

TITLE 317. OKLAHOMA HEALTH CARE AUTHORITY
CHAPTER 30. MEDICAL PROVIDERS-FEE FOR SERVICE
SUBCHAPTER 5. INDIVIDUAL PROVIDERS AND SPECIALTIES
PART 113. OKLAHOMA LIVING CHOICE PROGRAM

317:30-5-1200. Benefits for members age 65 or older with disabilities or long-term illnesses

(a) The Oklahoma Living Choice program participants receive a range of necessary medical and home and community based services for one year after moving from the institution. The one year period begins the day the member occupies a qualified residence in the community. Once this transition period is complete, the member will begin to receive services through one of the Opportunities for Living Life home and community based services waivers.

(b) Services must be billed using the appropriate HCPCS or CPT codes and must be medically necessary.

(c) All services require prior authorization and must be documented in the individual transition plan. The number of units of services the member is eligible to receive is limited to the amounts approved on the transition plan.

(d) Services provided through the Living Choice program for older persons with disabilities or long-term illnesses are listed in paragraphs (1) through (24) of this subsection.

(1) case management or Comprehensive Home Care (CHC) case management;

(2) respite care or CHC in-home respite;

(3) adult day health care;

(4) architectural modifications;

(5) specialized medical equipment and supplies;

(6) therapy services including physical, occupational, speech and respiratory;

(7) advanced supportive/restorative assistance or CHC advanced supportive/restorative assistance;

(8) skilled nursing or CHC skilled nursing;

(9) home delivered meals;

(10) hospice care;

(11) medically necessary prescription drugs;

(12) personal care as described in Part 95 of this Chapter;

(13) Personal Emergency Response System (PERS);

(14) Consumer-Directed Personal Assistance Services and Supports (CD-PASS);

(15) transition coordination;

(16) community transition services as described in OAC 317:30-5-1205;

(17) dental services (up to \$1,000 per person annually);

(18) nutrition evaluation and education services;

- (19) adult companion services;
- (20) pharmacological evaluations;
- (21) vision services including eye examinations and eyeglasses;
- (22) non-emergency transportation;
- (23) family training services; and
- (24) SoonerCare compensable medical services.

317:30-5-1201. Benefits for members with mental retardation

(a) The Oklahoma Living Choice program participants receive a range of necessary medical and home and community based services for one year after moving from the institution. The one year period begins the day the member occupies a qualified residence in the community. Once this transition period is complete, the member will begin to receive services through the Community waiver.

(b) Services must be billed using the appropriate HCPCS or CPT codes and must be medically necessary.

(c) All services require prior authorization and must be documented in the individual transition plan. The number of units of services the member is eligible to receive is limited to the amounts approved on the transition plan.

(d) Services available to members with mental retardation are listed in paragraphs (1) through (29) of this subsection.

- (1) assistive technology;
- (2) adult day health care;
- (3) architectural modifications;
- (4) audiology evaluation and treatment;
- (5) community transition;
- (6) daily living support;
- (7) dental services;
- (8) family counseling;
- (9) family training;
- (10) group home;
- (11) respite care;
- (12) homemaker services;
- (13) habilitation training services;
- (14) home health care;
- (15) intensive personal support;
- (16) extended duty nursing;
- (17) skilled nursing;
- (18) nutrition services;
- (19) therapy services including physical, occupational, speech and respiratory;
- (20) psychiatry services;
- (21) psychological services;
- (22) agency companion services;

- (23) non-emergency transportation;
- (24) pre-vocational services;
- (25) supported employment services;
- (26) specialized foster care;
- (27) specialized medical equipment and supplies;
- (28) alternate living home; and
- (29) SoonerCare compensable medical services.

317:30-5-1202. Benefits for members with physical disabilities

(a) The Oklahoma Living Choice program participants receive a range of necessary medical and home and community based services for one year after moving from the institution. The one year period begins the day the member occupies a qualified residence in the community. Once this transition period is complete, the member will begin to receive services through one of the Opportunities for Living Life home and community based services waivers.

(b) Services must be billed using the appropriate HCPCS or CPT codes and must be medically necessary.

(c) All services require prior authorization and must be documented in the individual transition plan. The number of units of services the member is eligible to receive is limited to the amounts approved on the transition plan.

(d) Services available to members with physical disabilities are listed in paragraphs (1) through (31) of this subsection.

- (1) case management;
- (2) personal care services as described in Part 95 of this Chapter;
- (3) respite care;
- (4) adult day health care with personal care and therapy enhancements;
- (5) environmental modifications;
- (6) specialized medical equipment and supplies;
- (7) advanced supportive/restorative assistance;
- (8) skilled nursing;
- (9) home delivered meals;
- (10) therapy services including physical, occupational, speech and respiratory;
- (11) hospice care;
- (12) Personal Emergency Response System (PERS);
- (13) Consumer Directed Personal Assistance Services (CD-PASS);
- (14) agency companion services;
- (15) extended duty nursing;
- (16) psychological services;
- (17) audiology treatment and evaluation;
- (18) non-emergency transportation;

- (19) assistive technology;
- (20) dental services (up to \$1,000 per person annually);
- (21) vision services including eye examinations and eyeglasses;
- (22) pharmacotherapy management;
- (23) independent living skills training;
- (24) nutrition services;
- (25) family counseling;
- (26) family training;
- (27) transition coordination;
- (28) psychiatry services;
- (29) community transition services as described in 317:30-5-1205;
- (30) pharmacological evaluations; and
- (31) SoonerCare compensable medical services.

317:30-5-1203. Billing procedures for Living Choice services

(a) The approved individual transition plan is the medical basis for the services and includes the prior authorizations, specifying:

- (1) what service;
- (2) which service provider;
- (3) the number of units authorized; and
- (4) the authorized begin and end dates of the service.

(b) As part of Living Choice quality assurance, audits are used to evaluate whether claims are consistent with individual transition plans and services provided are documented. Claims that are not supported by individual transition plans and/or documentation of services are referred to the Surveillance Utilization Review Subsystem unit (SURS). Erroneous or invalidated claims identified through post payment reviews are recouped from the provider.

(c) Claims may not be filed until the services are rendered.

317:30-5-1204. Disclosure of information on health care providers and contractors

In accordance with the requirements of the Social Security Act and the regulations issued by the Secretary of Health and Human Services, the OHCA is responsible for disclosure of pertinent findings resulting from surveys made to determine eligibility of certain providers for home health care and contractors under SoonerCare. In Oklahoma, the Oklahoma State Department of Health (OSDH) is the agency responsible for surveying home health care providers and contractors to obtain information for use by the Federal Government in determining whether these entities meet the standards required for participation as Medicare and SoonerCare providers.

317:30-5-1205. Community transition services

(a) Community transition services are one-time set-up expenses for members transitioning from a nursing facility or public ICF/MR to a home in the community.

(b) Each member transitioning into the community is eligible for up to \$2,400 per person for the purchase of essential goods and/or services authorized by a Transition Coordinator on the member's behalf.

(c) Community transition services must be reasonable and necessary as determined through the transition plan development process and must be clearly identified in the plan.

(d) Allowable expenses for community transition services include, but are not limited to:

(1) security deposits that are required to obtain a lease on a qualified residence;

(2) essential household items required for occupation and use in a community residence such as furniture, window coverings, food preparation and bed/bath linens;

(3) connection, set-up fees or deposits for utility service or access including telephone, electricity, heating and water;

(4) services necessary for the member's health, safety and welfare such as pest eradication and one-time cleaning prior to occupancy;

(5) moving expenses;

(6) fees to obtain a copy of birth certificate, identification card or driver's license; and

(7) delivery, set-up costs and removal fees for appliances, furniture, etc.

(e) Non-allowable expenses for community transition services include, but are not limited to:

(1) monthly rental or mortgage expenses;

(2) monthly utility charges;

(3) household items that are purely recreational purposes; and

(4) services or items that are available through other Living Choice services such as homemaker services, environmental modifications and adaptations, or specialized supplies and equipment.

317:30-5-1206. Transition coordinator services

Transition coordinators must meet the requirements in paragraphs (1) and (2) of this subsection.

(1) Transition coordinators must:

(A) complete case management training with the ADvantage waiver; or

(B) complete the curriculum requirements for a bachelor's degree and one year paid professional experience in aging or disability populations; or

(C) complete a degree program as a registered nurse or licensed practice nurse and one year paid professional experience; or

(D) Have at least two years paid work experience as an independent living specialist or transition specialist at one of the five federally recognized Centers for Independent Living organizations in Oklahoma.

(2) Transition coordinators must successfully complete the Living Choice program transition coordinator training.

**CHAPTER 35. MEDICAL ASSISTANCE FOR ADULTS
AND CHILDREN-ELIGIBILITY
SUBCHAPTER 23. OKLAHOMA LIVING CHOICE PROGRAM
PART 1. GENERAL PROVISIONS**

317:35-23-1. Oklahoma Living Choice program

The Oklahoma Living Choice program is created to promote community living for members with disabilities or long-term illnesses and is authorized by Section 6071 of Public Law 109-171, the Deficit Reduction Act of 2005.

317:35-23-2. Eligibility criteria

(a) Adults with disabilities or long-term illnesses, members with mental retardation and members with physical disabilities are eligible to transition into the community through the Oklahoma Living Choice program if they meet all of the criteria in paragraphs (1) through (4) of this subsection.

(1) He/she must be at least 19 years of age;

(2) He/she must reside in an institution (nursing facility or public ICF/MR) for at least six months prior to the proposed transition date;

(3) He/she must have at least one month of SoonerCare paid long-term care services prior to transition; and

(4) He/she requires at least the same level of care that necessitated admission to the institution.

317:35-23-3. Participant disenrollment

Members are disenrolled from the program if:

(1) he/she is admitted to a nursing facility, ICF/MR, residential care facility or behavioral health facility for more than 30 consecutive days;

(2) he/she is incarcerated;

(3) he/she is determined to no longer meet SoonerCare financial eligibility for home and community based services;

- (4) he/she is determined by the Social Security Administration or OHCA Level of Care Evaluation Unit to no longer have a disability the qualifies for services under the Living Choice program; or
(5) he/she moves out of state.

317:35-23-4. Re-enrollment

(a) A member may re-enroll in the program without residing in an institution for the six months prior if:

- (1) the necessity for the institutionalization is documented in the revised individual transition plan; and
(2) the member can safely return to the community as determined by the transition coordinator, the member and the transition planning team.

(b) The member remains eligible during hospitalization and convalescent care periods as long as the stay does not exceed six months.