Oklahoma Health Care Authority

The Oklahoma Health Care Authority (OHCA) values your feedback and input. It is very important that you provide your comments regarding the proposed rule change by the comment due date. Comments can be submitted on the OHCA's Proposed Changes Blog.

OHCA COMMENT DUE DATE: May 7, 2021

The proposed policy is an Emergency Rule. The proposed policy was presented at the March 2, 2021 Tribal Consultation. Additionally, this proposal is scheduled to be presented to the Medical Advisory Committee on May 13, 2021 and the OHCA Board of Directors on May 19, 2021.

REFERENCE: APA WF 21-02 Emergency Rule

State Plan Personal Care Services - The proposed rule revisions will revoke the State Plan Personal Care Services Eligible Provider Exception section for the purpose of complying with 42 C.F.R. § 440.167. This federal regulation does not allow a legal guardian to provide personal care services. Additional revisions will align policy with current business practice and correct grammatical errors.

LEGAL AUTHORITY:
The Oklahoma Health Care Authority Act, Section 5007 (C)(2) of Title 63 of Oklahoma Statutes; The Oklahoma Health Care Authority Board; 42 C.F.R. § 440.167

RULE IMPACT STATEMENT:

STATE OF OKLAHOMA
OKLAHOMA HEALTH CARE AUTHORITY

SUBJECT: Rule Impact Statement
APA WF # 21-02

A. Brief description of the purpose of the rule:

The proposed rule revisions will revoke the State Plan Personal Care Services Eligible Provider Exception section for the purpose of complying with 42 C.F.R. § 440.167. This federal regulation does not allow a legal guardian to provide personal care services. Additional revisions will align policy with current business practice and correct grammatical errors.

B. A description of the classes of persons who most likely will be affected by the proposed rule, including classes that will bear the cost of the proposed rule, and any information on cost impacts received by the agency from any private or public entities:

The class of persons most affected by the proposed rule will most likely be legal guardians who served as personal care providers, as they are no longer allowed to be reimbursed for state plan personal care services. This rule should not place any cost or burden on private or public entities. No information on any cost impacts were received from any entity.

C. A description of the classes of persons who will benefit from the proposed rule:

No classes of person will benefit from this rule change as the rule is only being revised to reflect new State requirements.

D. A description of the probable economic impact of the proposed rule upon the affected classes of persons or political subdivisions, including a listing of all fee changes and, whenever possible, a separate justification for each fee change:

There is no probable economic impact, and there are no fee changes associated with the rule change for the above classes of persons or any political subdivision.

E. The probable costs and benefits to the agency and to any other agency of the implementation and enforcement of the proposed rule, the source of revenue to be used for implementation and enforcement of the proposed rule, and any anticipated effect on state revenues, including a projected net loss or gain in such revenues if it can be projected by the agency:

Agency staff has determined that the proposed rule change will be budget neutral.

F. A determination of whether implementation of the proposed rule will have an economic impact on any political subdivisions or require their cooperation in implementing or enforcing the rule:

The proposed rule changes will not have any economic impact on any political subdivisions. The proposed rule changes will not have an economic impact on any political subdivision or require

their cooperation in implementing or enforcing the rule changes.

G. A determination of whether implementation of the proposed rule will have an adverse effect on small business as provided by the Oklahoma Small Business Regulatory Flexibility Act:

The agency does not anticipate that the proposed rule changes will have an adverse effect on small businesses.

H. An explanation of the measures the agency has taken to minimize compliance costs and a determination of whether there are less costly or non-regulatory methods or less intrusive methods for achieving the purpose of the proposed rule:

The agency has taken measures to determine that there is no less costly or non-regulatory method or less intrusive method for achieving the purpose of the proposed rule.

I. A determination of the effect of the proposed rule on the public health, safety, and environment and, if the proposed rule is designed to reduce significant risks to the public health, safety, and environment, an explanation of the nature of the risk and to what extent the proposed rule will reduce the risk:

The proposed rule brings the rules into compliance with federal and state law, thereby increasing program effectiveness positively impacting the health, safety, and well-being of individuals receiving DDS services.

J. A determination of any detrimental effect on the public health, safety, and environment if the proposed rule is not implemented:

The agency does not believe there is a detrimental effect on the public health and safety if the rule is not passed. The agency believes that the approval of this rule change will have a positive effect for members to have easier access to job placement.

K. The date the rule impact statement was prepared and if modified, the date modified:

Prepared: April 21, 2021
Modified:

RULE TEXT:

TITLE 317. OKLAHOMA HEALTH CARE AUTHORITY
CHAPTER 35. MEDICAL ASSISTANCE FOR ADULTS AND CHILDREN-ELIGIBILITY

SUBCHAPTER 15. STATE PLAN PERSONAL CARE SERVICES

317:35-15-2. State Plan Personal care services

(a) Personal care is assistance to an individual in carrying out Activities of Daily Living (ADLs) or in carrying out Instrumental Activities of Daily Living (IADLs) directly related to the member's personal care needs to prevent or minimize physical health regression or deterioration. Personal care service requires a skilled nursing assessment of need, development of a care plan to meet identified personal care needs, care plan oversight, and periodic re-assessment and updating, of the care plan, when necessary. Personal care services do not include technical services, such as suctioning, tracheal care, gastrostomy-tube feeding or care, specialized feeding due to choking risk, application of compression stockings, bladder catheterization, colostomy irrigation, wound care, application of prescription lotions or topical ointments, range of motion exercises, or the operation of equipment of a technical nature, such as a patient lift or oxygen equipment.

(b) Personal care members may receive services in limited types of living arrangements. The specific living arrangements are set forth below.

(1) Personal care members are not eligible to receive services while residing in an institutional setting including, but not limited to, licensed facilities, such as a hospital, nursing facility, licensed residential care facility or licensed assisted living facility, or in an unlicensed institutional living arrangement, such as a room and board home or facility. Personal care may not be approved when the ~~client~~member lives in the personal care assistant's home except with the approval of Oklahoma Department of Human Services ~~(DHS)~~(OKDHS) Aging Services.

(2) ~~Additional living arrangements in which members~~Members may receive personal care services ~~are~~in the member's own home, apartment, or a ~~family~~family's or friend's home or apartment. A home or apartment unit is defined as a self-contained living space having a lockable entrance to the unit including a bathroom and food storage/preparation amenities in addition to bedroom/living space.

(3) For personal care members who are full-time students, a dormitory room qualifies as an allowable living arrangement in which to receive personal care services~~ for the period during which the member is a student~~.

(4) With prior approval of the ~~DHS~~OKDHS area nurse, personal care services may be provided in an educational or employment setting to assist the member to achieve vocational goals identified in the care plan.

(c) Personal care services may be provided by an individual employed by the member, referred to as an individual personal care assistant (IPCA) ~~or~~. Personal care services may be provided by a personal care assistant (PCA) who is employed by a home care agency, provided the home care agency is certified ~~to provide personal care services~~ and contracted with the Oklahoma Health Care Authority (OHCA) to provide personal care services. ~~DHS must determine an IPCA to be~~Before providing services, OKDHS determines if the IPCA is qualified to provide personal care services and not identified as ~~formal/informal~~formal or informal support for the member ~~before they can provide services~~. Persons eligible to serve as either IPCAs or ~~PCAS~~PCAs must:

(1) ~~be~~Be at least ~~18~~eighteen (18) years of age;

(2) ~~have~~Have no pending notation related to abuse, neglect, or exploitation as reported by the Oklahoma State Department of Health Nurse Aide Registry;

(3) ~~not~~Not be included in the ~~DHS~~OKDHS Community Services Worker Registry;

(4) ~~not~~Not be convicted of a crime or have any criminal background history or registry listings that prohibit employment per ~~O.S. Title 63, Section 1-1950.1;~~Title 63 Oklahoma Statute Section 1-1950.1;

(5) ~~demonstrate~~Demonstrate the ability to understand and carry out assigned tasks;

(6) ~~not~~Not be a legally responsible family member, such as a spouse, legal guardian, or parent of a minor child of the member being served~~, exceptions may be made for a legal guardian to provide services only with prior approval from DHS Aging Services~~;

(7) ~~have~~Have a verifiable work history ~~and/or~~or personal references, and verifiable identification; and

(8) ~~meet~~Meet any additional requirements outlined in the contract and certification requirements with OHCA.

(d) Eligibility for Personal Care is contingent on ~~an individual~~a member requiring one (1) or more of the services offered at least monthly that include personal care, meal preparation, housekeeping, laundry, shopping or errands, or specified special tasks to meet ADL or IADL assessed needs.

317:35-15-3. Application for State Plan Personal Care

(a) **Requests for Personal Care.** A request for Personal Care is made to the local OKDHS office or ADvantage Administration (AA). A written financial application is not required for an individual

who has an active SoonerCare case. A financial application for Personal Care is initiated when there is no active SoonerCare case. The application is signed by the applicant, parent, spouse, guardian or someone else acting on the applicant's behalf. All conditions of financial eligibility must be verified and documented in the case record. When current information already available in the local office establishes eligibility, the information may be used by recording source and date of information. If the applicant also wishes to apply for a State Supplemental Payment, either the applicant or his/her guardian must sign the application form.

(b) **Date of application.**

(1) The date of application is:

(A) ~~the~~The date the applicant or someone acting on his/her behalf signs the application in the county office;

(B) ~~the~~The date the application is stamped into the county office when the application is initiated outside the county office; or

(C) ~~the~~The date when the request for SoonerCare is made orally and the financial application form is signed later.

(2) An exception to paragraph (1) of this subsection would occur when OKDHS has contracts with certain providers to take applications and obtain documentation. After the documentation is obtained, the contract provider forwards the application and documentation to the OKDHS county office of the applicant's county of residence for SoonerCare eligibility determination. The application date is the date the applicant signed the application form for the provider.

(c) **Eligibility status.** Financial and medical eligibility must be established before services can be initiated.

317:35-15-4. Determination of medical eligibility for State Plan Personal Care

(a) **Eligibility.** The Oklahoma Department of Human Services ~~(DHS)~~OKDHS area nurse determines medical eligibility for personal care services based on the Uniform Comprehensive Assessment Tool (UCAT) Part III and the determination that the member has unmet care needs that require personal care services. Personal care services are initiated to support the regular care provided in the member's home. Personal care services are not intended to take the place of regular care and general maintenance tasks or meal preparation shared or done for one another by natural supports, such as spouses or other adults who live in the same household. Additionally, personal care services are not furnished when they principally benefit the family unit. To be eligible for personal care services, the individual must:

(1) ~~have~~Have adequate informal supports consisting of adult

supervision that is present or available to contribute to care, or decision-making ability as documented on the UCAT Part III, to remain in his or her home without risk to his or her health, safety, and well-being, the individual:

(A) ~~must~~Must have the decision-making ability to respond appropriately to situations that jeopardize his or her health and safety or available supports that compensate for his or her lack of ability as documented on the UCAT Part III; or

(B) ~~who~~Who has his or her decision-making ability, but lacks the physical capacity to respond appropriately to situations that jeopardize health and safety and was informed by the ~~DHS~~OKDHS nurse of potential risks and consequences, may be eligible.

(2) ~~require~~Require a plan of care involving the planning and administration of services delivered under the supervision of professional personnel;

(3) ~~have~~Have a physical impairment or combination of physical and mental impairments as documented on the UCAT Part III. An individual who poses a threat to self or others as supported by professional documentation or other credible documentation may not be approved for Personal Care services. An individual who is actively psychotic or believed to be in danger of potential harm to self or others may not be approved for personal care services;

(4) ~~not~~Not have members of the household or persons who routinely visit the household who, as supported by professional documentation or other credible documentation, pose a threat of harm or injury to the individual or other household visitors;

(5) ~~lack~~Lack the ability to meet personal care needs without additional supervision or assistance, or to communicate needs to others; and

(6) ~~require~~Require assistance, not of a technical nature, to prevent or minimize physical health regression and deterioration.

(b) **Definitions.** The following words and terms, when used in this subsection, shall have the following meaning, unless the context clearly indicates otherwise:

(1) **"Activities of Daily Living" (ADL)** means activities of daily living are activities that reflect the member's ability to perform self-care tasks essential for sustaining health and safety, such as:

(A) ~~bathing;~~Bathing;

(B) ~~eating;~~Eating;

(C) ~~dressing;~~Dressing;

(D) ~~grooming;~~Grooming;

(E) ~~transferring~~Transferring includes activities such as getting in and out of a tub or bed to chair;

(F) ~~mobility;~~Mobility;

(G) ~~toileting;~~Toileting; and

(H) ~~bowel/bladder~~Bowel/bladder control.

(2) **"ADLs score of three or greater"** means the member cannot do at least one (1) ADL at all or needs some help with two (2) or more ADLs.

(3) **"Consumer support very low need"** means the member's UCAT Part III Consumer Support score is zero (0) which indicates, in the UCAT Part III assessor's clinical judgment, the formal and informal sources are sufficient for present level of member need in most functional areas.

(4) **"Consumer support low need"** means the member's UCAT Part III Consumer Support score is five (5) which indicates, in the UCAT Part III assessor's clinical judgment, the support from formal and informal sources are nearly sufficient for present level of member need in most functional areas. The member, family, or informal supports are meeting most needs typically expected of family or household members to share or do for one another, such as general household maintenance. There is little risk of institutional placement with loss of current supports.

(5) **"Consumer support moderate need"** means the UCAT Part III Consumer score is fifteen (15) which indicates, in the UCAT Part III assessor's clinical judgment, the formal and informal support is available, but overall, it is inadequate, changing, fragile, or otherwise problematic. The member requires additional assistance that usually includes personal care assistance with one or more ADLs not available through Medicare, the Veterans Administration, or other federal entitlement programs. Support provided by informal caregivers is of questionable reliability due to one (1) or more of the following:

(A) ~~care~~Care or support is required continuously with no relief or backup available;

(B) ~~informal~~Informal support lacks continuity due to conflicting responsibilities such as work or child care;

(C) ~~care~~Care or support is provided by persons with advanced age or disability; or

(D) ~~institutional~~Institutional placement can reasonably be expected with any loss of existing support.

(6) **"Consumer support high need"** means the member's UCAT Part III Consumer score is twenty-five (25) which indicates, in the UCAT Part III assessor's clinical judgment, the formal and informal supports are not sufficient as there is very little or no support available to meet a high degree of member need.

(7) **"Community services worker"** means any non-licensed health

professional employed by or under contract with a community services provider who provides, for compensation or as a volunteer, health-related services, training, or supportive assistance to frail elderly, disabled person(s), or person(s) with developmental disabilities.

(8) **"Community Services Worker Registry"** means a registry established by the ~~DHS,~~OKDHS per Section (§) 1025.1 of Title 56 of the Oklahoma Statutes (O.S.) to list community services workers against whom a final investigative finding of abuse, neglect, or exploitation, per 43A O.S. § 10-103, involving a frail elderly, disabled person(s), or person(s) with developmental disabilities was made by ~~DHS~~OKDHS or an administrative law judge; and amended in 2002, to include the listing of SoonerCare (Medicaid) personal care assistants (PCAs) providing personal care services.

(9) **"Instrumental activities of daily living (IADL)"** means those activities that reflect the member's ability to perform household chores and tasks within the community essential for sustaining health and safety, such as:

(A) ~~shopping;~~Shopping;

(B) ~~cooking;~~Cooking;

(C) ~~cleaning;~~Cleaning;

(D) ~~managing~~Managing money;

(E) ~~using~~Using a phone;

(F) ~~doing~~Doing laundry;

(G) ~~taking~~Taking medication; and

(H) ~~accessing~~Accessing transportation.

(10) **"IADLs score is at least six (6)"** means the member needs some help with at least three (3) IADLs or cannot do two (2) IADLs at all.

(11) **"IADLs score of eight (8) or greater"** means the member needs some help with at least four (4) IADLs or the member cannot do two (2) IADLs at all and needs some help with one (1) or more other IADLs.

(12) **"MSQ"** means the mental status questionnaire.

(13) **"MSQ moderate risk range"** means a total weighted-score of seven (7) to eleven (11) that indicates an orientation-memory-concentration impairment or memory impairment.

(14) **"Nutrition moderate risk"** means the total weighted UCAT Part III Nutrition score is eight (8) or more that indicates poor appetite or weight loss combined with special diet requirements, medications, or difficulties in eating.

(15) **"Social resources score is eight (8) or more"** means the member lives alone or has no informal support when he or she is sick, needs assistance, or has little or no contact with others.

(c) **Medical eligibility minimum criteria for personal care.** The medical eligibility minimum criteria for personal care are the

minimum UCAT Part III score criteria that a member must meet for medical eligibility for personal care and are:

(1) ADLs score is five (5) or greater; or IADLs score of eight (8) or greater; or Nutrition score is eight (8) or greater; or the MSQ score is seven (7) or greater; or the ADLs score is three (3) and IADLs score is at least six (6); and

(2) Consumer Support is fifteen (15) or more; or Consumer Support score is five (5) and the Social Resources score is eight or more.

(d) **Medical eligibility determination.** Medical eligibility for personal care is determined by the ~~DHS.~~OKDHS. The medical decision for personal care is made by the ~~DHS~~OKDHS area nurse utilizing the UCAT Part III.

(1) Categorical relationship must be established for determination of eligibility for personal care. When categorical relationship to Aid to the Disabled was not established but there is an extremely emergent need for personal care, and current medical information is not available, the local office authorizes a medical examination. When authorization is necessary, the county director issues Form 08MA016E, Authorization for Examination, and Form 08MA02E, Report of Physician's Examination, to a licensed medical or osteopathic health care professional, refer to Oklahoma Administrative Code (OAC) 317:30-5-1. The licensed health care professional cannot be in a medical facility internship, residency, or fellowship program or in the full time employment of the Veterans Administration, United States Public Health Service, or other agency. The ~~DHS~~OKDHS county worker submits the information to the Level of Care Evaluation Unit (LOCEU) to request a determination of eligibility for categorical relationship. LOCEU renders a decision on the categorical relationship using the Social Security Administration (SSA) definition. A follow-up is required by the ~~DHS~~OKDHS county worker with (SSA) to ensure the SSA disability decision is also the LOCEU decision.

(2) Approved contract agencies or the ADvantage Administration (AA) may complete UCAT Part I for intake and screening and forward the form to the county office.

(3) Upon receipt of the referral, ~~DHS~~OKDHS county staff may initiate the UCAT, Part I.

(4) The ~~DHS~~OKDHS nurse is responsible for completing the UCAT Part III assessment visit within ~~ten-business (10-business)~~ten (10) business days of the personal care referral for the applicant who is SoonerCare eligible at the time of the request. The ~~DHS~~OKDHS nurse completes the assessment visit within ~~twenty-business (20-business)~~twenty (20) business days of the referral for the applicant not determined SoonerCare eligible

at the time of the request. When the UCAT Part I indicates the request is from an individual who resides at home and an immediate response is required to ensure the health and safety of the person, emergency situation, or to avoid institutional placement, the UCAT Part III assessment visit has top-scheduling priority.

(5) During the assessment visit, the ~~DHS~~OKDHS nurse completes the UCAT Part III and reviews rights to privacy, fair hearing, provider choice, and the pre-service acknowledgement agreement with the member. The ~~DHS~~OKDHS nurse informs the applicant of medical eligibility criteria and provides information about ~~DHS~~OKDHS long-term care service options. The ~~DHS~~OKDHS nurse documents if the member wants to be considered for nursing facility level of care services or if the member is applying for a specific service program on UCAT Part III. When, based on the information obtained during the assessment, the ~~DHS~~OKDHS nurse determines if the member may be at risk for health and safety, an immediate referral is made to Adult Protective Services (APS) or Child Protective Services, as applicable. The referral is documented on the UCAT Part III.

(A) When the applicant's needs cannot be met by personal care services alone, the ~~DHS~~OKDHS nurse informs the applicant of the other community long-term care service options. The ~~DHS~~OKDHS nurse assists the applicant in accessing service options selected by the applicant in addition to, or in place of, Personal Care services.

(B) When multiple household members are applying for SoonerCare personal care services, the UCAT Part III assessment is done for all the household members at the same time.

(C) The ~~DHS~~OKDHS nurse informs the applicant of the qualified agencies in his or her local area that provide services and obtains the applicant's primary and secondary choice of agencies. When the applicant or family declines to choose a primary personal care service agency, the ~~DHS~~OKDHS nurse selects an agency from a list of all available agencies, using a round-robin system. The ~~DHS~~OKDHS nurse documents the name of the selected personal care provider agency.

(6) The ~~DHS~~OKDHS nurse completes the UCAT Part III and sends it to the ~~DHS~~OKDHS area nurse for medical eligibility determination. Personal care service eligibility is established on the date medical eligibility is approved and financial eligibility is established. This date serves as the certification date for services to be initiated.

(A) When the length of time from the initial assessment to the date of service eligibility determination exceeds ~~ninety-calendar (90-calendar)~~ninety (90) calendar days, a

new UCAT Part III and assessment visit is required.

(B) The ~~DHS~~OKDHS area nurse assigns a medical certification period of not more than thirty-six (36) months for persons eighteen (18) years of age and older or not more than twelve (12) months for persons younger than eighteen (18) years of age. The service plan period under the Service Authorization Model (SAM) is for a period of twelve (12) months and is provided by the ~~DHS~~OKDHS nurse.

(7) The ~~DHS~~OKDHS area nurse notifies the ~~DHS~~OKDHS county worker via Electronic Data Entry and Retrieval System (ELDERS) of the personal care certification. The authorization line is open via automation from ELDERS.

(8) Upon establishment of personal care certification, the ~~DHS~~OKDHS nurse contacts the member's preferred provider agency, or when necessary, the secondary provider agency or the provider agency selected by the round robin system. Within ~~one-business (1-business)~~one (1) business day of provider agency acceptance, the ~~DHS~~OKDHS nurse forwards the referral information to the provider agency for SAM plan development. Refer to OAC 317:35-15-8(a).

(9) Following the SAM packet development by the provider agency, and within ~~three-business (3-business)~~three (3) business days of receipt of the packet from the provider agency, the ~~DHS~~OKDHS nurse reviews the documentation to ensure agreement with the plan. Once agreement is established, the packet is authorized by the designee or submitted to the area nurse for review.

(10) Within ~~ten-business (10-business)~~ten (10) business days of receipt of the SAM case from the ~~DHS~~OKDHS nurse, the ~~DHS~~OKDHS area nurse authorizes or denies the SAM units. If the SAM case fails to meet standards for authorization, the case is returned to the ~~DHS~~OKDHS nurse for further justification.

(11) Within ~~one-business (1-business)~~one (1) business day of knowledge of the authorization, the ~~DHS~~OKDHS nurse forwards the service plan authorization to the provider agency.

317:35-15-5. General financial eligibility requirements for State Plan Personal Care

Financial eligibility for Personal Care is determined using the rules on income and resources according to the eligibility group to which the individual is related. Income and resources are evaluated on a monthly basis for all individuals requesting payment for Personal Care who are categorically related to ABD; maximum countable monthly income and resource standards for individuals related to ABD are found on OKDHS form 08AX001E (Appendix C-1), Schedule VI (QMBP program standards).

317:35-15-6. Determining financial eligibility of categorically

needy individuals

Financial eligibility for Personal Care for categorically needy individuals is determined as follows:

(1) **Financial eligibility for MAGI eligibility groups.** See MAGI eligibility rules in Subchapter 6 of this Chapter to determine financial eligibility for MAGI eligibility groups.

(2) **Financial eligibility/categorically related to ABD.** In determining income and resources for the individual related to ABD, the "family" includes the individual and spouse, if any. To be categorically needy, the countable income must be less than the categorically needy standard as shown on the OKDHS form 08AX001E (Appendix C-1), Schedule VI (QMBP standard). If an individual and spouse cease to live together for reasons other than institutionalization or receipt of the ADvantage waiver or HCBW/MR services, income and resources are considered available to each other through the month in which they are separated. Mutual consideration ceases with the month after the month in which the separation occurs. Any amounts which are actually contributed to the spouse after the mutual consideration has ended are considered.

(3) **Determining financial eligibility for State Plan Personal Care.** For individuals determined categorically needy for Personal Care, the member will not pay a vendor payment for Personal Care services.

317:35-15-7. Certification for State Plan Personal Care

(a) **Personal Care certification period.** The first month of the Personal Care certification period must be the first month the member was determined eligible for Personal Care, both financially and medically. When eligibility or ineligibility for Personal Care is established, the local office updates the computer-generated form and the appropriate notice is mailed to the member.

(b) **Financial certification period.** The financial certification period for Personal Care services is ~~12~~twelve (12) months. Redetermination of eligibility is completed according to the categorical relationship.

(c) **Medical certification period.** A medical certification period of not more than thirty-six (36) months is assigned for an individual who is approved for Personal Care. The certification period for Personal Care is based on the Uniform Comprehensive Tool (UCAT) evaluation and clinical judgment of the Oklahoma Department of Human Services ~~(DHS)~~OKDHS area nurse or designee.

317:35-15-8. Agency State Plan personal care service authorization and monitoring

(a) Within ~~10-business~~ten (10) business days of receipt of the referral for personal care services, the personal care provider

agency nurse completes a Service Authorization Model (SAM) visit in the home to assess the member's personal care service needs, completes a SAM packet based on the member's needs and submits the packet to the ~~DHS~~OKDHS nurse. The member's SAM packet includes ~~DHS~~OKDHS Forms:

(1) 02AG044E, Personal Care Progress Notes;

(2) 02AG030E, Personal Care Planning Schedule/Service Plan; and

(3) 02AG029E, Personal Care Plan.

(b) When more than one (1) person in the household was referred to receive personal care or ADvantage services, all household members' SAM packets are discussed and developed with the eligible members so service delivery is coordinated to achieve the most efficient use of resources. The number of units of personal care service authorized for each individual is distributed between all eligible family members to ensure that the absence of one family member does not adversely affect the family member(s) remaining in the home. When one (1) or more persons in the same household with a personal care member were referred to or are receiving other formal services, such as ADvantage or Developmental Disability Services, then those services are coordinated as well.

(c) The personal care provider agency receives documentation from ~~DHS~~OKDHS as authorization to begin services. The agency delivers a copy of the care plan Form 02AG029E and the Personal Care Planning Schedule/Service Plan to the member upon initiating services.

(d) Prior to placing a personal care assistant (PCA) in the member's home or other service-delivery setting by the provider agency, an Oklahoma State Bureau of Investigation (OSBI) background check, an Oklahoma State Department of Health Registry check, and an ~~DHS~~OKDHS Community Services Worker Registry check must be completed per Sections 1-1944 through 1-1948 of Title 63 of the Oklahoma Statutes. Payment is made for PCAs who provide personal care services and meet criteria OAC 317:35-15-2(c)(1) 1 through 8).

(e) The provider agency nurse monitors the member's plan of care.

(1) The personal care provider agency contacts the member within ~~five-business~~five (5) business days of receipt of the authorized document in order to ensure services were implemented according to the authorized plan of care.

(2) The provider agency nurse makes a SAM home visit at least every six (6) months to assess the member's satisfaction with his or her care and to evaluate the SAM packet for adequacy of goals and authorized units. Whenever a home visit is made, the provider agency nurse documents findings in the Personal Care Progress Notes. The provider agency forwards a copy of the Progress Notes to the ~~DHS~~OKDHS nurse for review within ~~five-business~~five (5) business days of the visit. The monitoring

visit may be conducted by a Licensed Practical Nurse (LPN) only when the PCA is not performing hands-on personal care. A Registered Nurse (RN) must also co-sign the progress notes.

(3) Requests by the provider agency nurse to change the number of units authorized in the SAM packet are submitted to ~~(DHS)~~OKDHS and are approved or denied by the ~~(DHS)~~OKDHS area nurse or designee, prior to changed number of units~~ unit~~ implementation.

(4) Annually, or more frequently when the member's needs change, the provider agency nurse re-assesses the member's need's and develops a new SAM packet to meet the member's needs. The provider agency nurse conducts a home visit and completes and submits the annual reassessment documents to the ~~DHS~~OKDHS nurse no sooner than ~~60-calendar~~sixty (60) calendar days before the existing service plan end-date, and no later than ~~14-calendar~~fourteen (14) calendar days prior to service.

(5) When the member is unstaffed, the provider agency communicates with the member and makes efforts to re-staff. It is recommended the provider agency contacts unstaffed members weekly by phone to actively monitor the health and safety of the member and documents ongoing efforts to provide staff. When the member is unstaffed for ~~30-calendar~~thirty (30) days, the provider agency notifies the ~~DHS~~OKDHS nurse on Form 02AG032E, Provider Communication Form. The ~~DHS~~OKDHS nurse contacts the member and when the member chooses, initiates a transfer of the member to another provider agency that can provide staff.

317:35-15-8.1. Agency State Plan Personal Care services; billing, and problem resolution

The ADvantage Administration (AA) certifies qualified personal care provider agencies and facilitates the execution of the agencies' SoonerCare (Medicaid) contracts on behalf of the Oklahoma Health Care Authority (OHCA). OHCA checks the list of providers barred from Medicare/SoonerCare (Medicaid) participation to ensure that the personal care services agency is not listed.

(1) **Payment for State Plan personal care.** Payment for personal care services is made for care provided in the member's ~~"own home"~~own home or in other limited types of living arrangements, per ~~OAC~~Oklahoma Administrative Code (OAC) 317:35-15-2(b)(1 through 4).

(A) **Use of provider agency.** To provide personal care services, an agency must be licensed by the Oklahoma State Department of Health, meet certification standards identified by the Oklahoma Department of Human Services ~~(DHS),~~(OKDHS), and possess a current SoonerCare (Medicaid) contract.

(B) **Reimbursement.** Personal care services payment on behalf

of a member is made according to the type of service and number of ~~units of~~ personal care ~~services~~services units authorized in the Service Authorization Model (SAM) packet.

(i) The amount paid to provider agencies for each unit of service is determined according to established SoonerCare (Medicaid) rates for the ~~Personal Care~~personal care services. Only authorized units contained in each eligible member's individual SAM packet are eligible for reimbursement. Provider agencies serving more than one personal care service member residing in the same residence ensure the members' SAM packets combine units in the most efficient manner to meet the needs of all eligible persons in the residence.

(ii) Payment for personal care services is for tasks performed in accordance per OAC 317:30-5-951 only when listed on an authorized plan of care. Payment for personal care skilled nursing service is made on behalf of the member for assessment/evaluation and associated service planning per SAM nursing visit.

(iii) Service time for personal care services is documented through the use of the Electronic Visit Verification System (EVV), previously known as Interactive Voice Response Authentication (IVRA) system, when services are provided in the home.

(2) **Issue resolution.**

(A) The provider agency provides a written copy of their grievance process to each member at the commencement of services. The written grievance process includes the name and phone number of a provider agency contact person who is responsible for responding to such complaints and grievances. When the member is dissatisfied with the Personal Care provider agency or the assigned PCA and has exhausted attempts to work with the Personal Care provider agency's grievance process without resolution, the member is referred to the ~~DHS~~OKDHS State Plan Care Unit to attempt to resolve the issue(s). The member has the right to appeal to OHCA per OAC 317:2-1-2.

(B) When a PCA performance issue is identified, provider agency staff conducts a counseling conference with the member and/or the PCA as appropriate. Provider agency staff counsels the PCA regarding problems with his/her performance.

(3) **Persons ineligible to serve as PCAs.** Payment from SoonerCare funds for personal care services may not be made to an individual who is a legally responsible family member of the member, such as a spouse, legal guardian, or parent of minor child, to whom he/she is providing personal care services~~ (exceptions may be made for~~

~~legal guardians with prior approval from the Department of Human Services/Aging Services (DHS/AS).~~

~~317:35-15-8.2. State Plan Personal Care Eligible Provider Exception~~

~~The Oklahoma Department of Human Services (OKDHS) Aging Services (AS) may authorize a member's legal guardian to be eligible for SoonerCare (Medicaid) reimbursement when he or she is hired by a home care provider agency as a personal care service provider. Authorization for a legal guardian as a provider requires the criteria in (1) though (4) of this Section and monitoring provisions to be met.~~

~~(1) Authorization for a legal guardian to be the member's care provider may occur only when the member is offered a choice of providers and documentation demonstrates:~~

~~(A) Another provider is not available; or~~

~~(B) The member's needs are so extensive that the legal guardian providing the care is prohibited from obtaining employment.~~

~~(2) The service must:~~

~~(A) Fall under the State Plan Personal Care (SPPC) program guidelines;~~

~~(B) Be necessary to avoid institutionalization;~~

~~(C) Be a service and/or support specified in the person-centered service plan;~~

~~(D) Be provided by a person who meets provider qualifications;~~

~~(E) Be paid at a rate that does not exceed what would be paid to a provider of a similar service and does not exceed what is allowed by Medicaid (SoonerCare) for the payment of personal care or personal assistance services; and~~

~~(F) Not be an activity the legal guardian would ordinarily perform or is responsible to perform.~~

~~(3) The legal guardian service provider complies with:~~

~~(A) Providing no more that forty (40) hours of services in a seven (7) calendar day period;~~

~~(B) Planned work schedules that must be available in advance for the member's home care agency. Variations to the schedule must be noted and supplied to the home care agency two (2) weeks in advance unless the change is due to an emergency;~~

~~(C) Utilization of the Electronic Visit Verification System (EVV) also known as the Interactive Voice Response Authentication (IVRA) system; and~~

~~(D) Being identified and monitored by the home care agency.~~

~~(4) The home care agency is required to submit a request and obtain approval for eligible provider exceptions to OKDHS AS prior to employing a legal guardian as a member's personal care~~

~~assistant (PCA). Eligible provider exceptions require the home care agency to:~~

~~(A) Provide monitoring and complete the Eligible Provider Exception Six Month Review document, when in the member's home completing the six-month Nurse Evaluation document in the Medicaid waiver information system; and~~

~~(B) Annually complete the Eligible Provider Exception Request and submit it with the annual Service Authorization Model (SAM) documentation no later than forty-five (45) calendar days prior to the previous eligible provider exception service authorization end date.~~

317:35-15-9. Redetermination of financial eligibility for State Plan Personal Care

The OKDHS county Social Services Specialist must complete a redetermination of financial eligibility before the end of the certification period. A notice is generated only if there is a change which affects the member's financial eligibility.

317:35-15-10. Redetermination of medical eligibility for ~~personal care~~State Plan Personal Care services

(a) **Medical eligibility redetermination.** The Oklahoma Department of Human Services ~~(DHS)~~OKDHS area nurse must complete a redetermination of medical eligibility before the end of the long-term care medical certification period.

(b) **Recertification.** The ~~DHS~~OKDHS nurse re-assesses the personal care services member, eighteen (18) years of age and older, for medical re-certification based on the member's needs and level of caregiver support required, using the Uniform Comprehensive Assessment Tool (UCAT) Part III at least every thirty-six (36) months. Those members, who are younger than eighteen (18) years of age, are re-evaluated by the ~~DHS~~OKDHS nurse using the UCAT Part III on a twelve (12) month basis or sooner when needed. During this re-certification assessment, the DHS nurse informs the member of the state's other SoonerCare (Medicaid) long-term care options. The ~~DHS~~OKDHS nurse submits the re-assessment to the ~~DHS~~OKDHS area nurse for recertification. Documentation is sent to the ~~DHS~~ area nurse no later than the ~~tenth-calendar (10th-calendar)~~tenth (10th) calendar day of the month in which the certification expires. When the ~~DHS~~OKDHS area nurse determines medical eligibility for personal care services, a recertification review date is entered on the system.

(c) **Change in amount of units or tasks.** When the personal care provider agency determines a need for a change in the amount of units or tasks within the personal care service, a new Service Authorization Model (SAM) packet is completed and submitted to ~~DHS~~OKDHS within five (5) business days of identifying the assessed

need. The change is approved or denied by the ~~DHS~~OKDHS area nurse or designee, prior to implementation.

(d) **Voluntary closure of personal care services.** When a member decides personal care services are no longer needed to meet his or her needs, a medical decision is not needed. The member and the ~~DHS~~OKDHS nurse or ~~DHS~~OKDHS county Social Services Specialist completes and signs ~~DHS~~OKDHS Form 02AG038E, State Plan Personal Care/ADvantage Program Voluntary Withdrawal Request. The ~~DHS~~OKDHS nurse submits closure notification to the provider agency.

(e) **Resuming personal care services.** When a member approved for personal care services is without personal care services for less than ~~ninety-calendar (90-calendar)~~ninety (90) calendar days but has current medical and SoonerCare (Medicaid) financial eligibility approval, personal care services may be resumed using the member's previously approved SAM packet. The personal care provider agency nurse contacts the member to determine when changes in health or service needs occurred. When changes are identified, the provider agency nurse makes a home visit and submits a personal care services skilled nursing re-assessment of need within ~~ten-business (10-business)~~ten (10) business days of the resumed plan start date, using the State Plan Personal Care Progress Notes, ~~DHS~~OKDHS Form 02AG044E. When the member's needs dictate, the personal care provider agency may submit a request for a change in authorized personal care services units with a SAM packet to ~~DHS.~~OKDHS. When no changes occur, the agency nurse documents the contact on State Plan Personal Provider Communication Form 02AG032E and forwards it to the ~~DHS~~OKDHS nurse within ~~ten-business (10-business)~~ten (10) business days of the resumed plan start date.

(f) **Financial ineligibility.** When the ~~DHS~~OKDHS determines a personal care services member does not meet SoonerCare financial eligibility criteria, the ~~DHS~~OKDHS office notifies the ~~DHS~~OKDHS area nurse to initiate the closure process due to financial ineligibility. Individuals determined financially ineligible for personal care services are notified by ~~DHS~~OKDHS in writing of the determination and of their right to appeal the decision. The ~~DHS~~OKDHS nurse submits closure notification to the provider agency.

(g) **Closure due to medical ineligibility.** Individuals determined medically ineligible for personal care services are notified by ~~DHS~~OKDHS in writing of the determination and of their right to appeal the decision. When medical eligibility redetermination is not made prior to current medical eligibility expiration, the existing medical eligibility certification is automatically extended until level of care redetermination is established. For members:

(1) ~~who~~Who are not hospitalized or in an extended medical care facility, the existing medical eligibility certification is

extended for a maximum ~~sixty-calendar (60-calendar)days~~sixty (60) calendar days from the date of the previous medical eligibility expiration date;

(2) ~~who~~Who are hospitalized or in an extended medical care facility, the existing medical eligibility certification is extended for ~~thirty-calendar (30-calendar)~~thirty (30) calendar days from the date of discharge from the facility or for ~~sixty-calendar (60-calendar)~~sixty (60) calendar days from the date of previous medical eligibility expiration date, whichever is longer;

(3) ~~whose~~Whose medical eligibility redetermination is not made by applicable extended deadline, the member is determined to be no longer medically eligible; or

(4) ~~who~~Who no longer meet medical eligibility or cannot be located to complete the redetermination assessment, the area nurse or nurse designee, updates the system's medical eligibility end date and notifies the ~~DHS~~OKDHS State Plan Care Unit (SPCU) nurse of effective end date. The ~~DHS~~OKDHS SPCU nurse submits closure notification to the provider agency.

(h) **Termination of State Plan personal care services.**

(1) Personal care services may be discontinued when:

(A) ~~the~~The member poses a threat to self or others as supported by professional documentation;

(B) ~~other~~Other members of the household or persons who routinely visit the household who, as supported by professional documentation or other credible documentation, pose a threat to the member or other household visitors;

(C) ~~the~~The member or the other household members use threatening, intimidating, degrading, or sexually inappropriate language and/or innuendo or behavior towards service providers, either in the home or through other contact or communications; and efforts to correct such behavior were unsuccessful as supported by professional documentation or other credible documentation.

(D) ~~the~~The member or family member fails to cooperate with Personal Care service delivery or to comply with Oklahoma Health Care Authority (OHCA) or ~~DHS~~OKDHS rules as supported by professional documentation;

(E) ~~the~~The member's health or safety is at risk as supported by professional documentation;

(F) ~~additional~~Additional services, either "formal" such as, paid by Sooner Care (Medicaid) or some other funding source or "informal" such as, unpaid are provided in the home eliminating the need for SoonerCare personal care services;

(G) ~~the~~The individual's living environment poses a physical threat to self or others as supported by professional documentation where applicable, and measures to correct

hazardous conditions or assist the person to move are unsuccessful or are not feasible; or

(H) ~~the~~The member refuses to select and/or accept the services of a provider agency or personal care assistant (PCA) for ~~ninety-consecutive (90-consecutive)~~ninety (90) consecutive days as supported by professional documentation.

(2) For persons receiving personal care services, the personal care provider agency submits documentation with the recommendation to discontinue services to ~~DHS.~~OKDHS. The ~~DHS~~OKDHS nurse reviews the documentation and submits it to the ~~DHS~~OKDHS area nurse for determination. The ~~DHS~~OKDHS nurse notifies the personal care provider agency or PCA and the local ~~DHS~~OKDHS county worker of the decision to terminate services. The member is sent an official closure notice informing him or her of appropriate member rights to appeal the decision to discontinue services.

317:35-15-13.1. Individual personal care assistant (IPCA) service management

(a) An Individual Personal Care Assistant (IPCA) may be utilized to provide personal care services when it is documented to be in the best interest of the member to have an IPCA or when there are no qualified personal care provider agencies available in the member's local area. Oklahoma Health Care Authority (OHCA) checks the list of providers barred from Medicare/Medicaid participation to ensure the IPCA is not listed.

(b) After personal care services eligibility is established and prior to implementation of personal care services using an IPCA, the ~~DHS~~OKDHS nurse reviews the care plan with the member and IPCA and notifies the member and IPCA to begin personal care services delivery. The ~~DHS~~OKDHS nurse maintains the original care plan and forwards a copy of the care plan to the selected IPCA and member within ~~one-business~~one (1) business day of receipt of approval.

(c) The ~~DHS~~OKDHS nurse contacts the member within ~~five-business~~five (5) business days to ensure services are in place and meeting the member's needs and monitors the care plan for members with an IPCA. For any member receiving personal care services utilizing an IPCA, the ~~DHS~~OKDHS nurse makes a home visit at least every six (6) months beginning within ~~90-calendar~~ninety (90) calendar days from the date of personal care service initiation. ~~DHS~~OKDHS assesses the member's satisfaction with his or her personal care services and evaluates the care plan for adequacy of goals and units allocated. Requests for changes in the units authorized in the care plan must be approved by the ~~DHS~~OKDHS area nurse or designee, prior to implementation of the changed number of units.

317:35-15-13.2. Individual personal care assistants (IPCA) provider contractor; billing, training, and problem resolution

While the Oklahoma Health Care Authority (OHCA) is the contractor authorized under federal law, the Oklahoma Department of Human Services ~~(DHS)~~OKDHS nurse initiates initial contracts with qualified individuals~~ for provision of~~to provide personal care services per Oklahoma Administrative Code (OAC) 317:35-15-2. ~~The~~OHCA is responsible for the IPCA contract renewal~~ for the IPCA is the responsibility of OHCA~~.

(1) **IPCA payment.** Payment for personal care services is made for care provided in the member's ~~"own home"~~own home or in other limited types of living arrangements per OAC 317:35-15-2(b)(1) through (4). Personal care may not be approved when the ~~client~~member lives in the Personal Care Assistant's ~~(PCA's)~~(PCA) home, except with the approval of ~~DHS~~OKDHS Aging Services.

(A) **Reimbursement.** Personal care payment for a member is made according to the number of personal care units~~ of service~~ identified in the service plan.

(i) The amount per unit~~ amounts~~ paid to individual contractors is determined according to the established rates. A service plan is developed for each ~~eligible individual~~member in the home and units of service are assigned to meet ~~the~~each member's needs~~ of each member~~. The service plans combine units in the most efficient manner to meet the needs of all eligible ~~persons~~members in the household.

(ii) From the total amounts billed by the IPCA in (i) of this subparagraph, the OHCA, acting as agent for the member-employer, withholds the appropriate percentage of FICA tax and sends it to the Internal Revenue Service as the individual contractor's contribution toward Social Security coverage. To ensure the individual contractor's Social Security account ~~may be~~is properly credited, ~~it is vital that~~ the individual contractor's Social Security number ~~be~~is entered correctly on each claim.

(iii) The contractor payment fee covers all personal care services included on the service and care plans developed by the ~~DHS~~OKDHS nurse. Payment is only made for eligible member's direct services and care~~ of the eligible member(s) only~~. The OKDHS area nurse, or designee, authorizes the number of units of service units the member receives.

(iv) A member may select more than one IPCA. This may be necessary as indicated by the service and care plans.

(v) The IPCA may provide SoonerCare personal care services for several households during one (1) week as

long as the daily number of paid service units does not exceed eight (8) hours, ~~32~~thirty-two (32) units per day. The total number of hours per week cannot exceed ~~40, 160 units.~~forty (40), one-hundred and sixty (160) units.

(B) **Release of wage ~~and/or~~or employment information for IPCAs.** Any inquiry received by the local office requesting wage ~~and/or~~or employment information for an IPCA is forwarded to~~ the~~ OHCA, Claims Resolution.

(2) **IPCA member selection.** Members ~~and/or~~or family members recruit, interview, conduct reference checks, and select the individual for IPCA consideration. Prior to placing a personal care service provider in the member's home, an ~~OSBI~~Oklahoma State Bureau of Investigation background check~~, a DHS~~and an OKDHS Community Services Worker Registry check must be completed per Section 1-1944 through 1-1948 of Title 63 of the Oklahoma Statutes~~.~~ (O.S. 63 §§ 1-1944 through 1-948). The ~~DHS~~OKDHS nurse must also check the Certified Nurse Aide Registry. The ~~DHS~~OKDHS nurse must affirm that the applicant's name is not contained on any of the registries. The ~~DHS~~OKDHS nurse notifies OHCA when the applicant is on ~~the Registry.~~any registry.

(A) **Persons eligible to serve as IPCAs.** Payment is made for personal care services to IPCAs ~~who~~and provide personal care services who meet the criteria per OAC 317:35-15-2(c)(1) through (8).

(B) **Persons ineligible to serve as IPCAs.** Payment from SoonerCare funds for personal care services may not be made to an individual who is a legally responsible family member, such as a spouse, legal guardian, or parent of a minor child of the member being served~~, exceptions to legal guardian are made only with prior approval from Aging Services Division~~.

(i) Payment cannot be made to ~~a DHS or~~ an OKDHS or OHCA employee. Payment cannot be made to an immediate family member of a ~~DHS~~an OKDHS employee who works in the same county without ~~DHS~~OKDHS Aging Services approval. When a family member relationship exists between ~~a DHS~~an OKDHS nurse and an IPCA in the same county, the ~~DHS~~ OHS OKDHS nurse cannot manage services for a member whose IPCA is a family member of the ~~DHS~~OKDHS nurse.

(ii) If it is determined that ~~an a DHS~~ an OKDHS or an OHCA employee is interfering in the process of providing services for personal or family benefit, ~~he or she~~the employee is subject to disciplinary action.

(3) **IPCA orientation.** When a member selects an IPCA, the ~~DHS~~OKDHS nurse ~~contacts~~notifies the~~ individual~~ selected IPCA to report to the county office to complete the Oklahoma State Department of Health~~ form~~(OSDH) Form 805, Uniform Employment

Application for Nurse Aide Staff, and the ~~DHS~~OKDHS Form 06PE039E, Employment Application Supplement, and for a determination of qualifications and orientation~~.~~ determination. For personal care members, this process is the responsibility of the ~~DHS~~OKDHS nurse. The IPCA can begin work when:

(A) ~~he or she was interviewed~~Interviewed by the member~~,~~;

(B) ~~he or she was oriented~~Orientated by the OKDHS nurse~~,~~;

(C) ~~he or she executed a~~A contract (OHCA-0026) is executed with the OHCA~~,~~;

(D) ~~the~~The effective service date ~~was~~is established~~,~~;

(E) ~~all~~All registries ~~were~~are checked and the IPCA's name is not listed~~,~~;

(F) ~~the Oklahoma State Department of Health~~OSDH Nurse Aide Registry ~~was~~is checked and no notations ~~were~~are found~~,~~; and

(G) ~~the~~ OSBI background check ~~was~~is completed.

(4) **Training of IPCAs.** It is the responsibility of the ~~DHS~~OKDHS nurse to make sure the IPCA has the training needed to carry out the plan of care prior to service initiation for each member.

(5) **Problem resolution related to the performance of the IPCA.** When it comes to the attention of the ~~DHS~~OKDHS nurse that there is a problem related to the IPCA's performance ~~of the IPCA~~, a counseling conference is held between the member, OKDHS nurse, and ~~worker.~~IPCA. The ~~DHS~~OKDHS nurse counsels the IPCA regarding problems with his or her performance. Counseling is considered when staff believes counseling will result in improved performance.

(6) **Termination of the IPCA Provider Agreement.**

(A) A recommendation for the termination of an IPCA's contract is submitted to OHCA and IPCA services are suspended immediately when~~:~~ the:

(i) ~~an~~ IPCA's performance is such that ~~his or her~~ continued participation in the program could pose a threat to the health and safety of the member or others; or

(ii) ~~the~~ IPCA failed to comply with the expectations outlined in the PCA Provider Agreement, and counseling is not appropriate or was not effective; or

(iii) ~~an~~ IPCA's name appears on the ~~DHS~~OKDHS Community Services Worker Registry, any of the registries listed in ~~Section 1-1947 of Title~~O.S. 63 ~~of the Oklahoma Statutes,~~§ 1-1947, even ~~though his or her name may not have appeared on the Registry~~when his or her name was not on a registry at the time of application or hiring.

(B) The ~~DHS~~OKDHS nurse makes the recommendation for the termination of the IPCA to ~~DHS~~OKDHS Aging Services who notifies the OHCA Legal Division of the recommendation. When

the problem is related to allegations of abuse, neglect, or exploitation, ~~DHS~~OKDHS Adult Protective Services, State Attorney General's Medicaid Unit, OHCA, and the Oklahoma State Department of Health are notified by the ~~DHS~~OKDHS nurse.

(C) When the problem is related to allegations of abuse, neglect, or exploitation the ~~DHS~~OKDHS nurse follows the process~~, as outlined in~~per OAC 340:100-3-39.

317:35-15-14. Billing procedures for State Plan personal care

Billing procedures for personal care services are contained in the Oklahoma Medicaid Management Information Systems (OKMMIS) Billing and Procedure Manual. Questions regarding billing procedures that cannot be resolved through a study of the manual are referred to the Oklahoma Health Care Authority (OHCA). Contractors for Personal Care bill on CMS-1500 claim form. OHCA provides instructions to an Individual personal care assistant (IPCA) contracted provider for completion of the claim at the time of the contractor orientation. The contracted provider submits a claim for each member. The contracted provider prepares claims for services provided and submits the claims to the fiscal agent responsible for ensuring claims were properly completed. All personal care contractors must have a unique provider number. New contracted providers are mailed the provider number after they are placed on the claims processing contractor's provider file. All services provided in the service recipients home, member's home including Personal Care and Nursing must be documented through the Electronic Visit Verification (EVV) system. Additionally, work completed in the provider's office is documented in the EVV system. The EVV system provides alternate backup solutions if the automated system is unavailable; however, in the event of an EVV system failure, the provider documents time in accordance with internal policy and procedures backup plan. This documentation is sufficient to account for both in-home and in-office services. The provider agency's backup procedures are only permitted when the EVV system is unavailable.