



Kevin Corbett | Chief Executive Officer

J. Kevin Stitt | Governor

OHCA 2021-08

August 5, 2021

RE: Developmental Disabilities Services Revisions – Effective Sept. 1, 2021

Dear Provider,

The Oklahoma Health Care Authority will be implementing policy changes that were promulgated through the 2021 legislative session per the Oklahoma Administrative Procedures Act. All policy changes will be effective Sept. 1, 2021 and will be posted to the [policy website](#) on that date. In the interim, a comprehensive summary of the changes is listed below.

Please note, the Oklahoma Administrative Code links, identified below, will be updated with the new policy changes on Sept. 1. Please forward this letter to your administrative, billing and compliance departments.

These policy changes were posted to the OHCA Proposed Policy Changes [website](#) from Jan. 19, 2021 through Feb. 18, 2021, pursuant to permanent rulemaking process.

Beginning Sept. 1, 2021:

The policy revisions will change the timeframe from 90 days to one calendar year for which a required physical health examination and medical evaluation can be completed when an individual is applying for the DDS Home and Community-Based Services HCBS waiver.

The policy revisions improve the process of certifying cases for HCBS waivers by making it more efficient. DDS may also require a current medical evaluation when a significant change of condition, disability or physical health status is noted. Additionally, the revisions add language defining remote services that can be provided in the member's home, family home or employment site. Remote services are created to promote the independence of a member who receives DDS services through remote services.

Policy revisions also address the new agency companion household criteria and agency companion service requirements and modify the procedures for the DDS



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home profile process. Agency companion providers may not simultaneously serve more than three members through any combination of companion or respite services. Further, the policy revisions establish new criteria on how the member is to obtain assistive technology devices and clarify instructions to staff who are providing stabilization services authorized through remote supports. The requirement to add AT devices must be prescribed by a physician with a SoonerCare contract. Additionally, the revisions increase the designated amount that an area resource development staff can approve or deny for AT from \$2500 up to \$5000. Finally, revisions increase the amount the state office AT programs manager can approve for AT from \$2500 to \$5000 or more. (Reference OAC [317:40-1-1](#), [317:40-1-4](#), [317:40-5-3](#), [317:40-5-5](#), [317:40-5-40](#), [317:40-5-100](#), [317:40-5-152](#), and [317:40-7-11](#)).

OHCA encourages you to review each rule change in its entirety.

Thank you for the services you provide to our SoonerCare members.

Sincerely,

Melody Anthony
State Medicaid Director



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