

## Oklahoma Statewide Transition Plan for Compliance with the Home and Community Based Services (HCBS) Final Regulation Setting Requirements

### OVERVIEW

The Centers for Medicare and Medicaid Services (CMS) published its final rule related to Home and Community Based Services (HCBS) for Medicaid funded long-term services and supports provided in residential and non-residential home and community based settings. The final rule took effect March 17, 2014. States are required to submit transition plans to CMS within a year of the effective date indicating how they intend to comply with the new requirement within a reasonable time period. If states amend or renew any of their currently operating waivers or state plan amendments prior to the effective date, that action serves as a trigger for the state to submit a transition plan for all its waivers under 1915(c), as well as any state plan amendments under 1915(i) or 1915(k) within 120 days of the amendment/renewal submission. The following is Oklahoma's statewide transition plan pursuant to this requirement.

### BACKGROUND

This document describes the Statewide HCBS Transition Plan (SWTP) of Oklahoma Health Care Authority (OHCA), the single State Medicaid Agency, as required by the CMS HCBS final regulation related to new federal requirements for home and community-based settings. This SWTP includes the state's assessment of its regulations, standards, policies, licensing requirements, and other provider requirements to ensure settings that comply with the new federal requirements. Additionally, the transition plan will describe action the state proposes to assure full and on-going compliance with the HCBS settings requirements.

This Statewide Transition Plan covers eight (8) 1915(c) HCBS waivers currently operating in Oklahoma:

- \* **Medically Fragile** – Serves individuals 19 years of age and older who meet hospital and/or skilled nursing level of care. The purpose of the waiver is to provide assistance for families who require long-term supports and services to maintain the medically fragile member in the family home while meeting their unique medical needs.
- \* **Sooner Seniors** – Serves adults 65 and older who transitioned to the community under the Living Choice (Money Follows the Person) program.
- \* **My Life; My Choice** – Serves adults 19 - 65 with physical disabilities who transitioned to the community under the Living Choice (Money Follows the Person) program.
- \*\* **Community** – Serves individuals who are 3 years of age and older who have intellectual disabilities and certain persons with related conditions who would otherwise require placement in an ICF/MR.
- \*\* **Homeward Bound** – Serves individuals who are 18 years of age and older who have intellectual disabilities and certain persons with related conditions who (1) would otherwise require placement in an ICF/ID; and (2) have been certified by the U.S. District Court for the Northern District of Oklahoma as

being members of the plaintiff class in Homeward Bound et al. v. The Hissom Memorial Center et al., Case No. 85-C-437-e.

**\*\*In-Home Supports Waiver for Adults** – Serves the needs of individuals 18 years of age and older with intellectual disabilities who would otherwise require placement in an ICF/ID.

**\*\*In-Home Supports Wavier for Children** – Serves the needs of children ages 3 through 17 years with intellectual disabilities who would otherwise require placement in an ICF/ID

**\*\*\* ADvantage** – Serves frail elderly individuals age 65 or older and adult Oklahomans age 21 and older with physical disabilities that would otherwise require placement in a nursing facility.

Day-to-day operations are performed by the Oklahoma Health Care Authority\* and Department of Human Services \*\* Developmental Disabilities Services (DDS) and DHS \*\*\*Aging Division. Oklahoma does not currently offer services through the state plan under 1915(i) or 1915(k) authority.

### **Statewide Transition Plan**

Oklahoma hosted meetings to include representatives from advocacy and stakeholder groups as well as the state agencies involved in operating its 1915(c) waivers. The purpose of the meetings was to plan the State's response to the new CMS rule on home and community based settings and to develop its approach to this statewide HCBS transition plan.

From August' 2014 through March' 2015, the State conducted a review and analysis of settings where HCBS are provided to eligible members. The State conducted surveys of providers of HCBS residential and non-residential services that focused on each setting's physical location, surroundings, community integration, and other environmental characteristics. For example, the survey asked if members are able to access the community as they choose, choose their schedules, freely access their money and food, decorate their residence as they choose, and choose their setting, services, and supports.

The State reviewed Oklahoma Administrative Code, licensing rules and regulations and other policy materials to identify changes necessary to ensure compliance with the HCBS settings requirements. For those settings who are out of compliance the state will utilize site visits, provider surveys, and provider education trainings to ensure policy and manuals are in compliance with the HCBS Final Rule.

Based on this review, the State identified:

With applicable changes, HCBS settings will fully comply with CMS regulations.

The State utilized a threshold of 85%, as it is the threshold from CMS as guidance for the quality assurance system. The State's quality improvement projects/remediation will be required when the threshold of compliance with a measure is at or below 85%.

The Oklahoma Health Care Authority (OHCA) held a public meeting on March 10, 2015 to educate providers and stakeholders about the federal rules and the transition planning process, as well as to discuss preliminary survey results and answer questions. Final results of the surveys and transition plan will be presented at the second public meeting on April 28, 2015.

## Home and Community-Based Settings Assessment Results

### Medically Fragile Waiver (MFW)

*Services that fully comply with the regulatory requirements because they are individually provided in the member's private home and allow the client full access to community living. Members get to choose what service and supports they want to receive and who provides them. Members are free to choose to seek employment and work in competitive settings, engage in community life and control their personal resources as they see fit.*

Advanced Supportive/Restorative Assistance	Advanced Supportive/Restorative Care services are maintenance services provided to assist a member with a stable, chronic condition with activities of daily living when such assistance requires devices and procedures related to altered body function. The Advanced Supportive/Restorative Assistance Aide does not perform any nurse functions.
Case Management	An individualized process that assesses a recipient's needs, explores service options, determines eligibility, and provides a link between community resources and qualified service providers.
Environmental Modifications	Those architectural and environmental modifications and adaptations to the home, required by the individual's plan of care, which are necessary to ensure the health, welfare and safety of the individual, or which enable the individual to function with greater independence in the home.
Home Delivered Meals	Home-delivered Meal services provide meals, each with a nutritional content equal to one-third of the Recommended Daily Allowance delivered to the home for members who are unable to prepare meals and who lack an informal provider to do meal preparation.
Hospice Care	Hospice is palliative and/or comfort care provided to the member and his/her family when a physician certifies that the member has a terminal illness and has six (6) months or less to live and orders Hospice Care.
Personal Care	Service Description Services that fully comply with the regulatory requirements because they are individually provided in the recipient's private home and allow the client full access to community living. Recipients get to choose what service and supports they want to receive and who provides them. Recipients are free to choose to seek employment and work in competitive settings, engage in community life and control their personal resources as they see fit.
Personal Emergency Response System (PERS)	PERS is an electronic device which enables certain individuals at high risk of institutionalization to secure help in an emergency. The individual may also wear a portable "help" button to allow for mobility. The system is connected to the person's phone and programmed to signal a response center once a "help" button is activated.
Prescribed Drugs	Prescribed drugs available through the approved State plan will be provided, except that the limitations on amount, duration and scope specified in the plan

	will not apply. The State Plan prescribed drug benefits for waiver members include both brand and generic medications. Brand name drugs where no generic equivalent is available must be prior authorized. Prior authorization is also required on generic drugs in excess of State Plan and Extended State Plan benefits.
Private Duty Nursing	Private Duty Nursing is individual and continuous skilled nursing care (in contrast to part time or intermittent care) provided by licensed nurses within the scope of State law. These services are provided to the member at home.
Respite	Services provided to individuals unable to care for themselves; furnished on a short-term basis because of the absence or need for relief of those persons normally providing the care. The cost of room and board will not be covered except when provided as part of respite care in a facility approved by the State that is not a private residence. Respite care is provided in the following: <ul style="list-style-type: none"> <li>• Individual's home or place of residence</li> </ul>
Self-Directed Goods and Services (SD-GS)	Self-Directed Goods and Services (SD-GS) are incidental, non-routine goods and services that promote the member's self-care, daily living, adaptive functioning, general household activity, meal preparation and leisure skills needed to reside successfully in the community and do not duplicate other services authorized in the member's plan of care.
Skilled Nursing	These services are not intended as treatment for an acute health condition and may not include services, which would be reimbursable as skilled nursing care under either the Medicare or Medicaid Home Health Programs.
Specialized Medical Equipment and Supplies	Specialized medical equipment and supplies to include devices, controls, or appliances, specified in the plan of care, which enable members to increase their abilities to perform activities of daily living, or to perceive, control, or communicate with the environment in which they live.
Therapy Services: Occupational	The services of an occupational therapist are necessary to assess the beneficiary's needs, to develop goals (to be approved by the physician), to manufacture or adapt the needed equipment to the beneficiary's use, to teach compensatory techniques, to strengthen the beneficiary as necessary to permit use of compensatory techniques, and to provide activities which are directed toward meeting the goals governing increased perceptual and cognitive function.
Therapy Services: Physical	Physical Therapy services prevent physical disability through the evaluation and rehabilitation of individuals disabled by pain, disease or injury. Services are intended to help the Member achieve greater independence to reside and participate in the community.
Therapy Services: Respiratory	Respiratory therapy services are provided for an individual who, but for the availability of in-home respiratory care services, would require respiratory care as an inpatient in a hospital or NF and would be eligible to have payment made for inpatient care under the State plan.
Therapy Services: Speech	The skills of a speech-language pathologist are required for the assessment of a beneficiary's rehabilitation needs (including the causal factors and the severity of the speech and language disorders) and rehabilitation potential

*Services that are not provided in the members private home, but also fully comply with the regulatory requirements. Members get to choose what service and supports they want to receive and who provides*

them.

Institutional Transition Services	Institutional Transition Services are those services that are necessary to enable individuals to leave the institution and receive waiver services in their home and/or in the community.
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*Services that do not comply with the regulatory requirements because they are provided in a nursing facility.*

Nursing Facility Respite	<p>Services provided to individuals unable to care for themselves; furnished on a short-term basis because of the absence or need for relief of those persons normally providing the care. The cost of room and board will not be covered except when provided as part of respite care in a facility approved by the State that is not a private residence. Respite care is provided in the following:</p> <ul style="list-style-type: none"> <li>• Nursing Facility.</li> </ul>
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**Sooner Seniors (SS)**

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Advanced Supportive/Restorative Assistance	Advanced Supportive/Restorative Care services are maintenance services provided to assist a member with a stable, chronic condition with activities of daily living when such assistance requires devices and procedures related to altered body function.
Agency Companion	A living arrangement developed to meet the specific needs of the member which offers live in companion for supervision, supportive assistance, and training in daily living skills provided in a home shared by the companion and the member.
Case Management	An individualized process that assesses a recipient's needs, explores service options, determines eligibility, and provides a link between community resources and qualified service providers.
Environmental Modifications	Those architectural and environmental modifications and adaptations to the home, required by the individual's plan of care, which are necessary to ensure the health, welfare and safety of the individual, or which enable the individual to function with greater independence in the home.
Family training	This training is specific to an individual member's needs. It is intended to allow the member's family to become more proficient in meeting the needs of the Member.
Home Delivered Meals	Home-delivered Meal services provide meals, each with a nutritional content equal to one-third of the Recommended Daily Allowance delivered to the home for members who are unable to prepare meals and who lack an informal provider to do meal preparation.
Hospice Care	Hospice is palliative and/or comfort care provided to the member and his/her family when a physician certifies that the member has a terminal illness and has six (6) months or less to live and orders Hospice Care.

Nutritional Education Services	Nutritional Education Services are educational in nature and focus on assisting the member and/or primary caregiver with the dietary aspects of the member's disease management. These services include dietary evaluation and consultation with individuals or their care provider. Services are provided in the member's home.
Personal Care	Service Description Services that fully comply with the regulatory requirements because they are individually provided in the recipient's private home and allow the client full access to community living. Recipients get to choose what service and supports they want to receive and who provides them. Recipients are free to choose to seek employment and work in competitive settings, engage in community life and control their personal resources as they see fit.
Personal Emergency Response System (PERS)	PERS is an electronic device which enables certain individuals at high risk of institutionalization to secure help in an emergency. The individual may also wear a portable "help" button to allow for mobility. The system is connected to the person's phone and programmed to signal a response center once a "help" button is activated.
Prescribed Drugs	Prescribed drugs available through the approved State plan will be provided, except that the limitations on amount, duration and scope specified in the plan will not apply. The State Plan prescribed drug benefits for waiver members include both brand and generic medications. Brand name drugs where no generic equivalent is available must be prior authorized. Prior authorization is also required on generic drugs in excess of State Plan and Extended State Plan benefits.
Private Duty Nursing	Private Duty Nursing is individual and continuous skilled nursing care (in contrast to part time or intermittent care) provided by licensed nurses within the scope of State law. These services are provided to the member at home. The provision of this service will prevent institutionalization of the member.
Private Duty Nursing	Private Duty Nursing is individual and continuous skilled nursing care (in contrast to part time or intermittent care) provided by licensed nurses within the scope of State law. These services are provided to the member at home.
Respite	Services provided to individuals unable to care for themselves; furnished on a short-term basis because of the absence or need for relief of those persons normally providing the care. The cost of room and board will not be covered except when provided as part of respite care in a facility approved by the State that is not a private residence. Respite care is provided in the following: <ul style="list-style-type: none"> <li>• Individual's home or place of residence</li> </ul>
Self-Directed Goods and Services (SD-GS)	Self-Directed Goods and Services (SD-GS) are incidental, non-routine goods and services that promote the member's self-care, daily living, adaptive functioning, general household activity, meal preparation and leisure skills needed to reside successfully in the community and do not duplicate other services authorized in the member's plan of care.
Skilled Nursing	These services are not intended as treatment for an acute health condition and may not include services, which would be reimbursable as skilled nursing care under either the Medicare or Medicaid Home Health Programs.
Specialized Medical Equipment and Supplies	Specialized medical equipment and supplies to include devices, controls, or appliances, specified in the plan of care, which enable members to increase their abilities to perform activities of daily living, or to perceive, control, or

	communicate with the environment in which they live.
Therapy Services: Occupational	The services of an occupational therapist are necessary to assess the beneficiary's needs, to develop goals (to be approved by the physician), to manufacture or adapt the needed equipment to the beneficiary's use, to teach compensatory techniques, to strengthen the beneficiary as necessary to permit use of compensatory techniques, and to provide activities which are directed toward meeting the goals governing increased perceptual and cognitive function.
Therapy Services: Physical	Physical Therapy services prevent physical disability through the evaluation and rehabilitation of individuals disabled by pain, disease or injury. Services are intended to help the Member achieve greater independence to reside and participate in the community.
Therapy Services: Respiratory	Respiratory therapy services are provided for an individual who, but for the availability of in-home respiratory care services, would require respiratory care as an inpatient in a hospital or NF and would be eligible to have payment made for inpatient care under the State plan.
Therapy Services: Speech	The skills of a speech-language pathologist are required for the assessment of a beneficiary's rehabilitation needs (including the causal factors and the severity of the speech and language disorders) and rehabilitation potential.
Transportation	Transportation services offered in order to promote inclusion in the community, access to programs and services and participation in activities to enhance community living skills, specified in the plan of care. Transportation services under the waiver are offered in accordance with the member's plan of care.

*Services that are not provided in the members private home, but also fully comply with the regulatory requirements. Members get to choose what service and supports they want to receive and who provides them. Nursing Facility Respite complies with 42 CFR 441.301(c)(4)-(5).*

Dental Services	Dental services include maintenance or improvement of dental health as well as relief of pain and infection.
Institutional Transition Services	Institutional Transition Services are those services that are necessary to enable individuals to leave the institution and receive waiver services in their home and/or in the community.
Vision Services	Optometric Services listed in the Member's plan of care and include: routine eye examination for the purpose of prescribing glasses or visual aids, determination of refractive state, treatment of refractive errors or purchase of glasses.

*Services that, with changes to certain settings, will fully comply with the regulatory requirements as the State will require remedial strategies and timelines for providers to come into full compliance.*

Adult Day Health	Services furnished on a regularly scheduled basis, for one or more days per week, in a community setting, encompassing both health and social services needed to ensure the optimal functioning of the individual.
Assisted Living	Assisted Living Services: Personal care and supportive services that are furnished to waiver members who reside in a homelike, non-institutional setting that includes 24-hour on-site response capability to meet scheduled or unpredictable resident needs and to provide supervision, safety and security.

*Services that do not comply with the regulatory requirements because they are provided in a nursing facility.*

Nursing Facility Respite	Services provided to individuals unable to care for themselves; furnished on a short-term basis because of the absence or need for relief of those persons normally providing the care. The cost of room and board will not be covered except when provided as part of respite care in a facility approved by the State that is not a private residence. Respite care is provided in the following: <ul style="list-style-type: none"> <li>• Nursing Facility.</li> </ul>
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**My Life; My Choice (MLMC)**

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Advanced Supportive/Restorative Assistance	Advanced Supportive/Restorative Care services are maintenance services provided to assist a member with a stable, chronic condition with activities of daily living when such assistance requires devices and procedures related to altered body function.
Agency Companion	A living arrangement developed to meet the specific needs of the member which offers live in companion for supervision, supportive assistance, and training in daily living skills provided in a home shared by the companion and the member.
Assistive Technology	Assistive Technology (AT) includes devices and services. AT devices include the purchase, rental, customization, maintenance and repair of devices, controls and appliances
Case Management	An individualized process that assesses a recipient's needs, explores service options, determines eligibility, and provides a link between community resources and qualified service providers
Environmental Modifications	Those architectural and environmental modifications and adaptations to the home, required by the individual's plan of care, which are necessary to ensure the health, welfare and safety of the individual, or which enable the individual to function with greater independence in the home.
Family Counseling	Family counseling helps to develop and maintain healthy, stable relationships among all family members in order to support meeting the needs of the Member. Emphasis is placed on the acquisition of coping skills by building upon family strengths.
Family training	This training is specific to an individual member's needs. It is intended to allow the member's family to become more proficient in meeting the needs of the Member.
Home Delivered Meals	Home-delivered Meal services provide meals, each with a nutritional content equal to one-third of the Recommended Daily Allowance delivered to the home for members who are unable to prepare meals and who lack an informal provider to do meal preparation.



Hospice Care	Hospice is palliative and/or comfort care provided to the member and his/her family when a physician certifies that the member has a terminal illness and has six (6) months or less to live and orders Hospice Care.
Independent Living Skills Training	Services to support the member's self-care, daily living, 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 members independence, self-sufficiency, community inclusion and well-being.
Nutritional Education	Nutritional Education Services are educational in nature and focus on assisting the member and/or primary caregiver with the dietary aspects of the member's disease management. These services include dietary evaluation and consultation with individuals or their care provider. Services are provided in the member's home.
Personal Care	Service Description Services that fully comply with the regulatory requirements because they are individually provided in the recipient's private home and allow the client full access to community living. Recipients get to choose what service and supports they want to receive and who provides them. Recipients are free to choose to seek employment and work in competitive settings, engage in community life and control their personal resources as they see fit.
Personal Emergency Response System (PERS)	PERS is an electronic device which enables certain individuals at high risk of institutionalization to secure help in an emergency. The individual may also wear a portable "help" button to allow for mobility. The system is connected to the person's phone and programmed to signal a response center once a "help" button is activated.
Prescribed Drugs	Prescribed drugs available through the approved State plan will be provided, except that the limitations on amount, duration and scope specified in the plan will not apply. The State Plan prescribed drug benefits for waiver members include both brand and generic medications. Brand name drugs where no generic equivalent is available must be prior authorized. Prior authorization is also required on generic drugs in excess of State Plan and Extended State Plan benefits.
Private Duty Nursing	Private Duty Nursing is individual and continuous skilled nursing care (in contrast to part time or intermittent care) provided by licensed nurses within the scope of State law. These services are provided to the member at home. The provision of this service will prevent institutionalization of the member.
Private Duty Nursing	Private Duty Nursing is individual and continuous skilled nursing care (in contrast to part time or intermittent care) provided by licensed nurses within the scope of State law. These services are provided to the member at home.
Respite	Services provided to individuals unable to care for themselves; furnished on a short-term basis because of the absence or need for relief of those persons normally providing the care. The cost of room and board will not be covered except when provided as part of respite care in a facility approved by the State that is not a private residence. Respite care is provided in the following: <ul style="list-style-type: none"> <li>• Individual's home or place of residence</li> </ul>
Self-Directed Goods and Services (SD-GS)	Self-Directed Goods and Services (SD-GS) are incidental, non-routine goods and services that promote the member's self-care, daily living, adaptive functioning, general household activity, meal preparation and leisure skills needed to reside successfully in the community and do not duplicate other

	services authorized in the member's plan of care.
Skilled Nursing	These services are not intended as treatment for an acute health condition and may not include services, which would be reimbursable as skilled nursing care under either the Medicare or Medicaid Home Health Programs.
Specialized Medical Equipment and Supplies	Specialized medical equipment and supplies to include devices, controls, or appliances, specified in the plan of care, which enable members to increase their abilities to perform activities of daily living, or to perceive, control, or communicate with the environment in which they live
Therapy Services: Occupational	The services of an occupational therapist are necessary to assess the beneficiary's needs, to develop goals (to be approved by the physician), to manufacture or adapt the needed equipment to the beneficiary's use, to teach compensatory techniques, to strengthen the beneficiary as necessary to permit use of compensatory techniques, and to provide activities which are directed toward meeting the goals governing increased perceptual and cognitive function.
Therapy Services: Physical	Physical Therapy services prevent physical disability through the evaluation and rehabilitation of individuals disabled by pain, disease or injury. Services are intended to help the Member achieve greater independence to reside and participate in the community.
Therapy Services: Respiratory	Respiratory therapy services are provided for an individual who, but for the availability of in-home respiratory care services, would require respiratory care as an inpatient in a hospital or NF and would be eligible to have payment made for inpatient care under the State plan.
Therapy Services: Speech	The skills of a speech-language pathologist are required for the assessment of a beneficiary's rehabilitation needs (including the causal factors and the severity of the speech and language disorders) and rehabilitation potential
Transportation	Transportation services are offered in order to promote inclusion in the community, access to programs and services and participation in activities to enhance community living skills specified in the member's service plan.

*Services that are not provided in the members private home, but also fully comply with the regulatory requirements. Members get to choose what service and supports they want to receive and who provides them. Nursing Facility Respite complies with 42 CFR 441.301(c)(4)-(5).*

Dental Services	Dental services include maintenance or improvement of dental health as well as relief of pain and infection.
Institutional Transition Services	Institutional Transition Services are those services that are necessary to enable individuals to leave the institution and receive waiver services in their home and/or in the community.
Vision Services	Optometric Services listed in the Member's plan of care and include: routine eye examination for the purpose of prescribing glasses or visual aids, determination of refractive state, treatment of refractive errors or purchase of glasses.
Audiology Treatment and Evaluation	Audiology services include service member evaluation, treatment and consultation related to their auditory functioning, intended to maximize the service members auditory receptive abilities.
Psychiatry	This service provides outpatient psychiatric services provided by a licensed

	psychiatrist and will be comprised of diagnosis, treatment and prevention of mental illness. These services will also include review, assessment and monitoring of psychiatric conditions, evaluation of the current plan of treatment and recommendations for a continued and/or revised plan of treatment and/or therapy, including required documentation.
Psychological Services	Psychological services include evaluation, psychotherapy, consultation and behavioral treatment. Services are provided in any community setting as specified in the Member's service plan.

*Services that, with changes to certain settings, will fully comply with the regulatory requirements as the State will require remedial strategies and timelines for providers to come into full compliance.*

Adult Day Health	Services furnished on a regularly scheduled basis, for one or more days per week, in a community setting, encompassing both health and social services needed to ensure the optimal functioning of the individual.
Assisted Living Services	Assisted Living Services: Personal care and supportive services that are furnished to waiver members who reside in a homelike, non-institutional setting that includes 24-hour on-site response capability to meet scheduled or unpredictable resident needs and to provide supervision, safety and security.

*Services that do not comply with the regulatory requirements because they are provided in a nursing facility.*

Nursing Facility Respite	Services provided to individuals unable to care for themselves; furnished on a short-term basis because of the absence or need for relief of those persons normally providing the care. The cost of room and board will not be covered except when provided as part of respite care in a facility approved by the State that is not a private residence.
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### ADvantage

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Advanced Supportive/Restorative Assistance	Advanced Supportive/Restorative Care services are maintenance services provided to assist a member with a stable, chronic condition with activities of daily living when such assistance requires devices and procedures related to altered body function.
Case Management	An individualized process that assesses a recipient's needs, explores service options, determines eligibility, and provides a link between community resources and qualified service providers.
Consumer-Directed Personal Assistance Supports and Services (CD-PASS)	Personal Services Assistance that enable an individual in need of assistance to reside in their home and in the community of their choosing rather than in an institution and allow the individual to carry out functions of daily living, self-care, and mobility.
Environmental	Those architectural and environmental modifications and adaptations to the

Accessibility Modifications	home, required by the individual's plan of care, which are necessary to ensure the health, welfare and safety of the individual, or which enable the individual to function with greater independence in the home.
Home Delivered Meals	Home-delivered Meal services provide meals, each with a nutritional content equal to one-third of the Recommended Daily Allowance delivered to the home for members who are unable to prepare meals and who lack an informal provider to do meal preparation.
Hospice Care	Hospice is palliative and/or comfort care provided to the member and his/her family when a physician certifies that the member has a terminal illness and has six (6) months or less to live and orders Hospice Care.
Nursing	Services listed in the plan of care which are within the scope of the State's Nurse Practice Act and are provided by a registered professional nurse, or licensed practical or vocational nurse under the supervision of a registered nurse, licensed to practice in the State. The ADvantage Nursing Service consists of Nurse Assessment and Supervision and Private Duty Nursing.
Personal Care	Service Description Services that fully comply with the regulatory requirements because they are individually provided in the recipient's private home and allow the client full access to community living. Recipients get to choose what service and supports they want to receive and who provides them. Recipients are free to choose to seek employment and work in competitive settings, engage in community life and control their personal resources as they see fit.
Personal Emergency Response System (PERS)	PERS is an electronic device which enables certain individuals at high risk of institutionalization to secure help in an emergency. The individual may also wear a portable "help" button to allow for mobility. The system is connected to the person's phone and programmed to signal a response center once a "help" button is activated.
Prescribed Drugs	Prescribed drugs available through the approved State plan will be provided, except that the limitations on amount, duration and scope specified in the plan will not apply. The State Plan prescribed drug benefits for waiver members include both brand and generic medications. Brand name drugs where no generic equivalent is available must be prior authorized. Prior authorization is also required on generic drugs in excess of State Plan and Extended State Plan benefits.
Respite	Services provided to individuals unable to care for themselves; furnished on a short-term basis because of the absence or need for relief of those persons normally providing the care. The cost of room and board will not be covered except when provided as part of respite care in a facility approved by the State that is not a private residence. Respite care is provided in the following: <ul style="list-style-type: none"> <li>• Individual's home or place of residence.</li> </ul>
Skilled Nursing	These services are not intended as treatment for an acute health condition and may not include services, which would be reimbursable as skilled nursing care under either the Medicare or Medicaid Home Health Programs.
Specialized Medical Equipment and Supplies	Specialized medical equipment and supplies to include devices, controls, or appliances, specified in the plan of care, which enable members to increase their abilities to perform activities of daily living, or to perceive, control, or communicate with the environment in which they live.
Therapy Services:	The development, implementation, management, and evaluation of an

Physical, Occupational, Speech/Language	individual care plan based on the physician's orders constitute skilled therapy services when, because of the member's condition, those activities require the involvement of a skilled therapist to meet the member's needs, promote recovery, and ensure medical safety.
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Institutional Transition Services	Institutional Transition Services are those services that are necessary to enable individuals to leave the institution and receive waiver services in their home and/or in the community.
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*Services that, with changes to certain settings, will fully comply with the regulatory requirements as the State will require remedial strategies and timelines for providers to come into full compliance.*

Adult Day Health	Services furnished on a regularly scheduled basis, for one or more days per week, in a community setting, encompassing both health and social services needed to ensure the optimal functioning of the individual.
Assisted Living	Assisted Living Services: Personal care and supportive services that are furnished to waiver members who reside in a homelike, non-institutional setting that includes 24-hour on-site response capability to meet scheduled or unpredictable resident needs and to provide supervision, safety and security.

*Services that do not comply with the regulatory requirements because they are provided in a nursing facility.*

Nursing Facility Respite	Services provided to individuals unable to care for themselves; furnished on a short-term basis because of the absence or need for relief of those persons normally providing the care. The cost of room and board will not be covered except when provided as part of respite care in a facility approved by the State that is not a private residence.
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## Homeward Bound

*Services that fully comply with the regulatory requirements because they are individually provided in the member's private home and allow the member full access to community living. Members get to choose what service and supports they want to receive and who provides them. Members are free to choose to seek employment and work in competitive settings, engage in community life and control their personal resources as they see fit.*

Agency Companion	A living arrangement developed to meet the specific needs of the member which offers live in companion for supervision, supportive assistance, and training in daily living skills provided in a home shared by the companion and the member.
Daily Living Supports	Daily Living Supports are provided to members in order to enable them to reside successfully in certain community-based settings; accomplishing tasks they would normally do for themselves if they did not have a disability. These services are furnished to adults, who reside in a home that is leased or owned

	by the member receiving services.
Habilitation Training Specialist Services	This includes services to support a member's self-care, daily living, adaptive and leisure skills needed to reside successfully in the community. Services are provided in community-based settings in a manner that contributes to a member's independence, self-sufficiency, community inclusion and well-being.
Environmental Accessibility Adaptations and Architectural Modification	Those architectural and environmental modifications and adaptations to the home, required by the member's plan of care, which are necessary to ensure the health, welfare and safety of the member or which enable the member to function with greater independence in the home.
Extended Duty Nursing	Extended Duty Nursing services are services provided to a member that may only be performed by a licensed nurse and are required for more than two consecutive hours in the member's home or other community setting. Services can include ongoing monitoring and evaluation of the member's health status, as well as performance of skilled tasks that may only be performed by a licensed nurse.
Family Counseling	Family counseling helps to develop and maintain healthy, stable relationships among all family members in order to support meeting the needs of the Member. Emphasis is placed on the acquisition of coping skills by building upon family strengths.
Family training	This training is specific to an individual member's needs. It is intended to allow the member's family to become more proficient in meeting the needs of the Member.
Homemaker	Services consisting of general household activities such as meal preparation and routine household care provided by a trained homemaker, when the individual regularly responsible for these activities is temporarily absent or unable to manage the home and care for him or herself or others in the home.
Intensive Personal Supports	Support services for members who need a more enhanced level of direct support in order to successfully reside in a community-based setting and to prevent institutionalization
Nursing	Nursing services provided in the member's home or other community setting are services requiring the specialized skills of a licensed nurse. Nursing services typically include detailed assessment and documentation of the member's health needs, development and implementation of the nursing plan of care, training, and coordination of care with other medical professionals and service providers.
Nutrition Services	Nutrition Services include dietary evaluation and consultation to members and their caregivers. Services are intended to maximize the member's nutritional health.
Physician Services (Provided by a Psychiatrist)	This service provides outpatient psychiatric services provided by a licensed Psychiatrist and will be comprised of diagnosis, treatment and prevention of mental illness. These services will also include review, assessment and monitoring of psychiatric conditions, evaluation of the current plan of treatment and recommendations for a continued and/or revised plan of treatment and/or therapy, including required documentation.
Prescribed Drugs	Prescribed drugs available through the approved State plan will be provided,

	except that the limitations on amount, duration and scope specified in the plan will not apply. The State Plan prescribed drug benefits for waiver members include both brand and generic medications. Brand name drugs where no generic equivalent is available must be prior authorized. Prior authorization is also required on generic drugs in excess of State Plan and Extended State Plan benefits.
Specialized Medical Supplies and Assistive Technology	Specialized Medical Supplies include supplies specified in the plan of care which enable members to increase their abilities to perform activities of daily living. This service also includes the purchase of ancillary supplies.
Therapy Services: Occupational	The services of an occupational therapist are necessary to assess the beneficiary's needs, to develop goals (to be approved by the physician), to manufacture or adapt the needed equipment to the beneficiary's use, to teach compensatory techniques, to strengthen the beneficiary as necessary to permit use of compensatory techniques, and to provide activities which are directed toward meeting the goals governing increased perceptual and cognitive function.
Therapy Services: Physical	Physical Therapy services prevent physical disability through the evaluation and rehabilitation of individuals disabled by pain, disease or injury. Services are intended to help the Member achieve greater independence to reside and participate in the community.
Therapy Services: Speech	Speech Therapy includes evaluation, treatment and consultation in communication and oral motor-feeding activities provided to members. 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 Individual Plan (Plan).
Transportation	Service offered in order to promote inclusion in the community, access to programs and services and participation in activities to enhance community living skills, specified in the plan of care. Transportation services under the waiver are offered in accordance with the member's Individual Plan (Plan).
Respite – Group Home, Community Site, Agency Companion Home, Specialized Foster Care or ICF-ID	Services provided to individuals unable to care for themselves; furnished on a short-term basis because of the absence or need for relief of those persons normally providing the care. The cost of room and board will not be covered except when provided as part of respite care in a facility approved by the State that is not a private residence.

*Services that are not provided in the members private home, but also fully comply with the regulatory requirements. Members get to choose what service and supports they want to receive and who provides them. Nursing Facility Respite complies with 42 CFR 441.301(c)(4)-(5).*

Dental Services	Dental services include maintenance or improvement of dental health as well as relief of pain and infection.
Institutional Transition Services	Institutional Transition Services are those services that are necessary to enable individuals to leave the institution and receive waiver services in their home and/or in the community.
Specialized Foster Care/ Specialized Family Home/Care	Specialized Foster Care (also known as Specialized Family Home/Care) is an individualized living arrangement offering up to 24 hour per day supervision, supportive assistance and training in daily living skills. Services are intended to

	allow a member to reside with a surrogate family. Services are provided to one to three members in the home in which the Specialized Foster Care provider resides.
Psychological Services	Psychological services include evaluation, psychotherapy, consultation and behavioral treatment. Services are provided in any community setting as specified in the Member's service plan.
Supported Employment	Supported employment is conducted in a variety of settings, particularly work sites, in which persons without disabilities are employed. Supported employment includes activities that are outcome based and needed to sustain paid work by members, including supervision and training
Audiology Services	Audiology Services include individual evaluation, treatment and consultation in hearing intended to maximize the member's auditory receptive abilities.

*Services that, with changes to certain settings, will fully comply with the regulatory requirements as the State will require remedial strategies and timelines for providers to come into full compliance.*

Adult Day Health	Services furnished on a regularly scheduled basis, for one or more days per week, in a community setting, encompassing both health and social services needed to ensure the optimal functioning of the individual.
Group Home Services	Services are provided in licensed homes for up to 12 members. Services are developed in accordance with the needs of the member and include supports to assist members in acquiring, retaining and improving self-care, daily living, adaptive and leisure skills needed to reside successfully in a shared home within the community.
Prevocational Services	Services are aimed at preparing an individual for paid or unpaid employment, but are not job-task oriented. Services include teaching such concepts as compliance, attendance, task completion, problem solving and safety.

## Community

*Services that fully comply with the regulatory requirements because they are individually provided in the member's private home and allow the client full access to community living. Members get to choose what service and supports they want to receive and who provides them. Members are free to choose to seek employment and work in competitive settings, engage in community life and control their personal resources as they see fit.*

Agency Companion	A living arrangement developed to meet the specific needs of the member which offers a live-in companion for supervision, supportive assistance, and training in daily living skills provided in a home shared by the companion and the member. This companion is employed by an agency, but is selected by the waiver member, and is usually a person with whom the member has a personal relationship.
Daily Living Supports	Daily Living Supports are provided to members in order to enable them to reside successfully in certain community-based settings; accomplishing tasks they would normally do for themselves if they did not have a disability. These services are furnished to adults, who reside in a home that is leased or owned by the member receiving services.



Environmental Accessibility Adaptations and Architectural Modification	Those architectural and environmental modifications and adaptations to the home, required by the member's plan of care, which are necessary to ensure the health, welfare and safety of the member or which enable the member to function with greater independence in the home.
Extended Duty Nursing	Extended Duty Nursing services are services provided to a member that may only be performed by a licensed nurse and are required for more than two consecutive hours in the member's home or other community setting.
Family Counseling	Family Counseling, offered specifically to members and their natural, adoptive or foster family members, helps to develop and maintain healthy, stable relationships among all family members in order to support meeting the needs of the member.
Family Training	Family Training services include instruction in skills and knowledge pertaining to the support and assistance of members. Services are intended to allow families to become more proficient in meeting the needs of members; provided in any community setting; provided in either group or individual formats; for members served through an OKDHS/DDSD HCBS waiver and their families.
Habilitation Training Specialist Services	This includes services to support a member's self-care, daily living, adaptive and leisure skills needed to reside successfully in the community. Services are provided in community-based settings in a manner that contributes to a member's independence, self-sufficiency, community inclusion and well-being.
Homemaker	Services consisting of general household activities such as meal preparation and routine household care provided by a trained homemaker, when the individual regularly responsible for these activities is temporarily absent or unable to manage the home and care for him or herself or others in the home.
Intensive Personal Support	Support services for members who need a more enhanced level of direct support in order to successfully reside in a community-based setting and to prevent institutionalization. This service builds upon the level of support provided by a Habilitation Training Specialist or Daily Living Supports staff by utilizing an additional staff person to provide assistance and training in self-care, daily living, recreation and habilitation activities.
Nursing	<p>Nursing services provided in the member's home or other community setting are services requiring the specialized skills of a licensed nurse. Nursing services typically include detailed assessment and documentation of the member's health needs, development and implementation of the nursing plan of care, training, and coordination of care with other medical professionals and service providers. Services are provided when nursing services furnished under SoonerCare plan limits are exhausted. The scope and nature of these services do not otherwise differ from nursing services furnished under SoonerCare.</p> <p>Nursing services are provided on an intermittent or part-time basis and provided on a per visit basis. These intermittent nursing services are targeted toward a prescribed treatment or procedure that must be performed at a specific time or other predictable rate of occurrence and may only be performed by a licensed nurse.</p>

	Nursing Services that are targeted toward training and evaluation are authorized for training members and their caregivers on the member's unique health and medical needs.
Nutrition Services	Nutrition Services include dietary evaluation and consultation to members and their caregivers. Services are intended to maximize the member's nutritional health.
Prescribed Drugs	Drugs in excess of SoonerCare limits for members who are not eligible for Part D of Medicare Prescription Drug, Improvement and Modernization Act of 2003, except when the drug is specifically excluded from Part D coverage.
Respite	Services provided to members unable to care for themselves and furnished on a short-term basis because of the absence or need for relief of those persons normally providing the care. Respite care is provided in the following locations: member's home or place of residence.
Specialized Medical Equipment and Assistive Technology	Specialized Medical Supplies include supplies specified in the plan of care which enable members to increase their abilities to perform activities of daily living. This service also includes the purchase of ancillary supplies not available under SoonerCare.
Therapy Services: Occupational	Occupational Therapy Services include the evaluation, treatment and consultation in leisure management, daily living skills, sensory motor, perceptual motor and mealtime assistance. Services are intended to contribute to the member's ability to reside and participate in the community. Services are rendered in any community setting as specified in the member's Individual Plan (Plan). The member's Plan must include a Physician or Advanced Practice Nurse prescription.
Therapy Services: Physical	Physical Therapy Services include the evaluation, treatment, and consultation in locomotion or mobility and skeletal and muscular conditioning, and maximize the member's mobility and skeletal/muscular well-being. Services are provided in any community setting as specified in the member's Individual Plan (Plan). The Plan must include a Physician's prescription.
Therapy Services: Speech	Speech Therapy includes evaluation, treatment and consultation in communication and oral motor-feeding activities provided to members. 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 Individual Plan (Plan).
Community Transition Services	Community Transition Services are one-time set-up expenses for members transitioning from an ICF-ID or provider-operated residential setting to their own home or apartment. Services are furnished only when the member is unable to meet such expense and must be authorized in the member's Individual Plan (Plan).

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Dental Services	Dental Services include maintenance or improvement of dental health as well as relief of pain and infection.
Physician Services (provided by a	This service provides outpatient psychiatric services provided by a licensed Psychiatrist and will be comprised of diagnosis, treatment and prevention of

Psychiatrist)	mental illness. These services will also include review, assessment and monitoring of psychiatric conditions, evaluation of the current plan of treatment and recommendations for a continued and/or revised plan of treatment and/or therapy, including required documentation.
Specialized Foster Care also known as Specialized Family Home/Care	Specialized Foster Care (also known as Specialized Family Home/Care) is an individualized living arrangement offering up to 24 hour per day supervision, supportive assistance and training in daily living skills. Services are intended to allow a member to reside with a surrogate family.
Supported Employment	Supported employment is conducted in a variety of settings, particularly work sites, in which persons without disabilities are employed. Supported employment includes activities that are outcome based and needed to sustain paid work by members, including supervision and training.
Transportation	Service offered in order to promote inclusion in the community, access to programs and services and participation in activities to enhance community living skills, specified in the plan of care, and includes transportation to services not SoonerCare reimbursable. Transportation services under the waiver are offered in accordance with the member's Individual Plan (Plan).
Respite	Services provided to members unable to care for themselves and furnished on a short-term basis because of the absence or need for relief of those persons normally providing the care. Respite care is provided in the following locations: approved community site, group home, Agency Companion home, Specialized Foster Care home or Medicaid certified ICF-ID.
Psychological Services	Psychological Services include evaluation, psychotherapy, consultation and behavioral treatment. Services are provided in any community setting as specified in the member's Individual Plan (Plan).
Audiology Services	Audiology Services include individual evaluation, treatment and consultation in hearing intended to maximize the member's auditory receptive abilities.

*Services that, with changes to certain settings, will fully comply with the regulatory requirements as the State will require remedial strategies and timelines for providers to come into full compliance.*

Adult Day Health	This service provides 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 functioning. Services are provided in a non-residential setting separate from the home or facility where the member resides.
Group Home	Services are provided in licensed homes for up to 12 members. Services are developed in accordance with the needs of the member and include supports to assist members in acquiring, retaining and improving self-care, daily living, adaptive and leisure skills needed to reside successfully in a shared home within the community.
Prevocational Services	These are services not available under a program funded under section 110 of the Rehabilitation Act of 1973 or section 602(16) and (17) of the Individuals with Disabilities Education Act (20 U.S.C. 1401(16 and 17)). Services are aimed

	at preparing an individual for paid or unpaid employment, but are not job-task oriented. Services include teaching such concepts as compliance, attendance, task completion, problem solving and safety. Prevocational services are provided to members not expected to be able to join the general work force or participate in a transitional sheltered workshop within one year (excluding supported employment programs).
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**IHSW Ch.**

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Environmental Accessibility Adaptations and Architectural Modification	Those architectural and environmental modifications and adaptations to the home, required by the member's Plan, which are necessary to ensure the health, welfare and safety of the member or which enable the member to function with greater independence in the home.
Family Training	Family Training services include instruction in skills and knowledge pertaining to the support and assistance of members. Services are intended to allow families to become more proficient in meeting the needs of members; provided in any community setting; provided in either group or individual formats; for members served through an OKDHS/DDSD HCBS waiver and their families.
Habilitation Training Specialist Services	This includes services to support the service member's self-care, daily living, adaptive and leisure skills needed to reside successfully in the community. Services are provided in community-based settings in a manner that contributes to a member's independence, self-sufficiency, community inclusion and well-being.
Respite	Respite Services are provided to service members unable to care for themselves; furnished on a short-term basis because of the absence or need for relief of those persons normally providing the care. Respite Services will be provided in the following locations: service member's home or place of residence.
Specialized Medical Equipment and Assistive Technology	Specialized Medical Supplies include supplies specified in the plan of care which enable members to increase their abilities to perform activities of daily living. This service also includes the purchase of ancillary supplies not available under SoonerCare.
Self-Directed Goods and Services (SD-GS)	Self-Directed Goods and Services (SD-GS) are incidental, non-routine goods and services that promote the member's self-care, daily living, adaptive functioning, general household activity, meal preparation and leisure skills needed to reside successfully in the community and do not duplicate other services authorized in the member's plan of care.
Therapy Services: Occupational	Assessment service for the purpose of architectural modification specific to the member's need for architectural or home modifications. This service is an on-

	<p>site assessment of the member's home that is not included in most routine Occupational Therapy (OT) evaluations. If the existing OT evaluation or assessment includes architectural modification needs and assessment, a second home/architectural modification assessment would not be required or authorized. These assessments address modifications such as roll-in showers, door widening, modification of kitchens, etc.</p> <p>Therapy services are not available through this waiver and should be accessed under provisions of the Medicaid State Plan EPSDT.</p>
Therapy Services: Physical	<p>Assessment service for the purpose of architectural modification specific to the member's need for architectural or home modifications. This service is an on-site assessment of the member's home that is not included in most routine Physical Therapy (PT) evaluations. If the existing PT evaluation or assessment includes architectural modification needs and assessment, a second home/architectural modification assessment would not be required or authorized. These assessments address modifications such as roll-in showers, door widening, modification of kitchens, etc. Therapy services are not available through this waiver and should be accessed under provisions of the Medicaid State Plan EPSDT.</p>

**IHSW A.**

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Audiology Services	Audiology services include individual evaluation, treatment and consultation in hearing intended to maximize the member's auditory receptive abilities.
Environmental Accessibility Adaptations and Architectural Modification	Those architectural and environmental modifications and adaptations to the home, required by the member's Plan, which are necessary to ensure the health, welfare and safety of the member or which enable the member to function with greater independence in the home.
Family Counseling	Family counseling, offered specifically to members and their natural, adoptive or foster family members, helps to develop and maintain healthy, stable relationships among all family members in order to support meeting the needs of the member.
Family Training	Family Training services include instruction in skills and knowledge pertaining to the support and assistance of members. Services are intended to allow families to become more proficient in meeting the needs of members; provided in any community setting; provided in either group or individual formats; for members served through an OKDHS/DDSD HCBS waiver and their families.
Habilitation Training Specialist Services	This includes services to support a member's self-care, daily living, adaptive and leisure skills needed to reside successfully in the community. Services are provided in community-based settings in a manner that contributes to a

	member's independence, self-sufficiency, community inclusion and well-being.
Homemaker	Services consisting of general household activities such as meal preparation and routine household care provided by a trained homemaker, when the individual regularly responsible for these activities is temporarily absent or unable to manage the home and care for him or herself or others in the home.
Nutrition Services	Nutrition services include dietary evaluation and consultation to members and their caregivers. Services are intended to maximize the member's nutritional health.
Prescribed Drugs	Drugs in excess of SoonerCare limits for members who are not eligible for Part D of Medicare Prescription Drug, Improvement and Modernization Act of 2003, except when the drug is specifically excluded from Part D coverage.
Respite	Services provided to members unable to care for themselves and furnished on a short-term basis because of the absence or need for relief of those persons normally providing the care. Respite care is provided in the following locations: member's home or place of residence.
Self-Directed Goods and Services (SD-GS)	Self-Directed Goods and Services (SD-GS) are incidental, non-routine goods and services that promote the member's self-care, daily living, adaptive functioning, general household activity, meal preparation and leisure skills needed to reside successfully in the community and do not duplicate other services authorized in the member's plan of care.
Specialized Medical Supplies and Assistive Technology	Specialized Medical Supplies include supplies specified in the plan of care which enable members to increase their abilities to perform activities of daily living. This service also includes the purchase of ancillary supplies not available under SoonerCare.
Therapy Services: Occupational	Occupational therapy includes the evaluation, treatment and consultation in leisure management, daily living skills, sensory motor, perceptual motor and mealtime assistance. Services are intended to contribute to the member's ability to reside and participate in the community. Services are rendered in any community setting as specified in the member's Plan. The member's Plan must include a Physician or Advanced Practice Nurse prescription.
Therapy Services: Physical	Physical Therapy Services include the evaluation, treatment and consultation in locomotion or mobility and skeletal and muscular conditioning, and maximize the member's mobility and skeletal/muscular well-being. Services are provided in any community setting as specified in the member's Plan. The Plan must include a Physician's prescription.
Therapy Services: Speech	Speech therapy includes evaluation, treatment and consultation in communication and oral motor-feeding activities provided to members. 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 Plan.

*Services that are not provided in the members private home, but also fully comply with the regulatory requirements. Members get to choose what service and supports they want to receive and who provides them.*

Dental Services	Dental services include maintenance or improvement of dental health as well as relief of pain and infection.
Physician Services (provided by a	This service provides outpatient psychiatric services provided by a licensed Psychiatrist and will be comprised of diagnosis, treatment and prevention of

Psychiatrist)	mental illness. These services will also include review, assessment and monitoring of psychiatric conditions, evaluation of the current plan of treatment and recommendations for a continued and/or revised plan of treatment and/or therapy, including required documentation.
Supported Employment	Supported employment is conducted in a variety of settings, particularly work sites, in which persons without disabilities are employed. Supported employment includes activities that are outcome based and needed to sustain paid work by members, including supervision and training.
Psychological Services	Psychological services include evaluation, psychotherapy, consultation and behavioral treatment. Services are provided in any community setting as specified in the member's Plan.
Respite	Services provided to members unable to care for themselves and furnished on a short-term basis because of the absence or need for relief of those persons normally providing the care. Respite care is provided in the following locations: approved community site, group home, Agency Companion home, Specialized Foster Care home or Medicaid certified ICF-ID.
Transportation	Services offered in order to promote inclusion in the community, access to programs and services and participation in activities to enhance community living skills specified in the plan of care, and includes transportation to services not SoonerCare reimbursable. Transportation services under the waiver are offered in accordance with the member's Plan.

*Services that, with changes to certain settings, will fully comply with the regulatory requirements as the State will require remedial strategies and timelines for providers to come into full compliance.*

Adult Day Services	This service provides 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 functioning. Services are provided in a non-residential setting separate from the home or facility where the member resides.
Prevocational Services	These are services not available under a program funded under section 110 of the Rehabilitation Act of 1973 or section 602(16) and (17) of the Individuals with Disabilities Education Act (20 U.S.C. 1401(16 and 17)). Services are aimed at preparing an individual for paid or unpaid employment, but are not job-task oriented. Services include teaching such concepts as compliance, attendance, task completion, problem solving and safety. Prevocational services are provided to members not expected to be able to join the general work force or participate in a transitional sheltered workshop within one year (excluding supported employment programs).

### **Public Input Process**

The State sought input from the public on the State's statewide transition plan during the Stakeholder Meeting on March 10, 2015. Final results of the surveys and transition plan will be presented at the second public meeting on April 28, 2015. The State will also conduct a tribal consultation on May 5, 2015 in accordance with State plan requirements.

Notice regarding the statewide transition plan was published in the five (5) largest newspapers: The Daily Oklahoman, Tulsa World, Lawton Constitution, Norman Transcript, and Tulsa Business & Legal News (Broken Arrow). Additionally, the statewide transition plan was posted to the State's website, and the State provided a 30-day comment period. The transition plan was posted on April 10, 2015 to May 10, 2015.

**Following the SWTP Stakeholder Meeting on March 10, 2015, the following comments were made:**

Q: One commenter posed the question if the DD population received the individual surveys?

A: The State utilized the National Core indicator data (NCI) and the AIM surveys.

Q: What does NCI stand for?

A: National Core Indicator – 40 states use the National Core Indicators, it is a qualitative measure. Our plan is to pull a representative sample from every type of service we provide and over time include those people in our NCI survey. The NCI survey is administered by contract through Oklahoma State University (OSU) by Dr. Jennifer Jones which most of you know. She and her staff will be trained in August of this year (2015) with some updates that NCI is going to add. There will be additional data elements because I think all 40 states are using this data as an ongoing mechanism to engage their compliance with the community integration piece that is in the CMS regulation.

Q: So, do they interview the families of the individuals or just the sites?

A: There is a subset of family interviews but they also interview the person themselves.

Q: You mentioned provider surveys; does that mean you are going to talk directly to the provider agencies?

A: Yes ma'am.

Q: Is this more of a satisfaction survey or is it proving that there is choice in involved?

A: No, we are going to take our existing survey process so it is nothing new for us and you add some questions, we aren't sure what we are going to add just yet as we are not aware of what NCI is going to add. Anything that NCI doesn't cover we (DDS) agree to cover. We don't know that until summer.

Q: Do you see any program changes having to be made because of the rule changes?

A: I do, I think we can do them but we will have to really assure that we meet the community integration requirements set out in the new CMS regulation. We are really progressive in Oklahoma so it's not out of reach for us like is it for some states. For example, thousands of people are in sheltered workshops and don't have much community integration in some settings. For example, in a sheltered workshop we are going to have to work with the individuals and the service provider to make sure that the services has some sort of community integration.

Q: The new requirements are they on the CMS website?

A: Yes they are.

Q: Is there a certain percentage if they are in a sheltered workshop for 6 hours a day? Is there a certain percentage of time that day that the community needs to come in or go out, or do you just need to show that a portion of each day?

A: Portion of each day.



Q: If this is all about choice and I am assuming that it is because DDS has lived on the philosophy of choice for years as their service programs are built around the individuals choice; it would seem to me that mandating participation in something is not particularly promoting choice. If the person is participating in something or has made the option to be where they are or doing what they are doing is that choice?

A: We can show you in the regulation where this is addressed in the Question and Answer section. We have a responsibility to offer every adult competitive employment not that every person will have a job making minimum wage but we have to offer it. It has been our practice to offer it when we are in residential settings it has not been our practice to offer it every time someone is in the home. But we are going to be required to offer it now.

Q: This has always been your practice?

A: Yes, it has been our practice. We will have to make sure that we identify in the plan that we offered the services. If you are in any HCBS services we have to ensure that you are getting community services.

Q: Are the individual transition plans still out on the web site?

A: Yes.

Q: In the last meeting you said that you were going out and interviewing members, where any from the DD waiver?

A: The DD members' interviews begin in July once the new assessment is completed. Those members on the MLMC, SS and MF (internal waivers) were interviewed and those will continue.

Q: There are some individuals with developmental disabilities use aging funds for day programs is that state funded? So they wouldn't have been in the set of people?

A: We have people in adult care funded by both the waivers and state funds.

Q: Could they be approached?

A: If they are served by the waiver, yes.

Q: On one of the elements listed for the Conflict free case management, what does that mean?

A: Prior to the new rule one could previously write the service plan and provide the service. That is no longer the case. The rule is specific to the separation of the person who develops and providers of other HCBS services.

Q: What were some of the challenges of the surveys?

A: Assisted Living and Adult day had issues with roommates and having the freedom to having a meal when the member wanted to. There are times where you have to consider, nutritional requirement, Prater Willi syndrome, etc.

Q: Now that you have information that there wasn't enough choice with roommate that there are some issues with controlling their own schedule, now that you have identified those issues, now what?

A: We will tell CMS how we will remediate and the timeframe that we will give for the remediation to be completed.

After reviewing the above listed questions and answers, The State determined the questions were for clarification and did not have any effect on the development of the SWTP.

Following the public hearing meeting that will be held on April 28, 2015; the State will post all comments to the OHCA website and will be made available in writing per request on May 11, 2015.

**Following the SWTP Public Meeting on April 28, 2015, the following comments were made:**

Q: What are the additional surveys and what do surveys look like and what is the process?

A: That assessment went out to individual homes, because we had the NCI Data for setting(s) for Assisted Living and Adult Day, for member(s) in My Life; My Choice, Sooner Seniors and Medically Fragile.

Q: How did you gather the data for ADvantage waiver?

A: Advantage waiver conducts their own survey and we use the NCI data for all DDS waivers.

Q: Will the Nursing Facility Respite ever be in compliance?

A: We don't know if we will ever be in complete compliance because of the services being provided in an Institution/ Nursing Facility. However, we have explained that to CMS in writing for Nursing Facility Respite.

Q: What are some of the problematic areas you were seeing in Assisted Living?

A: One of the areas of concern was if the member had a choice of roommates, and if the member has choice of meal time.

Q: If there is an 85 percent compliance total statewide, will there be a follow up for Adult Day that is below the 85 percent?

A: We would prefer every Adult Day facility meet the 85%, We have until 2019 to assure every Adult Day facility meets the 85 %, which we will continue to provide survey and onsite visits to ensure each Adult Day complies and meet the 85%.

Q: If the NCI data report shows an Adult Day facility is out of compliance, how will the facility be notified?

A: The NCI data report is not broken down by Adult Day facility. The NCI data is broken down by the State (percentage) as a hold. Example: If Adult Day facilities are not in compliance. The agency is required going forward to pull a *sample* of setting type and conduct a survey and onsite visit from the pulled sample.

Q: Can you provide a list of NCI Data questions?

A: We can provide you with NCI Data document or the website to the NCI Data document.

Q: When the State auditors come out for an audit visits, will they be using the same NCI data questions?

A: We will use the same NCI data questions to ensure compliance.

**The SWTP Public Comments are as follows:**

**Comment:** In Background section under ADvantage should it say "Serves frail not fail elderly"? The MFW services need to include Nutrition Services as the medically fragile are most vulnerable for chronic medical conditions impacting nutritional status, such as dysphagia, enteral nutrition including oral nutrition supplementation and tube-feeding, skin problems, GI problems, behavioral health nutrition problems, etc.

**Response:** OHCA has changed "fail to frail" in the background section under Advantage on the Statewide Transition Plan. OHCA is aware that nutritional services within the Medically Fragile Waiver have been suggested in prior comments. OHCA will further research nutritional services and how it may be an asset to the Medically Fragile Waiver program.

**Comment:** I think that this is a wonderful idea and will cut down on agencies that have one primary office, but then have clinicians seeing people across the state with little oversight. My agency has 3 locations that provide services to area citizens... but for people that are homebound, clinicians can go to homes on rare occasions. What will agencies need to do to get waivers granted for therapy purposes... who is going to oversee this process for mental health services?

**Response:** OHCA would like more clarification on your comments in reference to the Statewide Transition Plan. If you could please clarify what section of the Statewide Transition Plan your comments are referencing we would be happy to respond. 04.15.2015; also called Ms. White on 04.23.2015 as she had not responded to the email. She said she was driving and would try to respond later.

**Comment:** Words missing: Should this not say "serves individuals up to 19 yrs of age" or "through 19 yrs of age"? \*Medically Fragile – Serves individuals 19 years of age and older who meet hospital and/or skilled nursing level of care. The purpose of the waiver is to provide assistance for families who require long-term supports and services to maintain the medically fragile member in the family home while meeting their unique medical needs.

**OHCA Response:** OHCA has corrected the Medically Fragile Waiver description. The sentence now reads: \*Medically Fragile – Serves individuals 19 years of age and older who meet hospital and/or skilled nursing level of care.

**Comment:** Re: Public Comments Regarding Oklahoma's Statewide Transition Plan for Home and Community Based Service Settings Oklahoma Health Care Authority 4345 N. Lincoln Blvd. Oklahoma City, Oklahoma 73105. Attention: Long Term Care Administration 1915(c) Waivers. To Whom It May Concern: On behalf of Caregiver Homes, a division of Seniorlink, I am pleased to submit these comments in response to Oklahoma's Statewide Transition Plan for Home and Community Based Service (HCBS) Settings. It is clear that Oklahoma has a strong history of ensuring that individuals receiving HCBS are integrated in and have access to supports in the community, including opportunities to seek employment, work in competitive integrated settings, engage in community life, and control personal

resources. Commensurate with achieving this goal is ensuring that family caregivers are supported. We note Oklahoma's strong commitment to supporting family caregivers was recently recognized in AARP's Long Term Supports and Services Scorecard, which ranked Oklahoma 9<sup>th</sup> in the Supports for Family Caregiver's Category. Caregivers are the backbone of long term services and supports, caring for consumers for extended periods of time, mostly with little or no professional support. States are increasingly recognizing caregivers for the important role they play in not only providing in-home, long term supports but also in containing health care costs by helping to coordinate primary and specialty care, and avoiding hospitalizations and other costly institutional care. Structured Family Caregiving is utilized in multiple states to support elders and consumers with disabilities to live independently in their homes with the support of full-time caregivers. Caregiver Homes delivers Structured Family Caregiving to more than 2,700 consumers across six states (MA, CT, RI, IN, OH, and LA). We also expect to be offering the service in Texas by the end of the year. We support adults of all ages who have significant need for assistance with personal care such as bathing, ambulating, and toileting, and complex medical and behavioral conditions. We are supporting individuals - who would otherwise need services in more restrictive and expensive settings - to receive needed supports at home. As you evaluate each service and setting in Oklahoma's 1915(c) waivers for compliance with the HCBS Final Rule, you will certainly note how the program elements of Structured Family Caregiving allow consumers the freedoms associated with community living and contemplated in the HCBS Final Rule.

- Ability for family members and non-family members to serve as paid caregivers - a passionate, committed, and high quality workforce; reduces utilization of skilled direct service workforce by supporting consumer's natural supports;
- Provider agency oversight and support of caregivers – this is key to long-lasting, high quality and better coordinated services, and promotes access by streamlining processes for credentialing caregivers and qualifying home settings;
- Daily payment rates that allow for modest caregiver financial stipends and sufficient provider agency staff support (*e.g.* home visits) while remaining less than the cost of skilled nursing facility payments and other institutional payment rates; and
- Access to complementary home and community based services to enable appropriate respite for committed, full-time caregivers, and access to the community for consumers

Caregiver Homes believes Structured Family Caregiving naturally aligns with Oklahoma's goal as highlighted in its State Plan on Aging to ensure that the HCBS package "Enables seniors to remain in their own homes with high quality of life for as long as possible through the provision of home and community-based services, including supports for family caregivers." We would appreciate the opportunity to continue our dialogue with you about our experience working with states to develop this service, including assisting with the development of necessary Waiver language to authorize Structured Family Caregiving. We would also like to highlight our efforts in identifying measurable quality outcomes such as reductions in falls and other hospitalizations, and improving outcomes in consumers with dementia. Lastly, we are available to answer any further questions you may have about how this service operates within traditional fee-for-service models as well as in coordinated and managed care environments. Thank you again for the opportunity to comment on Oklahoma's Statewide Transition Plan for Home and Community Based Service Settings. If we can provide you with any further additional

information or if would like to learn more about Structured Family Caregiving, please feel free to contact Rick Henley, Regional Director of Government Relations at [rhenley@seniorlink.com](mailto:rhenley@seniorlink.com) or 985-687-1161.  
Sincerely, Rick Henley Regional Director of Government Relations Seniorlink

**OHCA Response:** OHCA would like to thank you for your comments in reference to the Statewide Transition Plan. Thank you for the information you provided on Structured Family Caregiving. Your comments will be submitted to leadership here at OHCA.