

Oklahoma Health Care Authority

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

OHCA COMMENT DUE DATE: March 3, 2022

The proposed policy changes are Permanent Rules. The proposed policy changes were presented at the January 4, 2022 Tribal Consultation. The proposed rule changes will be presented at a Public Hearing on March 8, 2022. Additionally, this proposal is scheduled to be presented to the Medical Advisory Committee on March 10, 2022, and the OHCA Board of Directors on March 16, 2022.

REFERENCE: APA WF 21-38A

SUMMARY: Developmental Disabilities Services (DDS) Updates for Specialized Foster Care, Agency Companion, Employment Services and Self-Directed Services — The proposed revisions to the DDS policy will add language to clarify that occupational and physical therapy services can include assistive technology, positioning, and mobility. Additional revisions for speech-language pathology services state that a provider cannot bill or receive reimbursement solely for writing the member's report or recording other documentation. Final revisions will correct formatting and grammatical errors, as well as align policy with current business practices.

LEGAL AUTHORITY:

The Oklahoma Health Care Authority Act, Section 5007 (C)(2) of Title 63 of Oklahoma Statutes; The Oklahoma Health Care Authority Board; Section 162 and 1025.1 et seq. of Title 56 of the Oklahoma Statutes; and the 21st Century Cares Act.

RULE IMPACT STATEMENT:

**STATE OF OKLAHOMA
OKLAHOMA HEALTH CARE AUTHORITY**

SUBJECT: Rule Impact Statement
APA WF # 21-38A

A. Brief description of the purpose of the rule:

The proposed revisions to the DDS policy will add language to clarify that occupational and physical therapy services can include assistive technology, positioning, and mobility. Additional revisions for speech-language pathology services state that a provider cannot bill or receive reimbursement solely for writing the member's report or recording other documentation. Final revisions will correct formatting and grammatical errors, as well as align policy with current business practices.

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

Persons most affected by the proposed rule changes will be DDS members who are eligible and receive Habilitation services. This rule should not place any cost or burden on private or public entities.

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

Persons who will benefit from this proposed rule change will be DDS members who receive occupational and physical therapy services as the proposed rule will add additional criteria to be included

~~**Description of services.**~~ **Service description.** Occupational therapy services include evaluation, treatment, and consultation in leisure management, daily living skills, sensory motor, perceptual motor, ~~and mealtime assistance,~~ assistive technology, positioning, and mobility. Occupational therapy services may include ~~the use of~~ occupational therapy assistants, within the limits of the occupational therapist's practice.

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

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

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

The proposed rule changes are budget neutral.

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

The proposed rule will not have an economic impact on any political subdivisions or require their cooperation in implementing or enforcing the rule.

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

The proposed rule will not have an adverse effect on small businesses as provided by the Oklahoma Small Business Regulatory Flexibility Act.

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

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

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

The proposed rule should have no effect on the public health, safety, and environment.

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

The agency does not anticipate any detrimental effect on the public health, safety, or environment if the proposed rule changes are not implemented.

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

Prepared: January 28, 2022

RULE TEXT:

**TITLE 317. OKLAHOMA HEALTH CARE AUTHORITY
CHAPTER 30. MEDICAL PROVIDERS – FEE FOR SERVICE**

SUBCHAPTER 5. INDIVIDUAL PROVIDERS AND SPECIALTIES

PART 51. HABILITATION SERVICES

317:30-5-482. Description of services

Habilitation services include the services identified in (1) through (15) of this Section. Habilitation services providers must have an applicable agreement with the Oklahoma Health Care Authority (OHCA) to provide Developmental Disabilities Services (DDS) Home and Community-Based Services (HCBS).

(1) **Dental services.** Dental services are provided per Oklahoma Administrative Code (OAC) 317:40-5-112.

(A) **Minimum qualifications.** Dental services providers must have non-restrictive licensure by the Oklahoma State Board of Dentistry to practice dentistry in Oklahoma.

(B) **Description of services.** Dental services include services for maintenance or improvement of dental health as well as relief of pain and infection. These services may

include:

- (i) ~~An oral examination;~~ Oral examinations;
- (ii) ~~Bite-wing X-rays;~~ Medically necessary images;
- (iii) ~~Dental cleaning;~~ Prophylaxis;
- (iv) ~~Topical fluoride treatment;~~ Flouride application;
- (v) Development of a sequenced treatment plan that prioritizes:
 - (I) ~~Elimination of pain;~~ Pain elimination;
 - (II) Adequate oral hygiene; and
 - (III) ~~Restoration or an improved~~ Restoring or improving ability to chew;
- (vi) Routine training of member or primary caregiver regarding oral hygiene; and
- (vii) Preventive, restorative, replacement, and repair services to achieve or restore functionality provided after appropriate review when applicable, per OAC 317:40-5-112.

(C) **Coverage limitations.** ~~Coverage of dental services~~ Dental service coverage is specified in the member's Individual Plan (IP) in accordance with applicable Waiver limits. ~~Dental~~ Cosmetic dental services are not authorized ~~when recommended for~~ cosmetic purposes.

(2) **Nutrition services.** Nutrition Services are provided, per OAC 317:40-5-102.

(3) **Occupational therapy services.**

(A) **Minimum qualifications.** Occupational therapists and occupational therapy assistants ~~must~~ have current, non-restrictive licensure by the Oklahoma Board of Medical Licensure and Supervision. Occupational therapy assistants ~~must be~~ are supervised by occupational therapists, per OAC 317:30-5-295 (b) (1).

(B) ~~Description of services.~~ Service description. Occupational therapy services include evaluation, treatment, and consultation in leisure management, daily living skills, sensory motor, perceptual motor, ~~and mealtime assistance,~~ assistive technology, positioning, and mobility. Occupational therapy services may include ~~the use of~~ occupational therapy assistants, within the limits of the occupational therapist's 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~~ includes a practitioner's prescription.

(ii) For ~~this Section's purposes of this Section,~~ a practitioner is ~~defined as~~ means medical and osteopathic physicians, physician assistants, and other licensed health care professionals with prescriptive authority to order occupational therapy services in accordance with the rules and regulations governing the SoonerCare program.

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

(C) **Coverage limitations.** ~~Payment~~ For compensable services, payment is made ~~for~~ for ~~compensable services~~ to the individual occupational therapist for direct services or for services provided by a qualified occupational therapist assistant, within the occupational therapist's employment. Payment is made in ~~15-minute~~ fifteen-minute (15-minute) units, with a limit of four hundred and eighty (480) units per Plan of Care (POC) year. Payment is not allowed solely for written reports or record documentation.

(4) Physical therapy services.

(A) **Minimum qualifications.** Physical therapists and physical therapist assistants must have current, non-restrictive licensure with the Oklahoma Board of Medical Licensure and Supervision. The physical therapist ~~must supervise~~supervises the physical therapist assistant, per OAC 317:30-5-290.1 (b) (1).

(B) ~~Description of services.~~**Service description.** Physical therapy services include evaluation, treatment, and consultation in locomotion or mobility ~~and~~ skeletal and muscular conditioning, ~~assistive technology, and positioning~~ to maximize the member's mobility and skeletal/muscular well-being. Physical therapy services may include ~~the use of~~ physical therapist assistants, within the limits of the physical therapist's 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~~includes a practitioner's prescription. For ~~this Section's purposes of this Section,~~ practitioners are defined as licensed medical and osteopathic physicians, and physician assistants in accordance with the rules and regulations covering the OHCA SoonerCare program.

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

(C) **Coverage limitations.** ~~Payment~~For compensable services, payment is ~~made for~~ made for compensable services to individual physical therapists for direct services or for services provided by a qualified physical therapist assistant within the physical therapist's employment. Payment is made in ~~15-minute~~fifteen-minute (15-minute) units with a limit of four hundred and eighty (480) units per ~~Plan of Care year.~~POC. Payment is not allowed solely for written reports or record documentation.

(5) Psychological services.

(A) **Minimum qualifications.** Qualification ~~as a provider of to provide~~ psychological services requires current, non-restrictive licensure as a psychologist by the Oklahoma State Board of Examiners of Psychologists, or by the licensing board in the state ~~in~~ in which ~~where the~~ service is provided. Psychological technicians who have completed all board certification and training requirements may provide services under a licensed psychologist's supervision.

(B) ~~Description of services.~~**Service description.** Psychological services include evaluation, psychotherapy, consultation, and behavioral treatment. Service is provided in any community setting as specified in the member's IP. The provider ~~must develop, implement, evaluate and revise~~develops, implements, evaluates, and revises a the Protective Intervention Protocol (PIP) corresponding to the relevant outcomes identified 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 formats, with a six-person maximum.

(ii) ~~Approval of services~~Service approval is based ~~upon~~on assessed needs per OAC 340:100-5-51.

(C) **Coverage limitations.**

(i) Payment is made in fifteen (15) minute units. A minimum of fifteen (15) minutes

for each individual and group encounter is required.

(ii) Psychological services are authorized for a period, not to exceed twelve (12) months.

(I) Initial authorization ~~must~~does not exceed one hundred and ninety-two (192) units, forty-eight (48) service hours ~~of service~~.

(II) Authorizations may not exceed two hundred and eighty-eight (288) units per ~~plan of care~~POC year unless the DDS Behavior Support Services director or designee makes an exception is made by the DDS director of Behavior Support Services or his or her designee.

(III) No more than twelve (12) hours of services, forty-eight (48) units, may be billed for PIP preparation. Any clinical document ~~must be~~is prepared within sixty (60) calendar days of the request. Further, if the document is not prepared, payments are suspended until the requested document is provided.

(IV) When revising a PIP to accommodate recommendations of a required committee review, the provider may bill for only one (1) revision. The time for preparing the revision ~~must be~~is clearly documented and ~~must~~does not exceed four (4) hours.

(6) Psychiatric services.

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

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

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

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

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

(7) Speech-language pathology services.

(A) **Minimum qualifications.** Qualification as a speech-language pathology services provider requires current, non-restrictive licensure as a speech-language pathologist, speech-language pathology assistant, or speech-language pathology clinical fellow, by the Oklahoma Board of Examiners for Speech-Language Pathology and Audiology, per OAC 317:30-5-675.

(B) ~~Description of services.~~**Service description.** Speech therapy includes evaluation, treatment, and consultation in communication, ~~and oral motor activities, and/or~~ feeding activities provided to eligible members. Services are intended to maximize the member's community living skills and may be provided in the community setting specified in the member's IP.

(i) The IP ~~must include~~includes a practitioner's prescription. For this Section's purposes ~~of this Section~~, practitioners are defined as licensed medical and osteopathic physicians, physician assistants, and other licensed professionals with

prescriptive authority to order speech ~~and/or~~ language services or both in accordance with rules and regulations covering the OHCA SoonerCare program.

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

(C) **Coverage limitations.** A unit is fifteen (15) minutes, with a limit of two hundred and eighty-eight (288) units, per ~~Plan of Care year.~~ POC. Payment is not allowed solely for written reports or record documentation.

(8) Habilitation training specialist (HTS) services.

(A) **Minimum qualifications.** Providers ~~must complete the Oklahoma Department of Human Services (DHS)(OKDHS)~~ DDS-sanctioned training curriculum. Residential habilitation providers:

(i) Are at least eighteen (18) years of age; or older;

(ii) Are specifically trained to meet members' unique needs;

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

(iv) Receive supervision and oversight from contracted-agency staff with a minimum of four (4) years of any combination of college-level education or full-time equivalent experience in serving persons with disabilities.

(B) ~~Description of services.~~ Service description. 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 is not made for:

(I) Routine care and supervision family normally provided by family; provides;
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. HTS staff residing in the same household as the member may not provide services in excess of forty (40) hours per week. ~~Members requiring~~ Members who require HTS services for more than forty (40) hours per week of HTS services, must use staff members, who do not reside in the household, and who are employed by the member's chosen provider agency, to deliver the balance of necessary support staff hours. Exceptions may be authorized, when needed, for members who receive services through the Homeward Bound Waiver.

(iii) Payment does not include room and board or maintenance, upkeep, or 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~~ specifies the role of the HTS and person providing IPS to ensure there is no service duplication of services.

(v) Review and approval by the DDS plan of care reviewer 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 OHCA-approved oversight agency. For pre-authorized HTS services, the service:

(I) Provider receives DDS area staff oversight; and

(II) ~~Must be~~ Is pre-approved by the DDS director or his or her designee.

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

(i) A unit is fifteen (15) minutes.

(ii) Individual HTS ~~service~~ service providers are limited to a maximum of forty (40) hours per week regardless of the number of members served.

(iii) More than one (1) HTS may provide care to a member on the same day.

(iv) Payment cannot be made for services provided by two (2) or more HTSs to the same member during the same hours of a day.

(v) ~~A~~ An HTS may receive reimbursement for providing services to only one (1) member at any given time. This does not preclude services from being provided in a group setting where services are shared among group members ~~of the group~~.

(vi) HTS providers may not perform any job duties associated with other employment including on-call duties, at the same time they are providing HTS services.

(9) Remote Supports (RS). RS is provided per OAC 317:40-4-4.

~~(9)~~ (10) Self Directed HTS (SD HTS). SD HTS are provided per OAC 317:40-9-1.

~~(10)~~ (11) Self Directed Goods and Services (SD GS). SD GS are provided per OAC 317:40-9-1.

~~(11)~~ (12) Audiology services.

(A) **Minimum qualifications.** Audiologists ~~must~~ have licensure as an audiologist by the Oklahoma Board of Examiners for Speech Pathology and Audiology per OAC 317:30-5-675 (d) (1).

(B) ~~Description of services.~~ **Service description.** Audiology services include individual evaluation, treatment, and consultation in hearing to eligible members. Services are intended to maximize the member's auditory receptive abilities.

(i) The member's IP ~~must include~~ includes a practitioner's prescription. For this Section's purposes ~~of this Section~~, practitioners are defined as licensed medical and osteopathic physicians, and physician assistants in accordance with ~~rules and regulations~~ OAC 317:30-5-1 covering the OHCA SoonerCare program.

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

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

~~(12)~~ (13) Prevocational services.

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

(i) ~~Are at least eighteen (18) years of age;~~ Are eighteen (18) years of age or older;

(ii) Complete ~~the DHSOKDHS~~ DDS-sanctioned training curriculum;

(iii) ~~Were~~ Are not convicted of, pled guilty to, 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~~from a person with a minimum of four (4) years of any combination of college-level education or full-time equivalent experience in serving persons with disabilities.

(B) ~~Description of services.~~**Service description.** 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 the Individuals with Disabilities Education Act (IDEA) per Section 1401 et seq. of Title 20 of the United States Code.

(i) Prevocational services are learning and work experiences where the ~~individual~~member can develop general, non-job, task-specific strengths that contribute to employability in paid employment in integrated community settings.

(ii) Activities include teaching concepts, such as communicating effectively with supervisors, co-workers, and customers, attendance, task completion, problem solving, and safety. These activities are associated with building skills necessary to perform work.

(iii) Pre-vocational services are delivered ~~for the purpose of furthering~~to further habilitation goals that lead to greater opportunities for competitive, integrated employment. All prevocational services are reflected in the member's IP. Documentation ~~must be~~is maintained in the record of each member receiving this service, noting the service is not otherwise available through a program funded under the Rehabilitation Act of 1973 or IDEA.

(iv) Services include:

(I) Center-based prevocational services, per OAC 317:40-7-6;

(II) Community-based prevocational services per, OAC 317:40-7-5;

(III) Enhanced community-based prevocational services per, 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 (1) hour and payment is based on the number of hours the member participates in the service. All prevocational services and supported-employment services combined may not exceed \$27,000, ~~per Plan of Care year.~~the annual costs set forth in OKDHS Appendix D-26, Developmental Disabilities Services Rates Schedule. The services that may not be provided to the same member at the same time as prevocational services are:

(i) HTS;

(ii) ~~Intensive Personal Supports;~~IPS;

(iii) Adult Day Services;

(iv) Daily Living Supports; (DLS);

(v) Homemaker; or

(vi) Therapy services, such as occupational therapy; physical therapy; nutrition, speech, or psychological services; family counseling; or family training, except to allow the therapist to assess the individual's needs at the workplace or to provide staff training, per OAC 317:40-7-6.

~~(13)~~(13) **Supported employment.**

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

- (i) Are ~~at least~~ at least eighteen (18) years of age; ~~or older;~~
- (ii) Complete the ~~DHS~~ OKDHS DDS-sanctioned training curriculum;
- (iii) ~~Were~~ Are not convicted of, pled guilty to, 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. § 1025.5; and
- (iv) Receive supervision and oversight ~~by~~ from a person with a minimum of four (4) years of any combination of college-level education or full-time equivalent experience in serving persons with disabilities.

(B) ~~Description of services.~~ Services description. ~~Supported~~ For members receiving HCBS Waiver services, supported employment is conducted in a ~~variety of various~~ settings, particularly worksites ~~in which~~ where persons without disabilities are employed, and includes activities that are outcome based and needed to sustain paid work ~~by members receiving services through HCBS Waivers, including supervision and training.~~ The supported employment ~~outcome of supported employment~~ is sustained paid employment at or above minimum wage, but not less than the customary wage and benefit level ~~paid by the employer~~ pays for the same or similar work ~~performed by individuals without disabilities.~~ perform. The paid employment occurs in an integrated setting in the general workforce in a job that meets personal and career goals.

(i) When supported-employment services are provided at a worksite ~~in which~~ where persons without disabilities are employed, payment:

- (I) Is made for the adaptations, supervision, and training ~~required by members~~ require 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 per OAC 317:40-7-7;
- (II) Enhanced job coaching per OAC 317:40-7-12;
- (III) Employment training specialist services per OAC 317:40-7-8; and
- (IV) Stabilization per OAC 317:40-7-11.

(iii) Supported-employment services furnished under HCBS Waivers are not available under a program funded by the Rehabilitation Act of 1973 or ~~Individuals with Disabilities Education Act (IDEA).~~ IDEA.

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

(v) Federal financial participation (~~FFP~~) 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 passed through to users of supported-employment programs; or
- (III) Payments for vocational training not directly related to a member's supported-employment program.

(C) **Coverage limitations.** A unit is fifteen (15) minutes and payment is made per OAC 317:40-7-1 through 317:40-7-21. All prevocational services and supported-employment services combined cannot exceed \$27,000, per ~~Plan of Care~~ POC year. The DDS case

manager assists the member to identify other alternatives to meet identified needs above the limit. The services that may not be provided to the same member, at the same time as supported-employment services are:

- (i) HTS;
- (ii) ~~Intensive Personal Supports;IPS;~~
- (iii) Adult Day Services;
- (iv) ~~Daily Living Supports;DLS;~~
- (v) Homemaker; or
- (vi) Therapy services, such as occupational therapy; physical therapy; nutrition, speech, or psychological services, family counseling, or family training, except to allow the therapist to assess the individual's needs at the workplace or to provide staff training.

~~(14)~~(15) **Intensive personal supports (IPS)-IPS.**

(A) **Minimum qualifications.** IPS provider agencies must have a current provider agreement with OHCA and ~~DHS~~O~~S~~K~~D~~H~~S~~ DDS. Providers:

- (i) Are ~~at least~~ eighteen (18) years of age; or older;
- (ii) Complete ~~the DHSOKDHS~~ DDS-sanctioned training curriculum;
- (iii) ~~Were~~Are not convicted of, pled guilty to, 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) Receive supervision and oversight ~~by~~from a person with a minimum of four (4) years of any combination of college-level education or full-time equivalent experience in serving persons with disabilities; and
- (v) 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.~~**Service description.**

- (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 support level of support provided by a HTS or ~~daily living supports (DLS)~~DLS staff ~~provides~~ by utilizing a second staff person on duty to provide assistance and training in self-care, daily living, and recreational and habilitation activities.
- (ii) The member's ~~Individual Plan (IP) must~~IP clearly ~~specify~~specifies the role of HTS and the person providing IPS to ensure there is no service duplication ~~of services.~~
- (iii) ~~Review and approval by the DDS plan of care reviewer is required.~~The DDS POC reviewer is required to review and approve services.

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

~~(15)~~(16) **Adult day services.**

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

- (i) Meet ~~the~~ licensing requirements, per 63 O.S. § 1-873 *et seq.* and comply with OAC 310:605; and
- (ii) ~~Be~~Are approved by the ~~DHS~~O~~S~~K~~D~~H~~S~~ DDS director and have a valid OHCA

contract for adult day services.

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

(C) **Coverage limitations.** Adult day services are furnished four (4) or more hours per day on a regularly scheduled basis, for one (1) or more days per week. A unit is fifteen (15) minutes for up to a maximum of six (6) hours daily, at which point a unit is one (1) day. All services ~~must be~~are authorized in the member's IP.

DRAFT