

CHAPTER 30. MEDICAL PROVIDERS-FEE FOR SERVICE
SUBCHAPTER 5. INDIVIDUAL PROVIDERS AND SPECIALTIES
PART 39. SKILLED AND REGISTERED NURSING SERVICES

317:30-5-390. ~~Introduction to waiver services and eligible providers~~ Home and Community-Based Services Waivers for adults with mental retardation or certain adults with related conditions

(a) Introduction to waiver services. ~~The Oklahoma Health Care Authority (OHCA) administers two home and community based waivers for services to individuals with mental retardation or related conditions. Both waivers are enacted under Section 1915(c) of the Social Security Act. Each waiver allows payment for services provided to eligible individuals that are not covered through Oklahoma's Medicaid program. Waiver services, when utilized with services normally covered by Medicaid, provide for health and developmental needs of individuals who otherwise would not be able to live in a home or community setting. The first waiver, implemented in 1988, provides home and community based services for mentally retarded individuals who otherwise require the level of care in an Intermediate Care Facility for the Mentally Retarded. The second waiver, implemented in 1991, provides home and community based services to persons with mental retardation or related conditions who are inappropriately placed in nursing facilities. The specific services provided are the same in each waiver and may only be provided to Medicaid eligible individuals outside of a nursing facility. Any waiver service should be appropriate to the client's needs and must be written on the client's Individual Habilitation Plan (IHP). The IHP is developed annually by an interdisciplinary team (IDT). The IHP contains detailed descriptions of services provided, documentation of frequency of services and types of providers to provide services. Each Home and Community-Based Services (HCBS) Waiver that includes services for adults with mental retardation or certain adults with related conditions allows payment for home health care services as defined in the waiver approved by Centers for Medicare and Medicaid Services.~~

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

- (A) direct nursing care;
- (B) assessment and documentation of health changes;
- (C) documentation of significant observations;
- (D) maintenance of nursing plans of care;
- (E) medication administration;
- (F) training of the member's health care needs;
- (G) preventive and health care procedures; and
- (H) preparing, analyzing, and presenting nursing assessment

information regarding the member.

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

(b) **Eligible providers.** Skilled ~~Nursing~~ nursing services providers must ~~have entered~~ enter into contractual agreements (~~MA-S-342~~) with the Oklahoma Health Care Authority to provide ~~Home and Community Based Waiver Services HCBS for the Mentally Retarded~~ adults with mental retardation or certain adults with related conditions.

(1) Individual providers must be currently licensed in the State of Oklahoma as either a Registered Nurse:

(A) registered nurse; or

(B) ~~Licensed Practical Nurse~~ licensed practical nurse.

(2) Agency providers must:

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

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

PART 51. HABILITATION SERVICES

317:30-5-480. Home and Community-Based Services for persons with mental retardation or certain persons with related conditions

The Oklahoma Health Care Authority (OHCA) administers Home and Community-Based Services (HCBS) Waivers for persons with mental retardation or certain persons with related conditions that are operated by the Oklahoma Department of Human Services Developmental Disabilities Services Division (DDSD). Each waiver allows Medicaid compensable services provided to persons who are:

(1) medically and financially eligible; and

(2) not covered through the OHCA SoonerCare program.

317:30-5-482. Description of services

Habilitation services include the services identified in (1) through (13).

(1) **Dental services.**

(A) **Minimum qualifications.** Providers of dental services must have non-restrictive licensure to practice dentistry in Oklahoma by the Board of Governors of Registered Dentists of Oklahoma.

(B) **Description of services.** Dental services include:

(i) oral examination;

(ii) bite-wing x-rays;

(iii) prophylaxis;

(iv) topical fluoride treatment;

(v) development of a treatment plan;

(vi) routine training of member or primary caregiver regarding oral hygiene; and

(vii) any other service recommended by a dentist.

(C) **Coverage limitations.** Coverage of dental services is specified in the member's Individual Plan (IP), in accordance with applicable Home and Community-Based Services (HCBS) Waiver limits.

(2) **Nutrition services.**

(A) **Minimum qualifications.** Providers of nutrition services must be licensed by the Oklahoma State Board of Medical Examiners and registered as a dietitian with the Commission of Dietetic Registration.

(B) **Description of services.** Nutrition services include evaluation and consultation in diet to members or their caregivers.

(i) Services are:

(I) intended to maximize the member's nutritional health; and

(II) provided in any community setting as specified in the member's IP.

(ii) A minimum of 15 minutes for encounter and record documentation is required.

(C) **Coverage limitations.** A unit is 15 minutes, with a limit of 192 units per Plan of Care year.

(3) **Occupational therapy services.**

(A) **Minimum qualifications.** Occupational therapists and occupational therapy assistants must have current licensure by the Oklahoma State Board of Medical Licensure and Supervision. Occupational therapy assistants must be employed by the occupational therapist.

(B) **Description of services.** Occupational therapy services include evaluation, treatment, and consultation in leisure management, daily living skills, sensory motor, perceptual motor, and mealtime assistance. Occupational therapy services may include the use of occupational therapy assistants, within the limits of their practice.

(i) Services are:

(I) intended to help the member achieve greater independence to reside and participate in the community; and

(II) rendered in any community setting as specified in the member's IP. The IP must include a physician's prescription.

(ii) For purposes of this Section, a physician is defined as all licensed medical and osteopathic physicians, physician assistants, and advanced practice nurses in accordance with the rules and regulations covering the ~~OHCA's medical care~~ SoonerCare program.

(iii) The provision of services includes written report or

record documentation in the member's record, as required.

(C) **Coverage limitations.** Payment is made for compensable services to the individual occupational therapist for direct services or for services provided by a qualified occupational therapy assistant within their employment.

(i) Services provided by occupational therapy assistants must be identified on the claim form by the use of the occupational therapy assistant's individual provider number in the servicing provider field.

(ii) Payment is made in 15-minute units, with a limit of 480 units per Plan of Care year. Payment is not allowed solely for written reports or record documentation.

(4) **Physical therapy services.**

(A) **Minimum qualifications.** Physical therapists and physical therapy assistants must be licensed with the Oklahoma State Board of Medical Licensure and Supervision. The physical therapy assistant must be employed by the physical therapist.

(B) **Description of services.** Physical therapy services include evaluation, treatment, and consultation in locomotion or mobility and skeletal and muscular conditioning to maximize the member's mobility and skeletal/muscular well-being. Physical therapy services may include the use of physical therapy assistants, within the limits of their practice.

(i) Services are intended to help the member achieve greater independence to reside and participate in the community. Services are provided in any community setting as specified in the member's IP. The IP must include a physician's prescription.

(ii) For purposes of this Section, a physician is defined as all licensed medical and osteopathic physicians, physician assistants, and advanced practice nurses in accordance with the rules and regulations covering the OHCA's SoonerCare program.

(iii) The provision of services includes written report or record documentation in the member's record, as required.

(C) **Coverage limitations.**

(i) Payment is made for:

(I) compensable services to the individual physical therapist for direct services; or

(II) services provided by a qualified physical therapy assistant within his or her employment.

(ii) Services provided by physical therapy assistants must be identified on the claim form by the use of the physical therapy assistant's individual provider number in the servicing provider field.

(iii) Payment is:

- (I) made in 15-minute units with a limit of 480 units per Plan of Care year; and
- (II) not allowed solely for written reports or record documentation.

(5) **Psychological services.**

(A) **Minimum qualifications.** Qualification as a provider of psychological services requires non-restrictive licensure as a psychologist by the Oklahoma Psychologist Board of Examiners, or licensing board in the state in which service is provided.

(B) **Description of services.** Psychological services include evaluation, psychotherapy, consultation, and behavioral treatment. Service is provided in any community setting as specified in the member's IP.

(i) Services are:

(I) intended to maximize a member's psychological and behavioral well-being; and

(II) provided in individual and group, six person maximum, formats.

(ii) A minimum of 15 minutes for each individual encounter and 15 minutes for each group encounter and record documentation of each treatment session is included and required.

(C) **Coverage limitations.**

(i) Limitations for psychological services are:

(I) Description: Psychotherapy services and behavior treatment services (individual): Unit: 15 minutes; and

(II) Description: Cognitive/behavioral treatment (group): Unit: 15 minutes.

(ii) Psychological services ~~will be~~ are authorized for a period not to exceed six months.

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

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

(III) Monthly progress notes ~~will~~ must include a statement of hours and type of service provided, and an empirical measure of member status as it relates to each objective in the member's IP.

(IV) If progress notes are not submitted to the DDSD case manager for each month of service provision, authorization for payment ~~will~~ must be withdrawn until such time as progress notes are completed.

(iii) Treatment extensions may be authorized by the DDSD area manager based upon evidence of continued need and

effectiveness of treatment.

(I) Evidence of continued need of treatment, treatment effectiveness, or both, is submitted by the provider to the DDSD case manager and ~~will~~ must include, ~~as~~ at a minimum, completion of the Service Utilization and Evaluation protocol.

(II) When revising a ~~Protective Intervention Plan~~ protective intervention plan (PIP) to accommodate recommendations of a required committee review or an Oklahoma Department of Human Services (OKDHS) audit, the provider may bill for only one revision. The time for preparing the revision ~~will~~ must be clearly documented and ~~will~~ must not exceed four hours.

(III) Treatment extensions ~~will be for no more than~~ must not exceed 24 hours (96 units) of service per request.

(iv) The provider must develop, implement, evaluate, and revise the PIP corresponding to the relevant goals and objectives identified in the member's IP.

(v) No more than 12 hours (48 units) may be billed for the preparation of a PIP. Any clinical document must be prepared within 45 days of the request; ~~further~~ Further, if the document is not prepared, payments will be are suspended until the requested document is provided.

(vi) Psychological technicians ~~must~~ may provide ~~no more than~~ up to 140 billable hours (560 units) of service per month to members.

(vii) The psychologist must maintain a record of all billable services provided by a psychological technician.

(6) Psychiatric services.

(A) **Minimum qualifications.** Qualification as a provider of psychiatric services requires a non-restrictive license to practice medicine in Oklahoma. Certification by the Board of Psychiatry and Neurology or satisfactory completion of an approved residency program in psychiatry is required.

(B) **Description of services.** Psychiatric services include outpatient evaluation, psychotherapy, and medication and prescription management and consultation provided to members who are eligible. Services are provided in any community setting as specified in the member's IP.

(i) Services are intended to contribute to the member's psychological well-being.

(ii) A minimum of 30 minutes for encounter and record documentation is required.

(C) **Coverage limitations.** A unit is 30 minutes, with a limit of 200 units per Plan of Care year.

(7) Speech/language services.

(A) **Minimum qualifications.** Qualification as a provider of speech/language services requires non-restrictive licensure as a speech/language pathologist by the State Board of Examiners for Speech Pathology and Audiology.

(B) **Description of services.** Speech therapy includes evaluation, treatment, and consultation in communication and oral motor/feeding activities provided to members who are eligible. Services are intended to maximize the member's community living skills and may be provided in any community setting as specified in the member's IP. The IP must include a physician's prescription.

(i) For purposes of this Section, a physician is defined as all licensed medical and osteopathic physicians, physician assistants, and advanced practice nurses in accordance with rules and regulations covering the OHCA's SoonerCare program.

(ii) A minimum of 15 minutes for encounter and record documentation is required.

(C) **Coverage limitations.** A unit is 15 minutes, with a limit of 288 units per Plan of Care year.

(8) **Habilitation training specialist (HTS) services.**

(A) **Minimum qualifications.** Providers must complete the OKDHS ~~Developmental Disabilities Services Division (DDSD)~~ sanctioned training curriculum. Residential habilitation providers:

(i) are at least 18 years of age;

(ii) are specifically trained to meet the unique needs of members;

(iii) have not been convicted of, pled guilty, or pled nolo contendere to misdemeanor assault and battery or a felony per Section 1025.2 of Title 56 of the Oklahoma Statutes (56 O.S. ' 1025.2), unless a waiver is granted per 56 O.S. ' 1025.2; and

(iv) receive supervision and oversight from a contracted agency staff with a minimum of four years of any combination of college level education or full-time equivalent experience in serving persons with disabilities.

(B) **Description of services.** HTS services include services to support the member's self-care, daily living, and adaptive and leisure skills needed to reside successfully in the community. Services are provided in community-based settings in a manner that contributes to the member's independence, self-sufficiency, community inclusion, and well-being.

(i) Payment will not be made for:

(I) routine care and supervision that is normally provided by family; or

(II) services furnished to a member by a person who is legally responsible per OAC 340:100-3-33.2.

(ii) Family members who provide HTS services must meet the same standards as providers who are unrelated to the member.

(iii) Payment does not include room and board or maintenance, upkeep, and improvement of the member's or family's residence.

(iv) For members who also receive intensive personal supports (IPS), the member's IP must clearly specify the role of the HTS and person providing IPS to ensure there is no duplication of services.

(v) Case DDS case management supervisor review and approval is required.

(vi) Pre-authorized HTS services accomplish the same objectives as other HTS services, but are limited to situations where the HTS provider is unable to obtain required professional and administrative oversight from an oversight agency approved by the OHCA. For pre-authorized HTS services, the service:

(I) provider will receive oversight from DDS area staff; and

(II) must be pre-approved by the DDS director or designee.

(C) **Coverage limitations.** HTS services are authorized as specified in OAC 317:40-5-110, 317:40-5-111, and 317:40-7-13, and OAC 340:100-3-33.1.

(i) A unit is 15 minutes.

(ii) Individual HTS services providers will be limited to a maximum of 40 hours per week regardless of the number of members served.

(iii) More than one HTS may provide care to a member on the same day.

(iv) Payment cannot be made for services provided by two or more HTSs to the same member during the same hours of a day.

(v) A HTS may receive reimbursement for providing services to only one member at any given time. This does not preclude services from being provided in a group setting where services are shared among members of the group.

(9) **Audiology services.**

(A) **Minimum qualifications.** Audiologists must have licensure as an audiologist by the State Board of Examiners for Speech Pathology and Audiology.

(B) **Description of services.** Audiology services include individual evaluation, treatment, and consultation in hearing to members who are eligible. Services are intended to

maximize the member's auditory receptive abilities. The member's IP must include a physician's prescription.

(i) For purposes of this Section, a physician is defined as all licensed medical and osteopathic physicians, physician assistants, and advanced practice nurses in accordance with rules and regulations covering the OHCA's SoonerCare program.

(ii) A minimum of 15 minutes for encounter and record documentation is required.

(C) **Coverage limitations.** Audiology services are provided in accordance with the service recipient's IP.

(10) **Prevocational services.**

(A) **Minimum qualifications.** Prevocational services providers:

(i) are at least 18 years of age;

(ii) complete the OKDHS DDS D sanctioned training curriculum;

(iii) have not been convicted of, pled guilty, or pled nolo contendere to misdemeanor assault and battery or a felony per 56 O.S. ' 1025.2, unless a waiver is granted per 56 O.S. ' 1025.2; and

(iv) receive supervision and oversight by a person with a minimum of four years of any combination of college level education or full-time equivalent experience in serving persons with disabilities.

(B) **Description of services.** Prevocational services are not available to persons who can be served under a program funded per Section 110 of the Rehabilitation Act of 1973 or Section 602(16) and (17) of the Individuals with Disabilities Education Act (IDEA). Services are aimed at preparing a member for employment, but are not job-task oriented. Services include teaching concepts, such as compliance, attendance, task completion, problem solving, and safety.

(i) Prevocational services are provided to members who are not expected to:

(I) join the general work force; or

(II) participate in a transitional sheltered workshop within one year, excluding supported employment programs.

(ii) When compensated, members are paid at less than 50 percent of the minimum wage. Activities included in this service are not primarily directed at teaching specific job skills, but a at underlying habilitative goals, such as attention span and motor skills.

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

(iv) Documentation ~~will~~ must be maintained in the record of each member receiving this service noting that the service is not otherwise available through a program funded under the Rehabilitation Act of 1973 or IDEA.

(v) Services include:

(I) center-based prevocational services as specified in OAC 317:40-7-6;

(II) community-based prevocational services as specified in OAC 317:40-7-5;

(III) enhanced community-based prevocational services as specified in OAC 317:40-7-12; and

(IV) supplemental supports as specified in OAC 317:40-7-13.

(C) **Coverage limitations.** A unit of center-based or community-based prevocational services is one hour and ~~the~~ payment is based upon the number of hours the member participates in the service. All prevocational services and supported employment services combined may not exceed \$25,000 per Plan of Care year.

(11) **Supported employment.**

(A) **Minimum qualifications.** Supported employment providers:

(i) are at least 18 years of age;

(ii) complete the OKDHS DDSD sanctioned training curriculum;

(iii) have not been convicted of, pled guilty, or pled nolo contendere to misdemeanor assault and battery or a felony per 56 O.S. ' 1025.2, unless a waiver is granted per 56 O.S. ' 1025.2; and

(iv) receive supervision and oversight by a person with a minimum of four years of any combination of college level education ~~of~~ or full-time equivalent experience in serving persons with disabilities.

(B) **Description of services.** Supported employment is conducted in a variety of settings, particularly work sites in which persons without disabilities are employed, and includes activities that are outcome based and needed to sustain paid work by members receiving services through HCBS Waiver, including supervision and training.

(i) When supported employment services are provided at a work site in which persons without disabilities are employee employed, payment ~~will~~:

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

(II) does not include payment for the supervisory activities rendered as a normal part of the business setting.

- (ii) Services include:
 - (I) job coaching as specified in OAC 317:40-7-7;
 - (II) enhanced job coaching as specified in OAC 317:40-7-12;
 - (III) employment training specialist services as specified in OAC 317:40-7-8; and
 - (IV) stabilization as specified in OAC 317:40-7-11.
- (iii) Supported employment services furnished under HCBS Waiver are not available under a program funded by the Rehabilitation Act of 1973 or IDEA.
- (iv) Documentation that the service is not otherwise available under a program funded by the Rehabilitation Act of 1973 or IDEA ~~will~~ must be maintained in the record of each member receiving this service.
- (v) Federal financial participation (FFP) ~~will~~ may not be claimed for incentive payment subsidies or unrelated vocational training expenses, such as:
 - (I) incentive payments made to an employer to encourage or subsidize the employer's participation in a supported employment program;
 - (II) payments that are passed through to users of supported employment programs; or
 - (III) payments for vocational training that ~~is~~ are not directly related to a member's supported employment program.

(C) **Coverage limitations.** A unit is 15 minutes and payment is made in accordance with OAC 317:40-7-1 through 317:40-7-21. All prevocational services and supported employment services combined cannot exceed \$25,000 per Plan of Care year. The DDSD case manager assists the member to identify other alternatives to meet identified needs above the limit.

(12) **Intensive personal supports (IPS).**

(A) **Minimum qualifications.** IPS provider agencies must have current, valid contracts with OHCA and OKDHS DDSD. Providers:

- (i) ~~are~~ must be at least 18 years of age;
- (ii) must complete the OKDHS DDSD sanctioned training curriculum;
- (iii) may ~~have~~ not have been convicted of, pled guilty, or pled nolo contendere to misdemeanor assault and battery or a felony per 56 O.S. ' 1025.2, unless a waiver is granted per 56 O.S. ' 1025.2;
- (iv) must receive supervision and oversight by a person with a minimum of four years of any combination of college level education or full-time equivalent experience in serving persons with disabilities; and
- (v) must receive oversight regarding specific methods to be used with the member to meet the member's complex

behavioral or health support needs.

(B) **Description of services.**

(i) IPS:

(I) are support services provided to members who need an enhanced level of direct support in order to successfully reside in a community-based setting; and (II) build upon the level of support provided by a HTS or daily living supports (DLS) staff by utilizing a second staff person on duty to provide assistance and training in self-care, daily living, recreational, and habilitation activities.

(ii) The member's IP must clearly specify the role of HTS and the person providing IPS to ensure there is no duplication of services.

(iii) ~~Case~~ DDSD case management supervisor review and approval is required.

(C) **Coverage limitations.** IPS are limited to 24 hours per day and must be included in the member's IP per OAC 317:40-5-151 and 317:40-5-153.

(13) **Adult day services.**

(A) **Minimum qualifications.** Adult day services provider agencies must:

(i) meet the licensing requirements set forth in 63 O.S. ' 1-873 *et seq.* and comply with OAC 310:605; and

(ii) be approved by the OKDHS DDSD and have a valid OHCA contract for adult day services.

(B) **Description of services.** Adult day services provide assistance with the retention or improvement of self-help, adaptive, and socialization skills, including the opportunity to interact with peers in order to promote maximum level of independence and function. Services are provided in a non-residential setting separate from the home or facility where the member resides.

(C) **Coverage limitations.** Adult day services are typically furnished four or more hours per day on a regularly scheduled basis, for one or more days per week. A unit is 15 minutes for up to a maximum of six hours daily, at which point a unit is one day. All services must be authorized in the member's IP.

PART 53. SPECIALIZED FOSTER CARE

317:30-5-495. ~~Introduction to waiver services and eligible providers~~ Home and Community-Based Services Waivers for persons with mental retardation or certain persons with related conditions

(a) **Introduction to waiver services.** The Oklahoma Health Care Authority (OHCA) administers ~~two-home~~ Home and ~~community-based~~

~~waivers~~ Community-Based Services (HCBS) ~~Waivers for services to individuals~~ persons with mental retardation or certain persons with related conditions that are operated by Oklahoma Department of Human Services (OKDHS) Developmental Disabilities Services Division (DDSD). ~~Both waivers are enacted under Section 1915(c) of the Social Security Act. Each waiver allows The Community Waiver and Homeward Bound Waiver allow payment for services provided to eligible individuals that are not covered through Oklahoma's Medicaid program~~ specialized foster care (SFC), also known as specialized family care, as defined in the waiver approved by Centers for Medicare and Medicaid Services. ~~Waiver services, when utilized with services normally covered by Medicaid, provide for health and developmental needs of individuals who otherwise would not be able to live in a home or community setting. The first waiver, implemented in 1988, provides home and community based services for mentally retarded individuals who otherwise require the level of care in an Intermediate Care Facility for the Mentally Retarded. The second waiver, implemented in 1991, provides home and community based services to persons with mental retardation or related conditions who are inappropriately placed in nursing facilities. The specific services provided are the same in each waiver and may only be provided to Medicaid eligible individuals outside of a nursing facility. Any waiver service should be appropriate to the client's needs and must be written on the client's Individual Habilitation Plan (IHP). The IHP is developed annually by an interdisciplinary team (IDT). The IHP contains detailed descriptions of services provided, documentation of frequency of services and types of providers to provide services.~~

(b) **Eligible providers.** ~~All Specialized Foster Care~~ SFC providers must:

- ~~(1) have entered~~ enter into contractual agreements ~~(MA S 342) with the Oklahoma Health Care Authority OHCA to supply Home and Community-Based Waiver Services (HCBWS) provide HCBS for the Mentally Retarded.~~ persons with mental retardation or certain persons with related conditions;
- ~~(2) Specialized Foster Care providers must~~ have an approved home profile per OAC 317:40-5-40;
- ~~(3) complete in-service training which as specified at~~ per OAC 317:40-5-75(e)(9) and 340:100-3-38;
- ~~(4) have the ability to implement goals and objectives on the member's Individual Habilitation Plan,~~ (IP); and
- ~~(5) be emotionally and financially stable, in good health, and of reputable character and have an interest in children with mental retardation and the ability to give love and understanding to them.~~

317:30-5-496. Coverage

~~All Specialized Foster Care will~~ Specialized foster care must be

~~included in the IHP and reflected in the approved plan of care~~ member's Individual Plan (IP). Arrangements for care under this program ~~will~~ must be made through the ~~individual client's~~ member's case manager.

317:30-5-497. Description of services

~~Specialized Foster Care for the Mentally Retarded~~ foster care (SFC) is an individualized living arrangement offering ~~24 hour~~ 24-hour per day supervision, supportive assistance, and training in ~~daily living skills, lodging, nourishment and nurturance to~~ eligible individuals between the ages of six and 18. Services are intended to allow ~~an individual~~ the member to reside with a surrogate family and ~~support reunification of service recipient with family (including visitation, as specified in IHP).~~ Services are provided to one to three ~~service recipients~~ members in the home in which the ~~service~~ SFC provider resides. ~~Two~~ Four levels of ~~specialized foster care~~ SFC, based upon the ~~service recipient's~~ member's age and level of need as determined by the Interdisciplinary Personal Support Team, are ~~recognized~~:

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

317:30-5-498. Coverage limitations

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

- (1) ~~Close Supervision~~ Description: limited to close supervision; Unit: one day; 366 ~~per year~~ units each 12 months.
 - (2) ~~Maximum Supervision~~ Description: limited to maximum supervision; Unit: one day; 366 ~~per year~~ units each 12 months.
- (b) Members are required to pay room and board expenses from their own funds as SFC does not include the cost of room and board.
- (c) Members may not simultaneously receive group home services, daily living supports, or agency companion services.
- (d) Members who are in the custody of the Oklahoma Department of Human Services (OKDHS) and in out-of-home placement funded by OKDHS Children and Family Services Division are not eligible for SFC.
- (e) When a member changes providers, only the outgoing service provider claims for the date the member moves.

317:30-5-499. Diagnosis code

The ICD-9-CM ~~Diagnosis~~ diagnosis code for ~~Specialized Foster Care~~ specialized foster care is 319 (~~Mental Retardation~~ mental

retardation). This code must be entered in Item field 21 on the HCFA 1500 Form CMS-1500.

PART 59. HOMEMAKER SERVICES

317:30-5-535. ~~Introduction to waiver services and eligible providers~~ Home and Community-Based Services Waiver for persons with mental retardation or certain persons with related conditions

(a) **Introduction to waiver services.** The Oklahoma Health Care Authority (OHCA) administers ~~two home and community based waivers for services to individuals~~ Home and Community-Based Services (HCBS) Waivers for persons with mental retardation or certain persons with related conditions that are operated by the Oklahoma Department of Human Services Developmental Disabilities Services Division. ~~Both waivers are enacted under Section 1915(c) of the Social Security Act.~~ Each waiver allows payment for homemaker or homemaker respite services provided to eligible individuals that are not covered through Oklahoma's as defined in the waiver approved by the Centers for Medicare and Medicaid program Services.

Waiver services, when utilized with services normally covered by Medicaid, provide for health and developmental needs of individuals who otherwise would not be able to live in a home or community setting. The first waiver, implemented in 1988, provides home and community based services for mentally retarded individuals who otherwise require the level of care in an Intermediate Care Facility for the Mentally Retarded. The second waiver, implemented in 1991, provides home and community based services to persons with mental retardation or related conditions who are inappropriately placed in nursing facilities. The specific services provided are the same in each waiver and may only be provided to Medicaid-eligible individuals outside of a nursing facility. Any waiver service should be appropriate to the client's needs and must be written on the client's Individual Habilitation Plan (IHP). The IHP is developed annually by an interdisciplinary team (IDT). The IHP contains detailed descriptions of services provided, documentation of frequency of services and types of providers to provide services.

(b) **Eligible providers.** All ~~Homemaker Services~~ homemaker services providers must have entered enter into contractual agreements (~~MA-S-342~~) with the Oklahoma Health Care Authority OHCA to provide Home and Community Based Waiver Services for the Mentally Retarded HCBS for persons with mental retardation or related conditions.

317:30-5-536. Coverage

All ~~Homemaker Services~~ will homemaker or homemaker respite services must be included in the member's Individual Habilitation Plan (IHP IP) and reflected in the approved plan of care.

Arrangements for care under this program must be made with the individual client's member's case manager.

317:30-5-537. Description of services

Homemaker services include ~~the following:~~

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

(2) **Description of services.**

(A) Homemaker services will include assistance and supervision in self-care and daily living skills provided to eligible individuals six years of age and older. Services are provided to eligible individuals six years of age and older. Services are provided in any community setting as specified in the individual's habilitation plan. Services are intended to contribute to the individual's successful residence in the community and/or to provide short term relief for the individual's primary care provider(s) general household activities, such as meal preparation and routine household care provided by a homemaker who is trained, when the regular caregiver responsible for these activities is temporarily absent or unable to manage the home and care for others in the home. Homemakers can help members with activities of daily living when needed.

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

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

317:30-5-538. Diagnosis codes

The primary ICD-9-CM diagnosis code for Homemaker Services homemaker services is 319 (Mental Retardation mental retardation).

This code must be entered in Item field 21 on the HCFA-1500 Form CMS-1500. Any secondary diagnosis can also be entered in this field.

CHAPTER 40. DEVELOPMENTAL DISABILITIES SERVICES

SUBCHAPTER 5. CLIENT MEMBER SERVICES

PART 3. GUIDELINES TO STAFF

317:40-5-40. Home profile process

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

- (1) ~~Agency Companion Services~~ agency companion services (ACS);
- (2) ~~Specialized Foster Care~~ specialized foster care (SFC) services;
- (3) ~~Respite Services~~ respite services delivered in the provider's home; ;
- (4) approving a ~~Habilitation Training Specialist~~ habilitation training specialist (HTS) or other provider ~~for an~~ to provide services overnight ~~visit~~ in the HTS's or other provider's home; and
- (5) any other situation ~~in which rules require~~ that requires 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 Developmental Disabilities Services Division (DDSD) staff provides the applicant with program orientation and pre-screening information that includes, but is not limited to:

- ~~(A)~~ (1) facts, description, and guiding principles of the Home and Community-Based Services (HCBS) program;
- ~~(B)~~ (2) an explanation of:
 - ~~(i)~~ (A) the home profile process;
 - ~~(ii)~~ (B) basic qualifications of the provider;
 - ~~(iii)~~ (C) health, safety, and environmental issues; and
 - ~~(iv)~~ (D) training required ~~by~~ per OAC 340:100-3-38;
- ~~(C)~~ (3) the Oklahoma Department of Human Services (OKDHS) Form 06AC012E, 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 DDSD 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.

(4) explanation of a background investigation conducted on the applicant and any adult or child living in the applicant's home.

(A) Background investigations are conducted at the time of application and include, but are not limited to:

(i) Oklahoma State Bureau of Investigation (OSBI) name and records criminal history search, including the Oklahoma Department of Public Safety and Sex Offenders Registry;

(ii) Federal Bureau of Investigation (FBI) national criminal history search, based on the fingerprints of the applicant and any adult members of the household;

(iii) search of any court involvement;

(iv) search of all OKDHS records, including Child Welfare records and Community Services Worker Registry; and

(v) search of Juvenile Justice Information System (JOLTS) records for any child older than 13 years of age in the applicant's household.

(B) An application is denied if the applicant:

(i) or any person residing in the applicant's home has a criminal conviction of:

(I) physical assault, battery, or a drug-related offense with the five year period preceding the application date;

(II) child abuse or neglect;

(III) domestic abuse;

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

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

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

~~(E) (5) OKDHS Form 06AC015E, 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) (6) OKDHS Form 06AC016E, 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) (7) OKDHS Form 06AC029E, Employer Reference Letter, OKDHS Form DDS-29, which requests information from the employer regarding past and current work performance; and~~

~~(H) (8) OKDHS Form 06AC013E, 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 Home profile process.** If the applicant meets the requirements of the prescreening, the approval home profile process described in this (1) through (8) of 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) (1) The applicant completes the DDS application packet in full required forms and returns the entire packet forms to the DDS address shown in the packet provided. The application packet contains Required forms include OKDHS Forms:~~

~~(A) the 06AC008E, 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) 06AC009E, Financial 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) 06AC011E, Family Health History, OKDHS Form DDS-11, providing current and past medical information to determine the applicant's health status;~~

~~(D) 06AC018E, 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) 06AC019E, 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) 06AC010E, Medical Examination Report, OKDHS Form DDS-10, completed if the DDS-11 Form 06AC011E indicates conditions which could that may interfere with the provision of services;~~

~~(G) Agency Companion/Specialized Foster Care 06AC017E, Insurance Information, OKDHS Form DDS-17, completed by the applicant verifying the home and automobile insurance coverage of the applicant; and~~

~~(H) 06AC020E, 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) (2) If an incomplete application packet form or other information is received returned to DDS, designated DDS staff sends a letter to the provider or provider agency listing identifying information still needed to complete the application packet required forms. The packet home profile is not processed completed until the packet all required information is complete provided to DDS.~~

~~(4) (3) Designated DDS staff begin completes the home profile when a completed application packet has been received all required forms are completed and provided to DDS.~~

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

~~(1) (4) For each reference provided by the applicant, the designated DDS 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. 06AC058E, Reference Letter;~~

~~(2) (5) The designated Designated DDS staff, through interviews, visits, and phone calls, gathers the information required to complete the OKDHS Form 06AC047E, 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) (6) 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 06AC069E, Review of Policies and Areas of Responsibilities, is dated and signed by the applicant and the designated DDS staff.~~

~~(4) (7) The DDS area residential services programs manager sends to the applicant:~~

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

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

~~(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) (8) DDSD 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 DDSD 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 DDSD 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 DDSD 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.~~

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

(1) **General conditions.**

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

(B) The home must:

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

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

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

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

(i) guards and rails on stairways;

(ii) wheelchair ramps;

(iii) widened doorways;

(iv) grab bars;

(v) adequate lighting;

(vi) anti-scald devices; and

(vii) heat and air conditioning equipment guarded and installed in accordance with manufacturer requirements. Home modifications and equipment may be provided through HCBS Waivers operated by DDS.

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

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

(2) Sanitation.

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

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

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

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

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

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

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

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

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

(3) Bathrooms. A bathroom must:

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

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

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

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

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

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

(4) **Bedrooms.** A bedroom must:

(A) have been constructed as such when the home was built or remodeled under permit;

(B) be provided for each member.

(i) Minor members must not share bedrooms with adults in the household.

(ii) No more than two members may share a bedroom

(iii) Exceptions to allow members to share a bedroom may be made by the DDS area residential programs manager, when DDS determines sharing a bedroom is in the best interest of the members;

(C) have a minimum of 80 square feet of usable floor space for each member or 120 square feet for two members and two means of exit. The provider, family members, or other occupants of the home must not sleep in areas designated as common use living areas, nor share bedrooms with members;

(D) be finished with walls or partitions of standard construction that go from floor to ceiling;

(E) be adequately ventilated, heated, cooled, and lighted;

(F) include an individual bed for each member consisting of a frame, box springs, and mattress at least 36 inches wide, unless a specialized bed is required to meet identified needs. Cots, rollaways, couches, futons, and folding beds must not be used for members.

(i) Each bed must have clean bedding in good condition consisting of a mattress pad, bedspread, two sheets, pillow, pillowcase, and blankets adequate for the weather.

(ii) Sheets and pillowcases must be laundered at least weekly and more often if necessary.

(iii) Waterproof mattress covers must be used for members who are incontinent;

(G) have sufficient space for each member's clothing and personal effects, including hygiene and grooming supplies.

(i) Members must be allowed to keep and use reasonable amounts of personal belongings and have private, secure storage space.

(ii) The provider assists the member in furnishing and decorating the member's bedroom.

(iii) Window coverings must be in good condition and allow privacy for members;

(H) be on ground level for members with impaired mobility or who are non-ambulatory; and

(I) be in close enough proximity to the provider to alert the provider to nighttime needs or emergencies, or be equipped with a call bell or intercom.

(5) Food.

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

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

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

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

(6) Phone.

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

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

(7) Safety.

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

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

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

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

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

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

(8) Emergencies.

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

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

(C) A working flashlight must be available for emergency lighting on each floor of the home.

(D) The provider:

(i) maintains a working carbon monoxide detector in the

home;

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

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

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

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

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

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

(9) Special hazards.

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

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

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

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

(10) Vehicles.

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

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

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

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

(1) evaluating the applicant's:

~~(1) (A) **Interest and motivation.** 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) (B) **Life skills.** 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 copy of the OSBI check is included in the local and State Office records.~~

~~(B) (C) **Children in the home.** children in the home; DDS 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) (D) **Behavior support and discipline.** methods of 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 DDS 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 DDS staff explores how the applicant(s) will deal with any problems which might result from this difference.~~

~~(ii) In addition, the DDS 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 DDS 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 DDS 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) (E) **Marital status and background.** marital status and background, household composition, and children; The DDS staff documents aspects of the applicant's marital status, as described in this paragraph.~~

~~(A) **Current marital status.** The DDS 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 DDS 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 DDS 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) (F) **Income and money management.** income and money management; and 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) (G) **Teamwork and supervision, Back-up Plan review, and use of relief.** teamwork and supervision, back-up plan, and use of relief; and 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) (2) **Assessment and recommendation** assessment and recommendation. It is the duty of the DDS staff:~~

~~(A) to evaluate evaluates the ability of the applicant(s) applicant to provide services. ;~~

~~(B) The DDS staff has the right and duty to approve approves 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.~~

~~(C) if the applicant does not meet standards per OAC 317:40-5-40, ensures the final recommendation includes:~~

~~(i) basis for the denial decision; and~~

~~(ii) effective date for determining the applicant as not meeting standards. Reasons for denying a profile may include, but are not limited to:~~

~~(I) lack of stable, adequate income to meet the applicant's own or total family needs or poor management of available income;~~

~~(II) a physical facility that is inadequate to accommodate the addition of a member to the home or presents health or safety concerns;~~

~~(III) the age, health, or any other condition of the applicant that impedes the applicant's ability to provide appropriate care for a member;~~

(IV) relationships in the applicant's household are unstable and unsatisfactory;

(V) the mental health of the applicant or other family or household member impedes the applicant's ability to provide appropriate care for a member;

(VI) references are guarded or have reservations in recommending the applicant;

(VII) the applicant fails to complete the application, required training, or verifications in a timely manner as requested or provides information that is incomplete, inconsistent, or untruthful; or

(VIII) the home is determined unsuitable for the member requiring placement;

~~(D) The applicant is notified notifies the applicant in writing of the final determination. In the written summary all areas are addressed. recommendation; and~~

~~(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) (E) **Application withdrawn or canceled before profile completed.** If 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 completes a final written assessment that includes:~~

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

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

~~(III) (iii) the effective date of cancellation or~~

withdrawal. ~~(ii) A written~~ 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)~~ (f) **Annual evaluation.** The annual evaluation is a comprehensive review of the provider's continued ability to meet standards.

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

~~(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,~~ OKDHS FORM 06AC010E 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 DDSD case ~~Manager~~ manager, DCFS Child Welfare ~~Specialist~~ worker, Adult Protective Services staff, and Office of Client Advocacy staff, and provider agency program coordinator 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) (4) The background check described in subsection (b) of this Section investigation per OAC 317:40-5-40(b) is repeated every year, except the finger print check~~ FBI national criminal history search.

~~(7) (5) Providers are informed notified in writing of the continued recommendation of the use of the home.~~

~~(8) (6) Copies of the evaluation report~~ OKDHS Forms 06AC024E ~~7~~

and ~~DDS-10~~, if ~~appropriate~~ applicable, 06AC010E, are included in ~~the~~ local and State Office records.

PART 9. SERVICE PROVISIONS

317:40-5-101. Architectural modifications

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

(1) ~~Architectural modification services~~ modifications are provided based on the:

(A) ~~assessment and Personal Support Team (Team) consideration of the member's unique needs of the person, as explained in subsection per OAC 317:40-5-101(b) of this Section;~~

~~(B) the availability of funds. The rules in this paragraph 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;~~

~~(C) (B) the scope of the architectural modifications program, as explained in this Section per OAC 317:40-5-101; and~~

~~(D) (C) the most appropriate and cost effective bid showing the most cost effective way to provide the service without compromising ensuring the quality of materials or and workmanship; and~~

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

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

(3) ~~The Oklahoma Department of Human Services' Services (OKDHS) Developmental Disabilities Services Division (DDSD) may deny authorization for architectural modifications services to a the home of a person receiving community residential supports, as defined in OAC 340:100-5-22.1, if member when DDSD determines the home is unsafe or otherwise unsuitable for architectural modifications.~~

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

~~(B) Area office staff refer to the guidelines in DHS Appendix H-6 when screening the home for modification.~~

~~(C)~~ (B) People Members needing home modification services and provider agencies assisting ~~service recipients~~ select members recommend several homes, when possible, for screening in order that a home for rent or purchase with the minimal number of modifications necessary may be selected.

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

(5) Only modifications ~~which~~ that are specific to the member's unique needs ~~of the service recipient~~ are authorized.

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

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

(8) The ~~DDSD Division Administrator~~ director or designee may approve written requests for exceptions to ~~the~~ requirements of ~~this Section~~ OAC 317:40-5-1-1 in exceptional circumstances.

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

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

(1) ~~An architectural~~ Architectural modification ~~assessment must be~~ assessments are performed by: ~~a licensed occupational therapist or physical therapist.~~

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

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

~~(1)~~ (2) The Team considers the most appropriate architectural modifications based on the:

(A) ~~member's present needs of the person receiving services;~~

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

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

~~(2)~~ (3) The Team considers architectural modifications that:

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

(i) meaningful to the ~~person~~ member and ~~would require~~

~~someone else~~ requires another person to ~~do~~ perform the activity, if the ~~person could not~~ member cannot perform the activity independently, such as self-care, eating, or transfers; and

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

(B) enhance the member's ability ~~of the person receiving services~~ to:

(i) improve or maintain health and safety;

(ii) participate in community life;

(iii) establish meaningful relationships;

(iv) express choices; or

(v) live with dignity.

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

(1) Contractors are responsible for:

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

(B) following all applicable building codes.

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

(3) New contractors must provide three references of previous work completed.

(4) Contractors must provide evidence of:

(A) liability insurance;

(B) vehicle insurance; and

(C) ~~if required,~~ worker's compensation insurance.

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

(1) All modifications meet the ~~accessibility and usability~~ applicable national standards for buildings and facilities of the American Disabilities Act (ADA) persons with physical disabilities as applicable to private homes.

(2) Contractors complete construction in compliance with written assessment recommendations and ~~addendum(s)~~ addenda from the ~~licensed professional.~~ :

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

(B) licensed professional.

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

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

(A) All exterior wooden ramps are constructed of #2 number two pressure treated wood.

(B) ~~The surface~~ Surface of the ramp has a rough, non-skid texture.

(C) Ramps are assembled by the use of deck screws.

(D) Hand rails on ramps, if required, are sanded and smooth.

(E) Ramps can be constructed of stamped steel.

(F) Support legs on ramps are no more than six feet apart.

(G) Posts on ramps must be set in concrete.

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

(A) The roll-in shower includes a new floor that is sloped at least ~~2~~ two inches from the outside walls down to the drain, when space permits. When space does not permit, the floor slopes as much as is possible and appropriate.

(B) The material around the drain is flush, without an edge on which ~~the~~ water can catch before going into the drain.

(C) Duro-rock, rather than sheet rock, is installed around the shower area, at least ~~18~~ 24 to ~~24~~ 36 inches up from the floor, with green board above the duro-rock.

(D) Tile or another appropriate water resistant material, such as fiberglass reinforced plastic (FRP) board or shower insert, is installed to cover the duro-rock and green board.

~~(6) Final inspections are performed by designated DDSD Area Office area office resource development staff inspects and takes pictures of the final project, prior to payment of an architectural modifications claim, to ensure that:~~

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

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

~~(C) pictures of the final project are taken.~~

(e) **Moves Architectural modifications when members change residences.** ~~When a person receiving services changes residences, the rules in this subsection are followed.~~

~~(1) When two or more ~~people~~ members share a home that ~~has been~~ was architecturally modified using ~~State~~ state or ~~Title XIX HCBS Waiver~~ funds, the ~~person~~ member whose Plan of Care ~~included~~ includes the modifications is given the first option of remaining in the residence if the ~~people~~ roommates no longer wish to share a home, ~~within the parameters of this Section.~~~~

~~(2) Restoration of architectural modifications is performed only for ~~class~~ members of the ~~Homeward Bound vs. The Hissom Memorial Center~~ Homeward Bound class, when a written agreement between the ~~home owner~~ homeowner and the ~~Division Administrator~~ of DDSD director, negotiated before any architectural modifications~~

~~began~~ begin, describes in full the extent of the restoration. If no written agreement exists between the ~~DDSD Division Administrator~~ director and the ~~home owner~~ homeowner, the ~~Department~~ OKDHS is not responsible to provide, pay for, or authorize any restorative services.

(f) **Services not covered under architectural modifications.** Architectural modification services make homes accessible according to the member's specific needs of ~~the person receiving services~~. Architectural modifications do not include construction, reconstruction, or remodeling of any existing construction in the home, such as floors, sub-floors, foundation work, roof, or major plumbing.

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

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

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

(A) roofs;

(B) installation of heating or air conditioning units;

(C) humidifiers;

(D) water softener units;

(E) fences;

(F) sun rooms;

(G) porches;

(H) decks;

(I) canopies;

(J) covered walkways;

(K) driveways;

(L) sewer lateral lines or septic tanks;

(M) foundation work;

(N) room additions;

(O) carports;

(P) concrete for any type of ramp, deck, or surface other than a five by five landing pad at the end of a ramp, as described in ~~the Americans with Disabilities Act~~ applicable national standards for persons with physical disabilities as applicable to private homes;

(Q) non-adapted home appliances; ~~and~~

(R) carpet or floor covering, unless documented as necessary to aid the ~~person~~ member in mobility; ~~and~~

(S) walk-in bathtubs.

(4) A sidewalk is not authorized unless:

(A) needed by the ~~person~~ member to move between the house and ~~the~~ vehicle; and

(B) authorized by the ~~DDSD Division Administrator~~ director or designee. The ~~Division Administrator~~ DDSD director or designee may consider other sidewalk needs.

(g) **Approval or denial of architectural modification requests.** ~~Upon completion of the appropriate review(s) and the Team's establishment of the need for architectural modification requests,~~ DDSD approval or denial of the architectural modification request is determined in accordance with (1) through (3) of this subsection.

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

~~(A) the assessment~~ documentation from the ~~designated~~ member's Team ~~professional~~ confirming the need and basis for architectural modification;

~~(B) the Plan of Care;~~

~~(C) (B)~~ documentation of current Team consensus, including consideration of issues ~~stated in subsection~~ per OAC 317:40-5-101(b) of this Section; and

~~(D) (C)~~ lease, proof of home ownership, or other evidence that the person receiving services will be member is able to live in the modified residence for a period of at least 12 months.

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

(A) authorizes architectural modification services up to \$2500;

(B) is responsible for all required documentation; and

(C) sends all necessary information to the DDSD State Office for authorization of services costing \$2500 or more.

~~(3) Denial of architectural modification services is handled as described in this paragraph.~~

~~(A) (3)~~ If the DDSD area office resource development staff, therapist, or Team decides determines the service is not appropriate, the prescribing therapist sends DDSD area office resource development staff or DDSD State Office programs manager for architectural modifications provides a brief report describing the reason(s) reason for the change of recommendation denial to the DDSD case manager for forwarding to the designated Area Office staff.

~~(B) If the designated Area Office staff recommends denial of the architectural modification request, the identified staff member explains to the person receiving services and his or her family or guardian the rationale for denial and suggests possible revisions. The denial is also explained in writing.~~

(h) **Appeals.** The denial of acquisition of an architectural modification request may be appealed through the hearing process

~~described in per OAC 340:2-5-4 and 340:2-5-5~~ 340:2-5.

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

317:40-5-112. Dental ~~Services for Homeward Bound Class Members~~ services

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

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

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

~~(a)~~ (b) **Service Description of services.** Dental services include oral ~~examinations, appropriate radiographs, prophylaxis, development of a written treatment plan, and routine training of the service recipient or primary care giver regarding oral hygiene, and other services recommended by a dentist per~~ OAC 317:30-5-482. Preventative, restorative, replacement, and repair services to achieve or restore functionality are provided after appropriate review, if required as ~~identified in subsection per~~ OAC 317:40-5-112(e).

~~(b) Applicability.~~ This section applies only to members of the Homeward Bound vs. The Hisson Memorial Center class certified in Case Number 85-C-437-E, United States District Court for the Northern District of Oklahoma.

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

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

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

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

(2) The DDSD Area Medical Director area medical director or designee must ~~approve~~ pre-approve treatment plans for members in

the Homeward Bound Waiver exceeding ~~\$650.00~~ 1,000.00.

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

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

(g) **Documentation of Dental Services dental services.** The dental provider summarizes a ~~record of~~ dental services provided on the Oklahoma Department of Human Services (OKDHS) Form DDS-5 06HM005E, Referral Form for Examination or Treatment, or comparable form for members who receive residential services.

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

PART 11. OTHER COMMUNITY RESIDENTIAL SUPPORTS

317:40-5-152. Group home services for persons with mental retardation or certain persons with related conditions

(a) **General Information.** Group homes provide a congregate living arrangement offering up to 24-hour per day supervision, supportive assistance, and training in daily living skills to persons who are eligible 18 years of age or older. Upon approval of the Oklahoma Department of Human Services (OKDHS) Developmental Disabilities Services Division (DDSD) director or designee, persons younger than 18 may be served.

(1) Group homes ensure ~~residents~~ members reside and participate in the community. Services are provided in homes located in close proximity to generic community services and activities.

(2) Group homes must be licensed by DDSD in accordance with ~~10~~ Section 1430.1 et seq. of Title 10 of the Oklahoma Statutes.

(3) Residents of group homes receive no other form of residential supports.

(4) Habilitation training specialist (HTS) services or homemaker services for residents of group homes may be approved only by the DDSD director or designee to resolve a temporary emergency when no other resolution exists.

(b) **Minimum provider qualifications.** Approved providers must have a current contract with the Oklahoma Health Care Authority (OHCA) to provide DDSD Home and Community-Based Services (HCBS) Waiver for persons with mental retardation or related conditions.

(1) Group home providers must have a completed and approved application to provide DDSD group home services.

- (2) Group home staff must:
 - (A) complete the OKDHS DDS-D-sanctioned training curriculum per OAC 340:100-3-38; and
 - (B) fulfill requirements for pre-employment screening per OAC 340:100-3-39.
- (c) **Description of services.**
 - (1) Group home services:
 - (A) meet all applicable requirements of OAC 340:100; and
 - (B) are provided in accordance with each ~~resident's~~ member's Individual Plan (IP) developed per OAC 340:100-5-50 through ~~100-5-58~~ 340:100-5-58.
 - (i) Health care services are secured for each ~~resident~~ member per OAC 340:100-5-26.
 - (ii) ~~Residents~~ Members are offered recreational and leisure activities maximizing the use of generic programs and resources, including individual and group activities.
 - (2) Group home providers:
 - (A) follow protective intervention practices per OAC 340:100-5-57 and 340:100-5-58;
 - (B) in addition to the documentation required per OAC 340:100-3-40, must maintain:
 - (i) staff time sheets that document the hours each staff was present and on duty in the group home; and
 - (ii) documentation of each ~~resident's~~ member's presence or absence on the daily attendance form provided by DDS-D; and
 - (C) ensure program coordination staff (PCS) meet staff qualifications and supervise, guide, and oversee all aspects of group home services per OAC 340:100-5-22.6 and 340:100-6, as applicable.
- (d) **Coverage limitations.** Group home services are provided up to 366 days per year.
- (e) **Types of group home services.** There are three types of group home services provided through HCBS Waivers.
 - (1) **Traditional group homes.** Traditional group homes serve no more than 12 ~~residents~~ members per OAC 340:100-6.
 - (2) **Community living homes.** Community living homes serve no more than 12 ~~residents~~ members.
 - (A) ~~Residents~~ Members who receive community living home services have:
 - (i) needs that cannot be met in a less structured setting; and
 - (ii) a diagnosis of severe or profound mental retardation requiring frequent assistance in the performance of activities necessary for daily living or continual supervision to ensure the ~~resident's~~ member's health and safety; or
 - (iii) complex needs requiring frequent:

(I) assistance in the performance of activities necessary for daily living, such as frequent assistance of staff for positioning, bathing, or other necessary movement; or

(II) supervision and training in appropriate social and interactive skills in order to remain included in the community.

(B) Services offered in a community living home include:

(i) 24-hour awake supervision when a ~~resident's~~ member's IP indicates it is necessary; and

(ii) program supervision and oversight including hands-on assistance in performing activities of daily living, transferring, positioning, skill-building, and training.

(3) **Alternative group homes.** Alternative group homes serve no more than four ~~residents~~ members who have evidence of behavioral or emotional challenges in addition to mental retardation and require extensive supervision and assistance in order to remain in the community.

(A) ~~Residents~~ Members who receive alternative group home services must meet criteria per in OAC 340:100-5-22.6.

(B) A determination must be made by the DDS Community Services Unit that alternative group home services are appropriate.

SUBCHAPTER 7. WAIVER VOCATIONAL EMPLOYMENT SERVICES THROUGH HOME AND COMMUNITY-BASED SERVICES WAIVERS

317:40-7-7. Job Coaching Services coaching services

(a) Job Coaching Services coaching services:

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

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

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

~~(1)~~ (4) Job Coaching Services are available both for individual and group placements.

(A) Individual placement is:

(i) one member receiving job coaching services who:

(I) works in an integrated job setting;

(II) is paid at or more than minimum wage;
(III) does not receive services from a job coach who is simultaneously responsible for continuous job coaching for a group;
(IV) is employed by a community employer or provider agency; and
(V) has a job description that is specific to the member's work; and

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

~~(2) (B) Group placements of placement is two to eight individuals needing members receiving continuous support at in an integrated work site, are included in Job Coaching Services even though the individuals who may earn less than minimum wage; and~~

~~(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) (5) Job Coaching Services are based on the amount of time for which the service recipient member is compensated by the employer, except as explained in subparagraph (1)(A) of Stabilization Services, per OAC 317:40-7-11.~~

~~(5) (b) For service recipients members in individual placements, the Personal Support Team (Team):~~

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

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

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

~~(1) productivity;~~

~~(2) work quality;~~

~~(3) independence;~~

~~(4) minimum wage opportunities; and~~

~~(5) competitive work opportunities.~~

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

(a) The Developmental Disabilities Services Division (DDSD) case manager, the service recipient member, a member's family member or, if applicable, legal 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~~ services through Home and Community-Based Services (HCBS) Waivers cannot be reimbursed if those services occur in the residence or property of the service recipient member 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~~ OAC 317:40-7-a5(b) are authorized.

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

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

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

(e) The provider submits ~~an~~ Oklahoma Department of Human Services (OKDHS) Form 06WP066E, Employment Progress Report, OKDHS Form DDS-66, for each person receiving employment services through the Community Waiver or the Homeward Bound Waiver, to the DDSD case manager by the tenth of each month for the previous month's services, ~~and semi-annually for each person member receiving services through the In Home Supports Waivers.~~

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

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

(1) ~~The 30~~ Thirty hours of employment service each week can be a combination of ~~Community-Based Services~~ community-based services, Center-Based Services center-based services, employment training specialist (ETS) ~~Intensive Training Services~~ intensive training services, Stabilization Services

stabilization services, and ~~Job Coaching Services~~ job coaching services. ~~Center Based Services~~ Center-based services cannot exceed 15 hours per week for ~~persons~~ members receiving services through the Homeward Bound waiver.

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

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

(a) All exceptions to the rules in this ~~Subchapter~~ OAC 317:40-7 are:

(1) approved in accordance with this ~~Section~~ OAC 317:40-7-21 prior to service implementation;

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

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

(4) documented and recorded on Oklahoma Department of Human Services (OKDHS) Form 06WP047E, Exception Request for Waiver Employment Services, by the ~~Developmental Disabilities Services~~ Division (DDSD) case manager after Team approval.

(b) A request for an exception to the minimum of 30 hours per week of employment services, adult day services per OAC 317:40-5-113, or a combination of both, per OAC 317:40-7-15, includes documentation of the Team's:

(1) discussion of:

(A) current specific situation that requires an exception;

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

(C) progress toward previous exception strategies or plans;

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

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

(c) A request for an exception to the maximum limit of 15 hours per week for center-based services, per OAC 317:40-7-6, or continuous supplemental supports, per OAC 317:40-7-13, for a member receiving services through the Homeward Bound Waiver includes documentation of the Team's:

(1) discussion of:

(A) current specific situation that requires an exception;

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

- (C) progress toward previous exception strategies or plans;
and
(2) plan with specific steps and target dates to address the situation throughout the Plan of Care year so the exception may be lessened or no longer necessary at the end of the Plan of Care year.
- (d) A request for an alternative to required community-based activities per OAC 317:40-7-5 includes documentation of the Team's:
- (1) discussion of:
- (A) current specific situation that requires an exception;
(B) all employment efforts, successful and unsuccessful, made by the member and Team in the past year; and
(C) progress toward previous exception strategies or plans;
and
(2) plan with specific steps and target dates to address the situation throughout the Plan of Care year so the exception may be lessened or no longer necessary at the end of the Plan of Care year.
- ~~(b)~~ (e) Within 10 ten working days of the annual IP or the interim meeting, the DDSD case manager sends requests for exceptions dealing with individual needs listed in this subsection OKDHS Form 06WP047E to the area employment services staff, who reviews the request form to ensure that all criteria listed have been per OAC 317:40-7-21 are met. If criteria are:
- (1) not met, the employment services staff returns the exception request OKDHS Form 06WP047E with recommendations to the DDSD case management supervisor and case manager for further documentation. resubmission; or
(2) If all criteria are met, the employment services staff returns the request OKDHS Form 06WP047E to the case management supervisor to resume the approval process and input of units on the member's 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.~~

~~(e) (f) The exception requests listed in this subsection per OAC 340:40-7-21(f) are documented by the DDS case manager after Team consensus and submitted directly via OKDHS Form 06WP047E to the DDS area manager within 10 ten 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 with a copy to the DDS area office claims staff and case manager 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 member 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 current specific situation(s) situation that require requires 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~~ OAC 317:40-7-21 requires documentation of the Team's discussion of:

(A) ~~the current specific situation(s)~~ situation that ~~require~~ requires 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.~~ all employment efforts, successful and unsuccessful, made by the member and Team in the past year; and

(C) progress toward previous exception strategies or plans.

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