, the companion complies with the requirements of OAC 340:100-3-4.1.

(22) ensures the service recipient's funds are properly safeguarded.

(23) must obtain prior approval from the provider agency when making a purchase of over \$50.00 with the service recipient's funds;

(24) allows the provider agency staff and DDSD staff to make announced and unannounced visits to the home;

(25) develops an Evacuation Plan, OKDHS Form DDS-20, for the home and conducts training with the service recipient;

(26) conducts fire and weather drills at least quarterly and maintains the Fire and Weather Drill Record, OKDHS Form DDS-21, available for review;

(27) develops and maintains a Personal Possession Inventory, OKDHS Form DDS-22, documenting the service recipient's possessions and adaptive equipment;

(28) supports the service recipient's employment program by:

(A) assisting the service recipient to wear appropriate work attire; and

(B) contacting the service recipient's employer only as outlined by the Team and in the Individual Plan; and

(29) follows all applicable rules promulgated by the Oklahoma Health Care Authority or DDSO, including:

(A) OAC 340:100-3-40, Community records system;

(B) OAC 340:100-5-50 through 100-5-58, Individual planning;

(C) OAC 340:100-5-26, Health services;

(D) OAC 340:100-5-34, Incident reporting;

(E) OAC 340:100-5-32, Medication administration;

(F) OAC 340:100-5-22.1, Community residential supports;

(G) OAC 340:100-3-24, Quality assurance; and

(H) OAC 340:100-3-38, Staff training.

**317:40-5-6. Agency Companion Services provider requirements**

(a) The service recipient or legal guardian, the provider agency, and the Oklahoma Department of Human Services' Developmental Disabilities Services Division (DDSD) case manager identify an applicant to be screened for approval to serve as the companion.

(b) Approval by DDSD for a person to provide Agency Companion Services (ACS) requires that the applicant:

- (1) is 21 years of age or older;
- (2) has attended the DDSD or provider agency ACS orientation;
- (3) is employed by, or contracts with, a provider agency having a current contract with the Oklahoma Health Care Authority to provide ACS;
- (4) submits the completed DDSD application packet in accordance with OAC 317:40-5-40 within the required time period to designated DDSD staff or the provider agency staff;
- (5) cooperates with the designated DDSD staff or the provider agency staff in the development and completion of the home profile approval process described in OAC 317:40-5-40; and
- (6) has completed all training required by OAC 340:100-3-38, including medication administration training, and all provider agency pre-employment training as described in OAC 317:40-5-40.



**317:40-5-8. Development of the Agency Companion Services Service Authorization Budget**

Upon approval of the home profile as described in OAC 317:40-5-40, the companion, the provider agency, the Oklahoma Department of Human Services' Developmental Disabilities Services Division (DDSD) case manager, Agency Companion Services (ACS) staff, and others as appropriate meet to develop a Service Authorization Budget (SAB), OKDHS form DDS-SAB-1. The SAB is used to develop the individual service budget for the service recipient's program and is updated annually by the service recipient's Team.

(1) The companion receives a salary based on the level of support needed by the service recipient. The level of support is determined by authorized DDSD staff as defined in the criteria for support (OAC 317:40-5-3).

(2) The ACS rate includes funding for the provider agency for the provision of benefits to the companion.

(3) The companion receives 660 units per year of any combination of Habilitation Training Specialist, Homemaker, Respite, and Homemaker Respite Services in order to provide relief time to the companion as reflected on the SAB beginning from the date the service recipient and the companion begin living together.

(A) Additional relief time may be approved by the DDSD director or designee if providing ACS with additional relief represents the most cost-effective placement for the service recipient and:

(i) the service recipient has an on-going pattern of not sleeping at night; or

(ii) the service recipient has an on-going pattern of not working or attending employment services, in spite of continuing efforts by the Team.

(B) The additional relief time given must be reduced when the on-going situation changes.

(C) Additional relief time given must be reviewed annually or more often if needed.

(4) The OKDHS Form DDS-SAB-1 reflects the amount of room and board the service recipient pays to the companion. If the

amount exceeds \$400, the increase must be:

- (A) agreed to by the service recipient and legal guardian, if any;
- (B) recommended by the personal support team (Team); and
- (C) submitted with written justification attached to the DDS-SAB-1 to the DDSD area manager or designee for approval.

(5) Prior to the SAB meeting, a back-up support plan identifying relief staff is developed by the provider agency program coordination staff and the companion.

- (A) The back-up plan is submitted to the DDSD case manager for approval, and attached to the completed OKDHS Form DDS-SAB-1.
- (B) The back-up plan describes expected and emergency back-up support and program monitoring for the home.
- (C) The plan is signed by the companion, the provider agency representative and the DDSD case manager.
- (D) The companion and the provider agency program coordination staff equally share the responsibility to work together in identifying approved relief staff who:
  - (i) are knowledgeable of the service recipient;
  - (ii) trained to implement the service recipient's Plan;
  - (iii) have completed training required by OAC 340:100-3-38; and
  - (iv) are involved in the service recipient's daily life.
- (E) The spouse or other adult residing in the home may provide companion services in the absence of the companion, if trained in accordance with OAC 340:100-3-38. The spouse or other adult residing in the home cannot serve as paid relief staff and cannot be paid simultaneously with the companion.
- (F) The companion and relief staff are responsible for the cost of their meals and entertainment during recreation and

leisure activities. The activities selected are to be affordable to the service recipient and the relief staff. Concerns about affordability are brought to the Team for resolution.

(G) The companion plans relief time and gives sufficient notice to the provider agency so that the companion and the provider agency have relief staff available.

(6) The service recipient is allowed therapeutic leave in accordance with OAC 317:40-5-3.



**317:40-5-9. Payment authorization for Agency Companion Services**

Authorization for payment of Agency Companion Services (ACS) is made upon the completion of:

- (1) the letter that approves the applicant to provide ACS for the identified service recipient;
- (2) an approved service authorization budget (SAB) in accordance with OAC 317:40-5-8;
- (3) an approved relief and emergency back-up plan;
- (4) revision of the Individual Plan;
- (5) revision of the service recipient's Plan of Care; and
- (6) the placement of the service recipient in the ACS home.



**317:40-5-10. Agency companion services (ACS) annual review**

(a) In addition to the requirements of OAC 317:40-5-40, Oklahoma Department of Human Services Developmental Disabilities Services Division (DSSD) ACS staff annually review services provided by the companion to determine:

(1) continued compliance of the companion and home environment with DDSD and Oklahoma Health Care Authority rules;

(2) the satisfaction of the service recipient with the living arrangement; and

(3) continued use of the home.

(b) The annual review contains:

(1) written comments of the ACS staff from interviews with the service recipient that highlight the service recipient's thoughts and feelings about his or her companion and the ACS placement;

(2) written comments from the companion regarding program changes and issues of concern;

(3) summaries of the information obtained from the companion, the service recipient, the provider agency program coordination staff, and the DDSD case manager;

(4) recommendations for continued service;

(5) information received from Child Welfare or Adult Protective Services, if available; and

(6) identified areas of service that need improvement as well as areas of service that have been beneficial.

(c) A copy of the annual review is maintained in the DDSD area office with copies to the DDSD state office and the provider agency.



**317:40-5-11. Termination of Agency Companion services**

Designated Developmental Disabilities Services Division (DDSD) staff may terminate an individual placement for reasons including, but not limited to:

- (1) the service recipient's decision to move to a different residence. A Team meeting is held to develop an orderly transition plan;
- (2) request of the companion. A Team meeting is held to develop an orderly transition plan;
- (3) failure of the companion to complete tasks related to problem resolution, as described in OAC 340:100-3-27, as agreed;
- (4) confirmed abuse, neglect, or exploitation of any person;
- (5) breach of confidentiality;
- (6) involvement of the companion in criminal activity, or criminal activity in the home;
- (7) failure to provide for the care and well-being of the service recipient;
- (8) continued failure to implement the Individual Plan, as described in OAC 340:100-5-50 through 100-5-58;
- (9) failure to complete and maintain training as described in OAC 340:10-3-38;
- (10) failure to report changes in the household resulting in the failure of the home to meet standards given in OAC 317:40-5-40;
- (11) continued failure to follow applicable Oklahoma Department of Human Services or Oklahoma Health Care Authority rules;
- (12) decline of the companion's health to the point that he or she can no longer meet the needs of the service recipient;
- (13) employment by the companion without prior approval by the DDSD area programs manager for residential services; or
- (14) domestic disputes which result in emotional instability of the person receiving services.

(c) Upon termination of the placement, the property of the service recipient or the state is removed immediately by the service recipient or his or her designee.

**317:40-5-13. Agency Companion Services provider agency responsibilities**

(a) The agency providing Agency Companion Services (ACS) complies with Oklahoma Health Care Authority and Oklahoma Department of Human Services policies and procedures governing all aspects of service provision.

(b) The provider agency is responsible for all employee or contract provider related activities detailed in this Subchapter.

(c) In the event the provider agency wishes to discontinue services immediately due to an emergency, the provider agency cooperates with the Developmental Disabilities Services Division (DDSD) to secure alternative services in the least restrictive environment.

(d) The provider agency ensures that services provided meet requirements of OAC 340:100-5-22.1, unless different requirements are stated in this Section.

(e) If the agency serves as the service recipient's representative payee, the agency must adhere to the requirements of OAC 340:100-3-4.1.

(f) The provider agency acts immediately to remedy any situation posing a risk to the health, well-being, or provision of specified services to the service recipient.

(1) In the event of such a risk, the provider agency immediately notifies DDSD of the nature of the situation and notifies DDSD upon the resolution of the threatening situation.

(2) The provider agency's program coordination staff contacts and informs the DDSD case manager within 24 hours of an incident or injury. The provider agency completes and submits incident and injury reports to DDSD in accordance with OAC 340:100-3-34.

(g) The provider agency ensures that only one service recipient is served in a provider home. Exceptions may be approved by the DDSD area manager or designee.

(h) When the provider agency has knowledge of problems occurring in the placement, the provider agency's program coordination staff immediately schedules a meeting with the companion, the service recipient, the service recipient's legal guardian or advocate, the DDSD case manager and other appropriate DDSD staff to resolve the

issues involved. If resolution of the issues does not occur at the meeting, any participant is to contact the DDSD area manager or designee and the provider agency for resolution.

(i) When a change in the provider agency is requested by the service recipient or the companion, all participants attempt to resolve the issues. No change in the provider agency occurs unless the DDSD area manager or designee agrees that all issues have been discussed.

(j) The decision to remain or terminate services with the provider agency is the choice of the service recipient or his or her legal guardian.

(k) When a service recipient transfers from a provider agency, the provider agency ensures that the service recipient has a 30-day supply of medication and a seven-day supply of food, household supplies, and personal supplies.

(l) The responsibilities of the provider agency's program coordination staff are:

(1) to visit the provider home daily during the first week of placement;

(2) to visit the home a minimum of three times per month in accordance with OAC 340:100-5-22.1;

(3)to allow the needs of the service recipient to determine the frequency of all other visits;

(4) to coordinate and submit monthly reports to the provider agency for submission to the DDSD area office; and

(5) to communicate regularly with the DDSD case manager regarding any changes in the household or any other program issues or concerns.

317:40-5-40. Home profile process

(a) **Applicability.** This Section contains the procedures for a home profile that are used for:

(1) Agency Companion Services;

(2) Specialized Foster Care;

(3) Respite Services delivered in the provider's home;

(4) approving a Habilitation Training Specialist or other provider for an overnight visit; and

(5) any other situation in which rules require a home profile.

(b) **Pre-screening.** Designated staff of the Developmental Disabilities Services Division (DDSD) prescreen an applicant in accordance with this subsection. The findings of the background check described in this subsection become part of the home profile report and summary.

(1) Designated DDSD staff provides the applicant with program orientation and pre-screening information that includes:

(A) facts, description, and guiding principles of the program;

(B) an explanation of:

(i) the home profile process;

(ii) basic qualifications of the provider;

(iii) health, safety, and environmental issues; and

(iv) training required by OAC 340:100-3-38;

(C) the Specialized Foster Care/Agency Companion Information Sheet, OKDHS DDS-12. Form DDS-12 requires the applicant to provide information regarding his or her interest in becoming a provider and gives a brief description of the composition of the applicant's household and the applicant's skills in providing services to individuals with developmental disabilities;

(D) the Request for Background Check, OKDHS Form ADM-130, which gives permission for DDS to receive required checks including the applicant's;

(i) Oklahoma State Bureau of Investigation (OSBI) criminal record;

(ii) Division of Children and Family Services (DCFS) abuse record;

(iii) Department of Public Safety traffic record;

(iv) Community Services Registry check; and

(v) finger print check, if the service recipient is a child.

(E) Agency Companion/Specialized Foster Care Employment Record, OKDHS Form DDS-15, which requires the applicant to provide names of all employers from the last 10 years of employment, with permission for DDS to request information from each employer listed;

(F) DDS Reference Information Waiver, OKDHS Form DDS-16, which gives DDS permission to request specific information from a variety of sources. The DDS-16 is time limited, information-specific, and ensures confidentiality of the information received;

(G) Employer Reference Letter, OKDHS Form DDS-29, which requests information from the employer regarding past and current work performance;

(H) Pre-Screening for Specialized Foster Care/Agency Companion Services, OKDHS Form DDS-13, which is completed by designated DDS staff at the home of the person desiring to become a provider. The DDS-13 provides basic information to determine if a home profile is to be started.

(c) **Approval process.** If the applicant meets the requirements of the prescreening, the approval process described in this subsection is initiated.

(1) The DDS application packet is given to the applicant after the applicant has completed Foundation training, First Aid, and Cardio-Pulmonary Resuscitation (CPR).

(2) The applicant completes the DDS application packet in full and returns the entire packet to the DDS address shown in the packet. The application packet contains:

(A) the Specialized Foster Care/Agency Companion Services Application, OKDHS Form DDS-8, providing additional personal information and identifying four references to be contacted by designated DDS staff;

(B) Assessment of Financial History, OKDHS Form DDS-9, documenting the applicant's current and past financial history, including verification of all income and expenses including utilities;

(C) Family Health History, OKDHS Form DDS-11, providing current and past medical information to determine the applicant's health status;

(D) Self Study Questionnaire, OKDHS Form DDS-18, one to be completed by each adult living in the home, including information regarding the person's:

- (i) background;
- (ii) life skills;
- (iii) training;
- (iv) religious preferences;
- (v) relationships;
- (vi) experiences; and
- (vii) attitudes;

(E) Child's Questionnaire, OKDHS Form DDS-19, completed by or for each child living in the home, including questions about the child's home, school, and leisure environment. A check of the Juvenile On-line Tracking System (JOLTS) is performed for each child living in the home;

(F) Medical Examination Report, OKDHS Form DDS-10, completed if the DDS-11 indicates conditions which could interfere with the provision of services;

(G) Agency Companion/Specialized Foster Care Insurance Information, OKDHS Form DDS-17, completed by the applicant verifying the home and automobile insurance coverage of the applicant; and

(H) Evacuation/Escape Plan, OKDHS Form DDS-20, showing a drawing of the applicant's home with the planned evacuation to a safe place for that home. An example escape plan is provided for the applicant's assistance.

(3) If an incomplete application packet is received, designated DDSD staff sends a letter to the provider or provider agency listing information still needed to complete the application packet. The packet is not processed until the packet is complete.

(4) Designated DDSD staff begin the home profile when a completed application packet has been received.

(d) **Home profile process.** The home profile process includes the steps listed in this subsection.

(1) For each reference provided by the applicant, the designated DDSD staff completes a Reference Letter, OKDHS Form DDS-29, which includes questions dealing with the applicant as a potential care giver, and the applicant's family.

(2) The designated DDSD staff, through interviews, visits, and phone calls, gathers the information required to complete the Home Profile Notes, OKDHS Form DDS-47. The DDS-47 contains information about the applicant regarding:

(A) interest and motivation;

(B) life skills;

(C) behavior support practices;

(D) marital status and background;

(E) income and money management;

(F) home living standards;

(G) report of reference checks;

(H) participating as a member of the service recipient's Team; and

(I) assessment and recommendation of the designated DDS staff.

(3) The Policy and Procedure Review, OKDHS Form DDS-24a, documents that the designated DDS staff has explained, and the applicant understands, the required rules, including the home requirements given in subsection (f) of this Section. The DDS-24a is dated and signed by the applicant and the designated DDS staff.

(4) 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.

(5) Persons applying to serve members of the Homeward Bound class sign OKDHS Form DDS-52, Release of Home Profile, which gives consent for the home profile report and case file to be given to the persons named in the DDS-52.

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

(e) **Child-placing agencies.** Agencies licensed by the Oklahoma Department of Human Services as child-placing agencies may be authorized to complete the home profile process.

(f) **Home requirements.** The physical facilities of the home do not present hazards to the safety or welfare of the service recipient.

(1) The home is comfortable, clean, maintained in good condition, and presents a positive image in the neighborhood.

(2) The provider receives assistance from DDS to secure required specialized equipment, supplies, or architectural modifications as stated in the service recipient's Plan. (Addition of square footage to any existing structure is not allowable).

(3) The home shared by the provider and the service recipient is

accessible to school, employment, church, day programming, recreational activities, health facilities, and other community resources as needed.

(4) The provider maintains a telephone in working order at all times and keeps the provider agency, if applicable, and DDS advised on the correct phone number.

(5) The provider maintains a working fire extinguisher, carbon monoxide detector, flashlight, and at least one operational smoke alarm, or more as appropriate for the structure. The provider maintains an evacuation plan for the residence and conducts training with the service recipient. Fire drills are performed quarterly and are documented. Fire drill documentation is available for review.

(6) The bedroom for one service recipient must have a minimum of 80 square feet of space and two means of exit. Each additional service recipient in a bedroom must have a minimum of 60 square feet of space.

(7) The home provides space for the service recipient's personal possessions and for his or her privacy.

(8) The provider assists the service recipient in furnishing and decorating his or her room.

(9) If the service recipient is unable to independently take his or her medication, the medication is given only by a person who has successfully completed a DDS approved training for medication administration in accordance with OAC 340:100-3-38.10.

(10) Medication is stored in accordance with procedures outlined in OAC 340:100-5-32.

(11) The household is covered by home owner's or renter's insurance including personal liability.

(12) Animals or household pets are permitted in the home provided there is proof of annual vaccinations for each animal.

(13) The service recipient's bedroom has adequate heating and air-conditioning.

(14) A bed must be provided for each person receiving services.

(15) It is preferred that no more than two service recipients share a bedroom. Consideration is given to related service recipients sharing a room, according to age and emotional needs of each.

(16) Separate bedrooms must be provided to service recipients over age six who are of opposite sex.

(17) Children receiving services must not share sleeping quarters with adults in the household. Any exceptions must have prior approval from the DDS area manager or designee.

(18) Sanitary facilities are adequate, including toilet and bathing facilities, water supply, garbage and sewer disposal, especially if the home is not on a municipal system.

(19) Provisions for the safety of the service recipient are present as needed, such as:

(A) guards and rails on stairways, wheelchair ramps, grab bars, wide doorways, if needed;

(B) heating and air conditioning equipment, guarded and installed in accordance with manufacturer requirements; and

(C) yard area protected from hazards, such as ponds, traffic, creeks, and swimming pools.

(g) **Evaluating the applicant(s) and the home.** The guidelines presented in this subsection assist DDS staff in evaluating the applicant(s) and the home. The profile includes, but is not limited to, the areas listed in this Subsection.

(1) **Interest and motivation.** An applicant's motivation for wanting to provide services may be based on reasons which are recognized and verbalized.

(A) Circumstances which prompted the applicant to apply at the particular time of their application can help clarify their reasons for desiring to provide services.

(i) The source of information about the program may be the key to the decision, as related on the Provider Application, DDS-8.

(ii) During the process of the profile, underlying needs of the applicant which were not previously stated or recognized may be revealed and should be assessed realistically and honestly with the applicant.

(B) When an applicant(s) specifically requests to provide services to a person with developmental disabilities, the motivations of the applicant(s) are explored in depth.

(i) Family or work background may have familiarized the applicant with people with developmental disabilities.

(ii) If the applicant(s) has not had experience with people with developmental disabilities, the applicant(s) is made aware of the physical and emotional requirements of the person for whom the applicant would be caring.

(2) Life skills.

(A) Service providers, and any other adult in household. Knowledge of past experience and influences is vital in understanding the adults' current functioning not only as individuals, but also as members of a family. Significant areas of study are:

(i) life skills and general attitudes of the adult(s), including what each person is like as an individual;

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

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

(iv) whether the adult(s) has ever known anyone who was sexually or physically abused. If so, the applicant's experience is explored in depth and information included in the written profile;

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

(vi) the meaning of education and training to the adults;  
(vii) general physical and emotional health of members of the household;

(I) Medical Exam Report, Form DDS-10, or a written statement from a physician must be obtained for each member of the household.

(II) Adult family members must complete the Family Health History (DDS-11).

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

(IV) Do any members of the household experience a medical or emotional condition(s)? Is any member of the household under professional care for any condition which requires the use of prescribed drugs or narcotics? If any member of the household uses prescribed drugs or narcotics, what is the extent of the use?

(viii) emotional ability of family members to provide services;

(I) If any members of the household 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;

(ix) physical description;

(x) employment record with respect to stability of work and satisfaction derived from employment;

(xi) social relationships with members of the community, including hobbies, skills, talents, and special interests;

(xii) religious influences, affiliations, and activities;

(I) Does the applicant have any specific religious beliefs which might affect a service recipient in areas

such as dress code, holiday observances, medical care, daily living, or social activities?

(II) Will the applicant assure that a service recipient is able to attend the church of the service recipient's choice as often as desired and practice religion as desired?

(xiii) reaction to stressful situations;

(xiv) current relationships within the family, including marital and parent-child relationships;

(xv) relationship with children living outside the home;

(xvi) special training, ability, or experience in working with or caring for individuals with special needs, such as physical disabilities, mental retardation, behavior problems, or emotional disturbances;

(xvii) explanation of any arrests or convictions, including status of parole or probation, from information obtained from:

(I) the Oklahoma State Bureau of Investigation (OSBI);

(II) the Central Child Abuse Registry checks;

(III) information on the Specialized Foster Care/Agency Companion Services Application, DDS-8; and

(IV) Community Services Worker Registry;

(xviii) explanation of any allegations of abuse, neglect, exploitation of child, adult, or animal;

(xix) If there were no findings on the background checks, the absence of findings is stated in the summary of the profile. A cope of the OSBI check is included in the local and State Office records.

(B) **Children in the home.** DDSDS staff describes the children in the home as to:

(i) age and physical appearance;

(ii) personality, interests, and skills;

(iii) strengths or problems in parent-child relationships, school adjustment, behavior, and health;

(iv) ability to get along with other individuals, especially individuals with developmental disabilities;

(v) physical or developmental disabilities;

(vi) attitude toward having a relationship with an individual who has developmental disabilities; and

(vii) depending on age, attitude towards persons receiving services.

(3) Behavior support and discipline. The applicants are advised of the rules of OKDHS on discipline, OAC 340:110-5-62, Discipline and behavior management, and OAC 340:100-5-50 through 100-5-57, Individual Planning and Protective Intervention.

(A) The DDSD staff discusses with the applicant(s) 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, the DDSD staff explores how the applicant(s) will deal with any problems which might result from this difference.

(ii) In addition, the DDSD staff discusses with the applicant(s) how he or she was disciplined as a child and any effects it has had on his or her attitudes toward discipline.

(iii) From information obtained through training and discussion with the applicant(s), the DDSD staff indicates the applicant's understanding and acceptance of the policy in the written report. This information is considered in the final recommendation.

(iv) The DDSD staff member determines if there is agreement among all adults in the household on methods of discipline.

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

(B) Service recipients may require behavior supports. An Individual Plan (IP) is developed by the Team which includes the service provider.

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

(4) **Marital status and background.** The DDSD staff documents aspects of the applicant's marital status, as described in this paragraph.

(A) **Current marital status.** The DDSD staff describes the applicant's marriage as to:

(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.** The DDSD staff describes previous marriage(s) as to:

(i) number and length of previous marriages;

(ii) reason marriage(s) ended, if applicable;

(iii) children involved, visitation, and child support arrangements, if applicable.

(C) **Single or never married.** If the applicant is not married, the DDSD staff discusses:

(i) the best and most difficult aspects of being single;

(ii) on whom the applicant relies for support; and

(iii) significant adult relationships in the applicant's life.

(5) **Income and money management.** Verification of income and

expenses is required.

(A) The Provider Financial Assessment Form, DDS-9, must be completed.

(B) Any financial problem areas will be discussed and included in the written report.

(C) The applicant, and family if applicable, shows financial stability by being able to pay their bills and to live within their financial means.

**(6) Teamwork and supervision, Back-up Plan review, and use of relief.** The profile is to include a summation of the DDS staff's explanation and the applicant's understanding of:

(A) the fundamental responsibility of the OKDHS to meet the physical, emotional, and medical needs of the service recipient;

(B) the responsibility of the provider for the service recipient's daily care so that all areas of need are met;

(C) the primary responsibility of the Division of Children and Family Services (DCFS) staff and the DDS case manager as the liaison in all planning among the service recipient, the natural family, the provider, the Team, the provider agency, and the court, where applicable;

(D) situations necessitating placement;

(E) varying lengths of time for which service recipients require services;

(F) characteristics of service recipients requiring services;

(G) differences between service provision and adoption;

(H) the importance of teamwork in:

(i) working toward reunification of the service recipient with his or her biological family, if appropriate; or

(ii) if reunification is not possible, developing an alternative permanent plan for the service recipient; and

(I) 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.

(7) **Assessment and recommendation.** It is the duty of the DDS staff to evaluate the ability of the applicant(s) to provide services. The DDS staff has the right and duty to approve only those applicants who can fulfill the expectations of the role of service provider. In addition, it is the DDS staff's responsibility not to approve any applicant who, in the DDS staff's professional judgment, is not qualified to provide services. In the event assistance is needed to reach a decision, consultation is obtained from the DDS area residential programs manager or area manager. In addition, consultation is available from the DDS State Office residential programs manager. The applicant is notified in writing of the final determination. In the written summary all areas are addressed.

(A) **Completed profile meets standards.** If, as a result of the profile process, a determination is made that the applicant meets standards given in this Section, the final assessment includes:

(i) the applicant's understanding and acceptance of the purpose of service provision and willingness to cooperate in adhering to OKDHS and OHCA rules;

(ii) areas in which the applicant shows special strength and areas in which he or she needs help and training;

(iii) a delineation of the number, age range, sex, and special areas of need of consumers for whom the applicant is qualified to provide care; and

(iv) the effective date for opening the home.

(B) **Completed study does not meet standards.** If, as a result of the profile process, a determination is made that the applicant does not meet standards given in this Section, the final assessment includes:

(i) a detailed analysis of the basis for the decision; and

(ii) the effective date for determining the applicant as not meeting standards.

(C) **Application withdrawn or canceled before profile completed.** If an application is canceled or withdrawn prior to completion of the profile, DDS staff takes the steps listed in this paragraph.

(i) If an application is withdrawn or canceled before the profile is completed, the final assessment includes:

(I) the reason the application was canceled or withdrawn;

(II) the DDS staff's impression of the applicant based on information obtained; and

(III) the effective date of cancellation or withdrawal.

(ii) A written notice is sent to the applicant to confirm cancellation or withdrawal of the application, a copy of which is included in the local and State Office records.

(h) **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.

(A) An assessment is made of the manner in which the provider dealt with each service recipient during the evaluation period.

(B) A summary, identified with the service recipient's first name and age, outlines:

(i) the service recipient's progress in the home;

(ii) any difficulties encountered during the evaluation period; and

(iii) reasons why a service recipient left the home, if applicable. A detailed explanation is given if the provider requested the service recipient's removal.

(C) Evaluation of the successful or ineffective means used by the provider in serving the service recipient enables OKDHS to determine what type of service recipient the provider can best serve.

(D) Areas in which the provider needs additional help from the DDS staff to strengthen his or her abilities are recorded.

(2) Medical Examination Report, DDS-10, must be completed for providers a minimum of every three years following the initial approval, unless medical circumstances warrant more frequent completion.

(3) Input from the DDS case Manager, DCFS Child Welfare Specialist, Adult Protective Services, and Office of Client Advocacy staff is included in the evaluation, if applicable.

(4) All changes since the original profile or latest evaluation are included in the evaluation.

(5) An updated recommendation as to the number, age range, sex, and special needs of service recipients for whom the provider is approved to provide care is included in the evaluation report.

(6) The background check described in subsection (b) of this Section is repeated every year, except the finger print check.

(7) Providers are informed of the continued recommendation of the use of the home.

(8) Copies of the evaluation report, and DDS-10, if appropriate, are included in the local and State Office records.

**317:40-7-1. Overview of Waiver Employment Services**

(a) There are many employment service options available. The options given in (1) through (4) of 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 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) There may be instances resulting from a variety of factors when people served have not achieved the goal of full employment. The provider agency makes available those supports needed for the service recipient to achieve full employment.

(c) Employment services are prescribed in accordance with OAC 340:100-17, Part 1, and OAC 340:100-3-33.1.

(d) People receiving services may choose retirement to pursue activities according to each person's interests, including employment or integrated community activities for senior citizens. If the service recipient is age 62 or older, an exception as described in OAC 317:40-7-21 is not required.



**317:40-7-2. Definitions**

The following words and terms, when used in this Subchapter shall have the following meaning, unless the context clearly indicate otherwise.

**"Commensurate Wage"** means wages paid to a worker with a disability based on the worker's productivity in proportion to the wages and productivity of workers without a disability performing essentially the same work in the same geographic area. Commensurate wages must be based on the prevailing wage paid to experienced workers without disabilities doing the same job.

**"Employment Assessment"** means the evaluation that identifies the unique preferences, strengths, and needs of the service recipient in relation to work. The assessment determines work skills and work behaviors, is supplemented by personal interviews and behavioral observations, and incorporates information that addresses the service recipient's desired medical, physical, psychological, social, cultural, and educational outcomes, as well as present and future employment options. The assessment, which is updated annually or more frequently as needed, includes support needs, environmental preferences, and possible accommodations.

**"Enhanced Rate"** means a differential rate established to provide an incentive to agencies to provide community employment services to service recipients with significant needs.

**"Group Placement"** means two to eight service recipients situated close together, who are provided continuous, long-term training and support in an integrated job site. Service recipients may be employed by the company or by the provider agency. The terms "work crew" and "enclave" also describe a group placement.

**"Integrated Employment Site"** means an activity or job that provides regular interaction with people without disabilities, excluding service providers, to the same extent that a worker without disabilities in a comparable position interacts with others.

**"Job Coach"** means an individual who holds a DDSD-approved training job coach certification and provides ongoing support services to eligible persons in supported employment placements.

Services directly support the service recipient's work activity including marketing and job development, job and work site assessment, training and worker assessment, job matching procedures, development of co-worker natural and paid supports, and teaching job skills.

**"Job Sampling"** means a paid situational assessment whereby a service recipient performs a job at a prospective employer's integrated job site, in order to determine the service recipient's interests and abilities. Situational assessments adhere to the Department of Labor (DOL) regulations regarding wages. The Team determines the appropriate type and number of situational assessments for each service recipient.

**"On-Site Supports"** means a situation in which the job coach is physically at the job site providing job training to a service recipient.

**"Situational assessment"** means a comprehensive community-based evaluation of the service recipient's functioning in relation to the supported job, including the job site, the community through which the service recipient must travel to and from the job, and the people at the job site such as the job coach, co-workers, and supervisor.

**"Sub-Contract With Industry"** means the provider agency enters into a sub-contract with an industry or business to pay industry employees to provide supports to service recipients. If the industry agrees, the provider agency may contract with an employee(s) of the industry directly to provide the services. The state continues to pay the provider agency and the agency provides all pertinent information that is required for persons served by the agency. The Team determines what, if any, training is required for the employees of the industry providing services.

**"Supported Employment"** means competitive work in an integrated work setting with ongoing support services for service recipients for whom competitive employment has not traditionally occurred or has been interrupted or intermittent as a result of disabilities.

**"Unpaid Training"** means unpaid experience in integrated employment sites in accordance with DOL regulations. Service recipients do a variety of tasks, which do not equal the full job description of a regular worker.

**"Volunteer Job"** means an unpaid activity in which a service recipient freely participates.



**317:40-7-3. Eligibility for Waiver Employment Services**

(a) Individuals served through Waiver Employment Services must be:

(1) 16 years of age or older for persons receiving services through the Community Waiver, or 18 years of age or older for persons receiving services through the In Home Supports Waiver or the Homeward Bound Waiver; and

(2) approved for waiver services in accordance with OAC 317:40-1-1.

(b) Services available to the service recipient through the Department of Rehabilitation Services (DRS) or through the state or local education agency are not funded under Waiver Employment Services.

(1) Service recipients may utilize waiver employment services during times when school is not in session, unless an IEP approved program through the school system is in place.

(2) All service recipients seeking supported competitive employment make application to DRS. Prior to the authorization of Waiver Employment Services, the case manager completes OKDHS Form DDS-55, Documentation of Application for DRS Supported Employment Services, to be maintained as a permanent entry in the local case record.

(3) Since services provided by DRS are time-limited by federal law, DDS provides long term, on-going supports for individuals who need long-term supports, as described in OAC 317:40-7-11.



**317:40-7-4. Services provided through Waiver Employment Services**

(a) Employment Services are offered under the Medicaid Home and Community-Based Waiver for persons with mental retardation at rates prescribed by the Oklahoma Health Care Authority.

(b) Types of Waiver Employment Services offered include:

- (1) Vocational Habilitation Training Specialist (VHTS), Supplemental Support;
- (2) Employment Training Specialist (ETS);
- (3) Center-Based Services;
- (4) Community-Based Services;
- (5) Enhanced Community-Based Services;
- (6) Job Coaching;
- (7) Enhanced Job Coaching; and
- (8) Stabilization Services.

(c) State-funded services described in OAC 340:100-17-30 may supplement Employment Services funded through the Community Waiver.



**317:40-7-5. Community-Based Services**

Community-Based Services are provided in sites and at times typically used by others in the community and promote independence, inclusion within the community, and the creation of natural supports. Community-based services must reflect the service recipient's choice and values in situations that are typical for age and culture.

(1) Approved Community-Based Services are individualized work-related supports targeting inclusion into integrated experiences. Community-Based Services are pre-planned, documented activities relating to the service recipient's identified employment outcomes. Approved activities include:

(A) active participation in volunteer activities;

(B) active participation in paid or unpaid work experience sites in community settings;

(C) training through generic entities such as trade schools, Vo Techs, junior colleges, or other community groups. The provider is paid for the time during which direct supports are necessary and provided;

(D) stamina-enhancing programs that occur in integrated settings;

(E) transportation to and from employment or community-based activities;

(F) meals and breaks which must occur during the conduct of the service recipient's employment activities;

(G) job tours or job shadowing scheduled with and provided by a community business entity;

(H) using Workforce OK services; and

(I) attending job fairs.

(2) Any other work-related community-based activities must be approved through the exception process described in OAC 317:40-7-21.

(3) Community-Based Services continue if the service recipient

has to go to a center-based facility for support such as repositioning or personal care, as long as the service recipient returns immediately to a planned community-based activity. The amount of time for the repositioning and personal care are based upon a health care positioning plan approved by the Team.

(4) Community-Based Services are provided to groups of no more than five people.

**317:40-7-6. Center-Based Services**

(a) Center-Based Services are provided in segregated settings, where the majority of people served have a disability. Any employment service provided where a majority of the people at the site are persons with a disability is billed as Center-Based Services.

(b) Center-Based Services are pre-planned, documented activities that relate to the service recipient's identified employment outcomes.

(c) Examples of Center-Based Services are active participation in:

(1) paid contract work which occurs in a workshop or other center-based setting.

(2) Team-prescribed therapy programs such as speech, physical therapy, or switch activation which are implemented by employment provider staff in the workshop or other center-based setting.

(3) unpaid training or paid work experience which occurs in a setting without opportunities for regular daily interactions with co-workers without disabilities or the general public.

(4) computer classes, GED preparation, job club, interviewing skills, or other classes whose participants all have disabilities, even if the location is in the community.

(d) Paid contract work is usually subcontracted, and the persons receiving services earn commensurate wage according to Department of Labor regulations.

(e) For Medicaid reimbursement in Center-Based Services, a service recipient's pay cannot exceed 50% of minimum wage.

(f) Participation in Center-Based Services is limited to 15 hours per week for persons receiving services through the Homeward Bound Waiver, unless approved through the exception process explained in OAC 317:40-7-21.



**317:40-7-7. Job Coaching Services**

Job Coaching Services are pre-planned, documented activities related to the service recipient's identified employment outcomes that include training at the work site and support by an agency staff member certified as a job coach. Job Coaching Services promote a person's capacity to secure and maintain integrated employment at a job of the person's choice paying at or above minimum wage, or working to achieve minimum wage. Job Coaching Services provide active participation in paid work.

(1) Job Coaching Services are available both for individual and group placements.

(2) Group placements of two to eight individuals needing continuous support at an integrated work site are included in Job Coaching Services even though the individuals may earn less than minimum wage.

(3) Job Coaching Services for individual placements are authorized when on-site supports by a certified job coach are provided more than 20% of the individual's compensable work time. The Job Coaching Services rate continues until a service recipient reaches 20% or less job coach intervention for four consecutive weeks, at which time Stabilization Services begin.

(4) Job Coaching Services are based on the amount of time for which the service recipient is compensated by the employer, except as explained in subparagraph (1)(A) of Stabilization Services, OAC 317:40-7-11.

(5) For service recipients in individual placements, the Team evaluates the need for job coach services at least annually and documents a plan for fading as the service recipient's independence increases.



**317:40-7-8. Employment Training Specialist Services**

Employment Training Specialist (ETS) Services may be used as described in this Section.

(1) Employment Training Specialist Services:

(A) must be provided by a certified Job Coach; and

(B) are not available when subcontracting.

(2) Employment Training Specialist Services may be used for:

(A) training of service recipients employed in individual placements or two service recipients on the same job site on new jobs when the service recipient(s) receives at least minimum wage and the employer is not the employment services provider;

(i) ETS is used to help a service recipient with a new job. ETS is not available if the service recipient held the same job for the same employer in the past.

(ii) ETS is available for up to the number of hours the service recipient works per week for six weeks in each Plan of Care year, as long as the job coach provides 100% on-site intervention.

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

(B) assessment and outcome development for service recipients residing in the community who are new to the agency;

(i) The provider may claim a documented maximum of 20 hours per service recipient for initial assessment. The assessment must be approved in advance by the Team and relate to the service recipient's desired outcomes.

(ii) If a service recipient changes agencies within the Plan of Care year, an additional 20 hours may be prescribed for assessment when determined necessary by the Team.

(iii) A provider cannot claim the same period of time for more than one type of service.

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

(D) job development for a service recipient on a one-person or two-person job site upon the service recipient's completion of three consecutive months on the job. Up to 40 hours may be used during a Plan of Care year after documentation of job development activities has been submitted to the case manager. If the job site involves two service recipients, the job development units are claimed against one service recipient's Plan of Care or shared between the two service recipients' Plans of Care. The job(s) must:

(i) pay at least minimum wage;

(ii) employ each service recipient at least 15 hours per week; and

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

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

(F) development of an Impairment Related Work Expense (IRWE) up to 20 hours per Plan of Care year after documentation of IRWE development and implementation of an approved IRWE after documentation has been submitted to the case manager; and

(G) interviewing for a job that is eligible for ETS services.

**317:40-7-11. Stabilization Services**

Stabilization Services are ongoing support services needed to maintain one or two service recipients in an integrated competitive employment site. Stabilization Services are provided for up to two years per job. Stabilization Services continue until the next Plan of Care following the end of two years of Stabilization Services. If the service recipient needs job coach services after the expiration of Stabilization Services, Job Coach Services may be authorized for the hours necessary to provide direct support to the service recipient or consultation to the employer as described in outcomes and methods in the Individual Plan.

(1) Stabilization Services are provided when the job coach intervention time required at the job site is 20% or less of the service recipient's total work hours for four consecutive weeks or when the service recipient moved from Department of Rehabilitation Services (DRS) services.

(A) If, after the service recipient moves to Stabilization, the Team determines that support is needed above 20% for longer than two weeks, the Team may revise the service recipient's Plan of Care to reflect the need for Job Coaching Services.

(B) A person receiving services from DRS moves to services funded by DDSD upon completion of the Job Stabilization milestone. The employment provider agency submits the request for transfer of funding during the Job Stabilization milestone as described in the DRS Supported Employment contract.

(2) Stabilization Services must:

(A) identify the supports needed, including development of natural supports;

(B) specify, in a measurable manner, the services to be provided.

(3) Reimbursement for Stabilization Services is based upon the number of hours the service recipient is employed at a rate of minimum wage or above.



**317:40-7-12. Enhanced rates**

An Enhanced Rate is available for both Community-Based Services and Job Coaching Services.

(1) Eligibility for an enhanced rate is determined by Team assessment as detailed in OAC 340:100-5-56, OAC 340:100-5-57, and subsection (d) of OAC 340:100-5-26 of the service recipient's needs.

(2) To be eligible for the enhanced rate, the service recipient must have:

(A) a protective intervention plan that:

(i) contains a restrictive or intrusive procedure as defined in OAC 340:100-1-2 implemented in the employment setting;

(ii) has been approved by the State Behavior Review Committee (SBRC) in accordance with OAC 340:100-3-14 or by the Developmental Disabilities Services Division (DDSD) staff in accordance with subsection (g) of OAC 340:100-5-57; and

(iii) has been reviewed by the Human Rights Committee (HRC) in accordance with OAC 340:100-3-6;

(B) procedures included in the Individual Plan which address dangerous behavior that places the service recipient or others at risk of serious physical harm but are neither restrictive or intrusive procedures as defined in OAC 340:100-1-2. The Team submits documentation of this risk and the procedures to the positive support field specialist to assure that positive approaches are being used to manage dangerous behavior;

(C) a visual impairment that requires assistance for mobility or safety; or

(D) two or more of the circumstances given in this subparagraph.

(i) The service recipient has medical support needs which are rated at Level 4, Level 5, or Level 6 on the Physical Status Review (PSR), explained in OAC 340:100-5-26.

(ii) The service recipient has nutritional needs supported by the PSR requiring tube feeding or other dependency for food intake which must occur in the employment setting.

(iii) The service recipient has mobility needs, supported by the PSR, such that he or she requires two or more people for lifts, transfers, and personal care. Use of a mechanical lift or other assistive technology has been evaluated for the current employment program and determined not feasible by the DDSD division director or designee.

(3) The enhanced rate can be claimed only if the person providing services fulfills all applicable training criteria specified in OAC 340:100-3-38.

(4) Persons residing in alternative group homes, as described in OAC 317:40-15-152 are eligible to receive the enhanced rate. Employment providers fulfill all applicable criteria given in OAC 317:40-5-152.1.

(5) There are no exceptions for the enhanced rate other than as allowed in this Section.

**317:40-7-13. Supplemental Supports for Center-Based Services**

(a) In those instances when a service recipient receiving Center-Based Services needs additional supports, the provider assigns staff in patterns that most effectively meet the needs of each service recipient.

(b) If re-arranging staff patterns is not sufficient to meet the service recipient's needs, the provider may file a request and plan for Supplemental Supports utilizing Vocational Habilitation Training Specialist Services. Supplemental Supports can be claimed only if provided by a staff member who has completed all specialized training and individual-specific training prescribed by the Team in accordance with OAC 340:100-3-38.

(c) Supplemental Supports for Center-Based Services include two types of services, behavioral continuous support, and personal care intermittent support.

(1) **Continuous Supplemental Supports.** Continuous Supplemental Supports cannot exceed 15 hours per week for persons receiving services through the Homeward Bound waiver unless specifically approved through the exception process described in OAC 317:40-7-21.

(A) To be eligible for continuous supplemental supports, the service recipient must have:

(i) a protective intervention plan that:

(I) contains a restrictive or intrusive procedure as defined in OAC 340:100-1-2 implemented in the employment setting;

(II) has been submitted to the Human Rights Committee (HRC) in accordance with OAC 340:100-3-6; and

(III) has been approved by the State Behavior Review Committee (SBRC) in accordance with OAC 340:100-3-14 or by the Developmental Disabilities Services Division (DDSD) staff in accordance with subsection (d) of OAC 340:100-5-57; or

(ii) procedures included in the protective intervention plan which address dangerous behavior that places the service recipient or others at risk of serious physical

harm. The Team submits documentation of this risk and the procedures to the DDS positive support field specialist to assure that positive approaches are being used to manage dangerous behavior.

(B) The Team documents discussion of the need for continuous Supplemental Supports.

(2) **Intermittent Supplemental Supports.** To receive personal care intermittent support, a service recipient must have a personal care need which requires staffing of at least one-to-one during that time frame when the support is needed.

(A) If a service recipient needs intermittent personal care support during Center-Based Services, the Team documents discussion of:

(i) the specific support need(s) of the service recipient, such as staff-assisted repositioning, lifting, transferring, individualized bathroom assistance, or nutritional support;

(ii) the number of staff necessary to provide the support; and

(iii) the calculations which combine the time increments of support to determine the total number of units needed on the Plan of Care.

(B) The case manager sends the documentation to the case management supervisor for approval.

(C) The case management supervisor signs and forwards a copy of the approval, denial, or recommended modifications to the case manager within two working days of receipt.

(D) A service recipient may receive Center-Based Services and Intermittent Supplemental Supports at the same time.

(d) Supplemental Support for Center-Based Services described in this Section cannot be accessed in Community-Based Services.

(e) Sufficient staff must be available in the center-based facility to provide the supplemental support in order for a provider to claim the units.

**317:40-7-15. Service requirements for Waiver Employment Services**

(a) The case manager, the service recipient, a family member or guardian as appropriate, and the provider develop a preliminary plan of services including:

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

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

(1) Waiver Employment Services cannot be reimbursed if those services occur in the residence or property of the service recipient or of a provider-paid staff member, including garages and sheds, whether or not the garage or shed is attached to the home.

(2) No exceptions to this subsection can be authorized.

(c) Providers of Waiver Employment Services comply with rules at OAC 340:100-17, Part 1, General Employment Expectations.

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

- (1) is placed in a new job;
- (2) loses his or her job. A Team meeting must be held if the service recipient loses the job;
- (3) experiences significant changes in the community-based schedule or employment schedule; or
- (4) experiences other circumstances, as described in OAC 340:100-5-34, Incident Reporting.

(e) The provider submits an Employment Progress Report, OKDHS Form DDS-66, for each person receiving employment services through the Community Waiver or the Homeward Bound Waiver, to the DDS case manager by the tenth of each month for the previous month's services, and semi-annually for each person receiving services through the In-Home Supports Waivers.

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

(g) Each person receiving residential supports as defined in 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 or adult day services each week, excluding transportation to and from the person's residence.

(1) The 30 hours of employment service each week can be a combination of Community-Based Services, Center-Based Services, ETS Intensive Training Services, Stabilization Services, and Job Coaching Services. Center-Based Services cannot exceed 15 hours per week for persons receiving services through the Homeward Bound waiver.

(2) Fewer than 30 hours of employment activities per week requires approval through the process specified in OAC 317:40-7-21.

**317:40-7-20. Waiver Employment Services provider staff qualifications and training**

(a) The provider designates a program manager to supply work-site supervision, guidance, and oversight of job coach specialists and paraprofessional staff providing direct services in the waiver employment program. Prior to assuming program management duties, the program manager:

(1) has completed all required training specified in OAC 340:100-3-38; and

(2) has a minimum of four years of any combination of college level education and "full time equivalent" experience in serving persons with disabilities.

(b) A job coach addresses the person's needs as identified in the service recipient's chosen employment outcomes under the professional oversight of the program manager.

(1) The provider designates job coaches whose minimum level of education includes a high school diploma or general equivalency diploma (G.E.D.) and certification through the Division's approved training course.

(2) Individuals who do not meet the educational requirement but who were certified job coaches prior to July 1, 1995, continue to be approved to provide Job Coaching Services.

(c) The provider agency ensures that all staff comply with DDSD-approved training requirements specified in OAC 340:100-3-38.



**317:40-7-21. Exception process for Waiver Employment Services**

(a) All exceptions to the rules in this Subchapter are:

(1) approved in accordance with this Section prior to service implementation;

(2) intended to result in the Team's development of an employment plan tailored to meet the needs of the service recipient;

(3) identified in the Individual Plan (IP) process explained in OAC 340:100-5-50 through 100-5-58; and

(4) documented by the case manager after Team approval.

(b) Within 10 working days of the annual IP or the interim meeting, the case manager sends requests for exceptions dealing with individual needs listed in this subsection to the area employment services staff, who reviews the request to ensure that all criteria listed have been met. If criteria are not met, the employment services staff returns the exception request to the case management supervisor for further documentation. If all criteria are met, the employment services staff returns the request to the case management supervisor to resume the approval process and input of units on the Plan of Care.

(1) If the exception involves the requirement found in subsection (a) of OAC 317:40-7-15 of a minimum of 30 hours per week of employment services, the case manager sends documentation of the Team's:

(A) discussion of the specific situation(s) that require an exception;

(B) discussion of other possibilities to avoid an exception, and the reasons that those possibilities do not adequately meet the service recipient's needs;

(C) plan with specific steps and target dates to address the situation throughout the Plan of Care year so the exception may not be required or lessened at the end of the Plan of Care year; and

(D) specific residential schedule to provide integrated activities outside the home while the plan to increase to 30 hours is being implemented.

(2) A request by a person receiving services through the Homeward Bound Waiver for an exception to the maximum limit of 15 hours per week for center-based services or continuous supplemental support as described in OAC 317:40-7-6 and 317:40-7-13 includes documentation of the Team's:

(A) discussion of the specific situation(s) that require an exception;

(B) discussion of other possibilities to avoid an exception and the reasons that those possibilities do not adequately meet the service recipient's needs; and

(C) decision(s) which include specific steps and target dates to address the situation throughout the Plan of Care year so the exception may not be required or may be lessened at the end of the Plan of Care year.

(3) A request for an alternative(s) to the required community-based activities as defined in OAC 317:40-7-5 requires documentation of the Team's:

(A) discussion of the specific situation(s) that require an exception;

(B) discussion of other possibilities to avoid an exception and the reasons that those possibilities do not adequately meet the service recipient's needs;

(C) specific steps and target dates to address the situation throughout the Plan of Care year so the exception may not be required or may be lessened at the end of the Plan of Care year.

(c) The exception requests listed in this subsection are documented by the case manager after Team consensus and submitted directly to the DDS area manager within 10 working days after the annual IP or interim Team meeting. The case manager retains a copy in the case manager's record. The area manager approves or denies the request based on the thoroughness of the Team's discussion of possible alternatives and the reasons for rejection of the other possible alternatives.

(1) State dollar reimbursement for absences of a person receiving services through the Community Waiver in excess of 150

units is approved for medical reasons only. The request includes:

(A) the Team's discussion of the specific situation(s) that require an exception;

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

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

(2) A request for any other exception to the rules in this Subchapter that are not specifically listed in this subsection require documentation of the Team's discussion of:

(A) the specific situation(s) that require an exception; and

(B) other possibilities to avoid an exception specifying the reasons that those possibilities do not adequately meet the service recipient's needs.

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