

# APPENDIX K: Emergency Preparedness and Response

**Background:**

This standalone appendix may be utilized by the state during emergency situations to request amendment to its approved waiver. It includes actions that states can take under the existing Section 1915(c) home and community-based waiver authority in order to respond to an emergency. Other activities may require the use of various other authorities such as the Section 1115 demonstrations or the Section 1135 authorities.<sup>i</sup> This appendix may be completed retroactively as needed by the state.

## Appendix K-1: General Information

**General Information:**

A. State: Oklahoma

B. Waiver Title: Community Waiver  
Homeward Bound Waiver

C. Control Number: OK.0179.R06.04 (Community Waiver)  
OK.0399.R03.04 (Homeward Bound Waiver)

D. Type of Emergency (The state may check more than one box):

<input checked="" type="checkbox"/>	Pandemic or Epidemic
<input type="checkbox"/>	Natural Disaster
<input type="checkbox"/>	National Security Emergency
<input type="checkbox"/>	Environmental
<input type="checkbox"/>	Other (specify):

E. **Brief Description of Emergency.** *In no more than one paragraph each*, briefly describe the: 1) nature of emergency; 2) number of individuals affected and the state’s mechanism to identify individuals at risk; 3) roles of state, local and other entities involved in approved waiver operations; and 4) expected changes needed to service delivery methods, if applicable. The state should provide this information for each emergency checked if those emergencies affect different geographic areas and require different changes to the waiver.

**1) Nature of Emergency:**

On January 31, 2020 the United States Secretary of Health and Human Services declared a public health emergency due to an outbreak of Coronavirus Disease 2019 (COVID-19). The President of the United States declared a national emergency due to COVID-19 on

March 13, 2020. The virus was first detected in China and has since spread to more than 100 locations internationally, including the United States. Older people and people of all ages with severe underlying health conditions appear to be at higher risk of developing serious COVID-19.

**2) Number of individuals affected and the state's mechanism to identify individuals at risk:**

As of March 22, 2020, there are 15,219 cases of COVID-19 and 201 deaths in the U.S. In Oklahoma, there are currently 67 confirmed cases, 102 results pending cases and two deaths. Approximately 3,474 individuals receive services through these waivers. To reduce the spread of the virus, many schools and businesses have closed. The state has identified probable negative impact on all waiver members and providers. This waiver amendment is applicable to all waiver members.

**3) Roles of state, local and other entities involved in approved waiver operations:**

Roles of state, local, and other entities involved in approved waiver operations are defined in Appendix A. The Oklahoma State Department of Health (OSDH) is working with federal partners at the Center for Disease Control (CDC) in monitoring the developing outbreak. The OSDH is providing information to local health departments and healthcare providers across Oklahoma on how to safely and effectively evaluate ill people. The OSDH will continue to monitor the situation, work with partners to identify any possible cases, provide information and consultation to ensure that possible cases are managed safely, support laboratory testing, and implement recommendations from the CDC.

**4) Expected changes needed to service delivery methods, if applicable. The state should provide this information for each emergency checked if those emergencies affect different geographic areas and require different changes to the waiver:**

- Temporarily allow Supported Employment providers to perform the duties of a Habilitation Training Specialist (HTS) in the event of reduced resources.
- Temporarily allow HTS services to be participant directed.
- Temporarily expand settings where Prevocational services and Adult Day services may be delivered.
- Temporarily allow members to receive waiver services in another state.
- Temporarily modify Specialized Foster Care provider qualifications by reducing frequency of verification from twice a year to once a year.
- Temporarily change staffing ratios for members and allow DHS/DDS case management to conduct required monitoring using Health Insurance Portability and Accountability Act (HIPAA) compliant phone and/or video conferencing.
- Temporarily update the medical examination requirements for initial and annual level of care evaluations. Also, for annual evaluations, timelines have been extended to allow a social summary that is current within 24 months of requested waiver approval date and other required reassessments may be delayed by up to 12 months.
- Temporarily modify person-centered service plan development to allow authorization of service prior to updating the Individual Plan.

- Temporarily suspend requirements to allow visitors except for certain compassionate care situations, such as an end-of-life situation.
- Temporarily suspend requirements for community activities and community integrated employment
- Temporarily allow the use of non-prescription medication without approval from a licensed healthcare professional.
- Temporarily extend the deadline for providers to submit critical and non-critical incident reports.
- Temporarily allow for payment of HTS services to assist with communication and stabilization when a member with COVID-19 or COVID-19 like symptoms is in a short-term care facility or hospital, not to exceed 30 consecutive days.
- Temporarily allow Daily Living Supports and Agency Companion providers an extension of retainer payments from the currently approved 14 days to the lesser of 30 consecutive days or the number of days the State will pay the bedhold (60 per year), in order to maintain staff.
- Temporarily allow professional providers to utilize HIPAA compliant telehealth.
- Temporarily allow the use of monitoring via HIPAA compliant phone or video conferencing in the Daily Living Support service setting.
- Temporarily allow the provision of the Daily Living Supports service in the home of a provider staff member when, due to staffing shortages, it is required for the safety and well-being of the member.
- Temporarily allow provider agencies to share staff in the event of staff shortage due to a declared emergency and to ensure the safety and well-being of members served. Provider staff who have a background check on file, conducted within 18 months of the current date, are not required to have a new background check. New provider agency staff must obtain a background check within 45 days of employment.
- Temporarily allow prescriptions from a contracted qualified health professional, when authorizing Occupational Therapy, Physical Therapy, Nutrition or Speech Therapy services, to be current within the previous 24 months.
- Temporarily allow providers to monitor an employment site via HIPAA compliant phone or video conferencing when the Team determines, using a risk assessment tool, it is safe to do so.
- Temporarily allow Specialized Medical Supplies and Assistive Technology to be billed without a referring/ordering physician on the claim.

The state is requesting immediate implementation to avoid any adverse effect on member health and safety and provider capacity to deliver services. Should a provider be unable to deliver services during this emergency, another active DHS/DDS waiver service provider will be authorized immediately, and the member's service plan will be updated.

#### **F. Proposed Effective Date:**

**Start Date: January 27, 2020    Anticipated End Date: December 31, 2020**

#### **G. Description of Transition Plan.**

Any temporary modifications made during the state of emergency will revert back to original form when the declarations of emergency have been revoked and the threat of COVID-19 has ended. In the event it is determined this change may adversely affect a member, the member and his/her Team will discuss the member's needs and options available to meet those needs. Person-centered planning is used in all phases of the service development process.

**H. Geographic Areas Affected:**

Entire state of Oklahoma

**I. Description of State Disaster Plan (if available) *Reference to external documents is acceptable:***

**Appendix K-2: Temporary or Emergency-Specific Amendment to Approved Waiver**

**Temporary or Emergency-Specific Amendment to Approved Waiver:**

*These are changes that, while directly related to the state's response to an emergency situation, require amendment to the approved waiver document. These changes are time limited and tied specifically to individuals impacted by the emergency. Permanent or long-ranging changes will need to be incorporated into the main appendices of the waiver, via an amendment request in the waiver management system (WMS) upon advice from CMS.*

**a. \_\_\_ Access and Eligibility:**

**i. \_\_\_ Temporarily increase the cost limits for entry into the waiver.**

[Provide explanation of changes and specify the temporary cost limit.]

**ii. \_\_\_ Temporarily modify additional targeting criteria.**

[Explanation of changes]

**b. X Services**

**i. X Temporarily modify service scope or coverage.**

[Complete Section A- Services to be Added/Modified During an Emergency.]

**Daily Living Supports** – Temporarily allow providers to monitor a home via HIPAA compliant phone or video conferencing when the Team determines it is safe to do so. During times of emergency, Daily Living Supports may be provided in the home of provider staff when, due to staffing shortage, it is required for the safety and well-being of the member. During emergency declaration, providers of Daily Living Supports may receive up to the lesser of 30 consecutive days or the number of bedhold days the State will pay (60 per year).

**Agency Companion Services** - During emergency declaration, providers of Agency Companion services may receive up to the lesser of 30 consecutive days or the number of bedhold days the State will pay (60 per year).

**Supported Employment** – Temporarily allow Supported Employment providers to perform the duties of a Habilitation Training Specialist (HTS) in the event of reduced resources. During times of emergency, an employment site may be monitored via HIPAA compliant phone or video conferencing when the Team determines it is safe to do so.

**Habilitation Training Specialist** – Temporarily allow Habilitation Training Specialist (HTS) services to be participant directed. Temporarily allow for payment of HTS services to assist with communication and stabilization when a member with COVID-19 or COVID-19 like symptoms is in a short-term care facility or hospital, not to exceed 30 consecutive days.

**Prevocational** - Temporarily expand settings where Prevocational services may be delivered.

**Adult Day** - Temporarily expand settings where Adult Day services may be delivered.

**Specialized Foster Care** - Temporarily modify Specialized Foster Care provider qualifications by reducing frequency of verification from twice a year to once a year.

**Specialized Medical Supplies and Assistive Technology** – During times of declared emergency, Specialized Medical Supplies and Assistive Technology may be billed without a referring/ordering physician on the claim.

- ii. \_\_\_ **Temporarily exceed service limitations (including limits on sets of services as described in Appendix C-4) or requirements for amount, duration, and prior authorization to address health and welfare issues presented by the emergency.**

[Explanation of changes]

- iii. \_\_\_ **Temporarily add services to the waiver to address the emergency situation (for example, emergency counseling; heightened case management to address emergency needs; emergency medical supplies and equipment; individually directed goods and services; ancillary services to establish temporary residences for dislocated waiver enrollees; necessary technology; emergency evacuation transportation outside of the**

**scope of non-emergency transportation or transportation already provided through the waiver).**

[Complete Section A-Services to be Added/Modified During an Emergency]

**iv. X Temporarily expand setting(s) where services may be provided (e.g. hotels, shelters, schools, churches) Note for respite services only, the state should indicate any facility-based settings and indicate whether room and board is included:**

[Explanation of modification, and advisement if room and board is included in the respite rate]:

During times of emergency declaration, Prevocational services and Adult Day services may be delivered temporarily in the member's residential setting, which is defined as: the member's private home, a provider owned or controlled extended family home or congregate residential setting, or other residential setting, such as a hotel or shelter.

Temporarily allow the provision of the Daily Living Supports service in the home of a provider staff member when, due to staffing shortages, it is required for the safety and well-being of the member

**v. X Temporarily provide services in out of state settings (if not already permitted in the state's approved waiver).** [Explanation of changes]

During times of emergency declaration, a member may temporarily receive any waiver service in another state, until it is safe to return to their residence. Other than the location/setting requirements, the services provided in another state must still be provided in accordance with the waiver service definition.

Department of Human Services Developmental Disabilities Services (DHS/DDS) case management staff, using HIPAA compliant phone calls or video conferencing, will monitor services through a minimum of monthly contacts. Providers certified in the state of Oklahoma would need to accompany the member to the other state to provide services. The state of Oklahoma will not allow providers in other states who do not have active waiver agreements with the Oklahoma Health Care Authority (OHCA) to provide services.

**c. \_\_\_ Temporarily permit payment for services rendered by family caregivers or legally responsible individuals if not already permitted under the waiver.** Indicate the services to which this will apply and the safeguards to ensure that individuals receive necessary services as authorized in the plan of care, and the procedures that are used to ensure that payments are made for services rendered.

**d. X Temporarily modify provider qualifications (for example, expand provider pool, temporarily modify or suspend licensure and certification requirements).**

**i. X Temporarily modify provider qualifications.**

[Provide explanation of changes, list each service affected, list the provider type, and the changes in provider qualifications.]

For providers of the Specialized Foster Care service, frequency of verification of qualifications is reduced from twice yearly to once yearly during times of emergency declaration.

For providers of Habilitation Training Specialist services, the participant-directed service delivery method has been added. During times of emergency declaration, for the participant directed service delivery method: the background check requirement is temporarily waived for individuals deemed a relative by the employer of record; required provider training may be completed no later than 21 business days following the first service delivery date; and First Aide and CPR training, which are components of sanctioned training curriculum, may be completed on-line within 120 days. Temporarily extend certifications for First Aid, CPR and Medication Administration Training during the emergency.

During times of emergency declaration, provider agencies may share staff in the event of staff shortage to ensure the safety and well-being of members served. Provider staff who have a background check on file, conducted within 18 months of the current date, are not required to have a new background check. New provider agency staff must obtain a background check within 45 days of employment.

Temporarily extend timeframe to complete Foundations training, effective teaching course, First Aid, CPR to within 120 days of providing waiver supports, and allow First Aid, CPR and Medication Administration Training to be completed by HIPAA compliant video conferencing or online.

Temporarily extend certifications for First Aid, CPR and Medication Administration Training during the emergency.

**ii. \_\_\_ Temporarily modify provider types.**

[Provide explanation of changes, list each service affected, and the changes in the .provider type for each service].

**iii. X Temporarily modify licensure or other requirements for settings where waiver services are furnished.**

[Provide explanation of changes, description of facilities to be utilized and list each service provided in each facility utilized.]

Required staffing ratios for a member, as outlined in their Individual Plan, may be temporarily modified during times of emergency declaration to allow the member to receive services in safe and accessible environments, as long as the member's needs are still being met.

HIPAA compliant phone calls, video conferencing or face time should include the member and staff when possible. During this period, provider program coordinators will be encouraged to utilize HIPAA compliant video conferencing in order to limit the number of people going into homes.

**e. X Temporarily modify processes for level of care evaluations or re-evaluations (within regulatory requirements). [Describe]**

Information used to conduct an initial evaluation is submitted to OHCA by the DHS/DDS Intake Case Manager. This information includes a psychological evaluation that includes a full scale functional and/or adaptive assessment and a statement of age of onset of the disability and intelligence testing that yields a full scale intelligence quotient; a social service summary current within 12 months of requested waiver approval date that includes a developmental history; a medical evaluation current within 90 days of requested waiver approval date; a completed ICF-IID Level of Care Assessment form; and proof of disability according to Social Security Administration (SSA) guidelines. If a disability determination has not been made by SSA, OHCA may make a disability determination using the same guidelines as SSA. During times of emergency declaration, the medical evaluation requirement is waived for initial evaluations.

Annual reevaluations are conducted by DHS/DDS Level of Care Reviewers unless a significant change has occurred which questions a member's qualifying diagnosis. In those cases, the same, but current, information used for the initial evaluation is submitted to OHCA for reevaluation. During times of emergency declaration, the medical evaluation may be current within two years, instead of one year, of the requested waiver approval date. Also, the social summary may be current within 24 months of requested waiver approval date and other required reassessments may be delayed by up to 12 months.

**f. Temporarily increase payment rates**

[Provide an explanation for the increase. List the provider types, rates by service, and specify whether this change is based on a rate development method that is different from the current approved waiver (and if different, specify and explain the rate development method). If the rate varies by provider, list the rate by service and by provider].

**g. X Temporarily modify person-centered service plan development process and individual(s) responsible for person-centered service plan development, including qualifications.**



[Describe any modifications including qualifications of individuals responsible for service plan development, and address Participant Safeguards. Also include strategies to ensure that services are received as authorized.]

During times of emergency declaration, alternative settings for Prevocational services and Adult Day services may be authorized prior to updating the member's service plan. The DHS/DDS Case Manager will update the Individual Plan (Plan) within 60 days following the authorization and may backdate authorizations for waiver services provided during this period of time. The process for Plan development will remain the same as outlined in the approved waiver. Required DHS/DDS case management monitoring visits will be conducted by HIPAA compliant video conferencing, unless an extreme situation warrants an in-person visit. DHS/DDS staff will make site visits only when there is reason to believe the person's health or safety is at significant risk, i.e., it is reported that required supports are not available and a wellness check by local authorities cannot be secured within 24 hours. The need for an in-person home visit will require approval of the DHS/DDS supervisor.

Given the social distancing recommendation, it is not advisable for groups to gather in the same location. As a result, team meetings, including individual planning meetings, may be held via HIPAA compliant teleconference or videoconference. Required signatures, including the date the individual planning meeting was held, may be obtained via mail or electronically. We will suspend the requirements for community activities including efforts to pursue community integrated employment efforts. Suspend requirements for allowing visitors except for certain compassionate care situations, such as an end of life situation. The modification of this right is not required to be justified in the Individual Plan.

**h. X Temporarily modify incident reporting requirements, medication management or other participant safeguards to ensure individual health and welfare, and to account for emergency circumstances.** [Explanation of changes]

Approval for a member to use or be administered a nonprescription (over-the-counter) medication is received in writing from the member's licensed healthcare provider at least annually. During times of emergency declaration, the requirement for a Medication Administration Technician (MAT) to obtain written approval for non-prescription medication by a licensed healthcare provider is waived during the emergency.

If an individual is in isolation or quarantined, at home, due to COVID-19 and is instructed by a licensed health care provider, state or local health official to use or be administered non-prescription medication and an existing written approval is not in place, the provider will ensure medication(s) is administered according to manufacturer's label instructions and follow documentation requirements, per Oklahoma Administrative Code (OAC) 340:100-5-32, including documenting the response to the non-prescription medication(s).

If the instruction contradicts a previous written prescription or the recommendation exceeds the label instruction the primary health care provider should be contacted and a written order should be obtained.

If medication is administered by a licensed nurse, the nurse must comply with the Oklahoma Nurse Practice Act. All persons administering medication should be aware of licensing or certification requirements and employer specific rules and regulations. DDS only waives the requirement for annual written approval of non-prescription medication, per Oklahoma Administrative Code (OAC) 340:100-5-32.

DHS policy directs providers who have entered into Agreements with OHCA to provide waiver services, as well as DHS/DDS staff, to report critical and non-critical incidents involving the health and welfare of any person receiving services. Contract provider staff report critical and non-critical incidents electronically via the DHS/DDS Provider Reporting System. The DHS/DDS Case Manager is notified immediately when there is a critical incident. If the incident occurs outside regular working hours, the DHS/DDS Case Manager is notified the next working day. During times of emergency declaration, notification of the critical incident via electronic reporting may occur within three business days, with the exception of critical incidents involving death, suspected abuse, neglect or exploitation or unplanned hospital admission, which should be reported by phone within one business day. As long as notification to the DHS/DDS Case Manager and/or the Office of Client Advocacy (OCA) is completed within one business day, the requirement for the submission of an electronic critical incident report is extended to three business days as staff may not be able to access a computer to submit in a more timely manner. Modification of notification does not change requirement by provider and DHS/DDS case manager to ensure the individual is safe following the critical incident, preventative measures are implemented and notification to appropriate entities such as guardian and investigative authority has occurred.

Non-critical incidents reports must be provided to DHS/DDS case management within five business days of the incident, instead of three business days, when an emergency declaration has been made. Modification of notification via electronic reporting is effective during declaration of the emergency.

**i. X Temporarily allow for payment for services for the purpose of supporting waiver participants in an acute care hospital or short-term institutional stay when necessary supports (including communication and intensive personal care) are not available in that setting, or when the individual requires those services for communication and behavioral stabilization, and such services are not covered in such settings.**

[Specify the services.]

For members with COVID-19 or COVID-19 like symptoms who are in a short-term care facility or hospital during times of declared emergency, a provider with an active OHCA waiver agreement to provide Habilitation Training Specialist (HTS) services may bill for HTS services to assist the member with supports, supervision, communication, and any other supports that the hospital is unable to provide, not to exceed 30 consecutive days.

**j. X Temporarily include retainer payments to address emergency related issues.**

[Describe the circumstances under which such payments are authorized and applicable limits on their duration. Retainer payments are available for habilitation and personal care only.]

Providers of Daily Living Supports services and Agency Companion services may receive retainer payments, aka therapeutic leave, for the individual receiving services for 14 consecutive days per event, not to exceed 60 days per member's plan of care year in order to maintain staff. During emergency declaration, providers of Daily Living Supports and Agency Companion services may receive up to the lesser of 30 consecutive days or the number of bedhold days the State will pay (60 per year).

Prevocational, Supported Employment and Adult Day Services include personal care. Providers of these services, per Olmstead Letter #3 dated July 25, 2000, may receive retainer payments up to the lesser of 30 consecutive days or the number of bedhold days the State will pay (60 per year). Retainer payments won't exceed 60% of the monthly average of total billing for prevocational, supported employment and adult day services for any provider. Retainer payments for prevocational, supported employment and adult day services are limited to 6 hours per day and a total of 5 days per week (Monday – Sunday).

**k. X Temporarily institute or expand opportunities for self-direction.**

[Provide an overview and any expansion of self-direction opportunities including a list of services that may be self-directed and an overview of participant safeguards]

The Participant Directed service delivery method may be used for the delivery of Habilitation Training Specialist services during times of emergency declaration.

**l. \_\_\_ Increase Factor C.**

[Explain the reason for the increase and list the current approved Factor C as well as the proposed revised Factor C]

**m. X Other Changes Necessary [For example, any changes to billing processes, use of contracted entities or any other changes needed by the State to address imminent needs of individuals in the waiver program]. [Explanation of changes]**

Providers of Physical Therapy, Occupational Therapy, Speech Therapy, Nutritional Services, Family Counseling, Family Training, Nursing and Psychological services may utilize HIPAA compliant video conferencing/telehealth during times of emergency declaration.

Temporarily allow prescriptions from a contracted qualified health professional, when authorizing Occupational Therapy, Physical Therapy, Nutrition or Speech Therapy services, to be current within the previous 24 months.

## Contact Person(s)

**A. The Medicaid agency representative with whom CMS should communicate regarding the request:**

**First Name:** David  
**Last Name:** Ward  
**Title:** QA & Community Living Services Manager  
**Agency:** Oklahoma Healthcare Authority  
**Address 1:** 4345 N. Lincoln Blvd  
**Address 2:** -  
**City:** Oklahoma City  
**State:** Oklahoma  
**Zip Code:** 7310  
**Telephone:** 405-522-7776  
**E-mail:** David.Ward@okhca.org  
**Fax Number:** 405-530-7722

**B. If applicable, the State operating agency representative with whom CMS should communicate regarding the waiver is:**

**First Name:** Beverly  
**Last Name** Murray  
**Title:** Deputy Director  
**Agency:** Oklahoma Department of Human Services  
**Address 1:** 2400 N. Lincoln Blvd.  
**Address 2:** Click or tap here to enter text.  
**City** Oklahoma City  
**State** Oklahoma  
**Zip Code** 73125  
**Telephone:** (405) 521-2368  
**E-mail** Beverly.murray@okdhs.org  
**Fax Number** (405) 522-0729

## 8. Authorizing Signature

**Signature:**

**Date: 4/2/2020**

A handwritten signature in black ink that reads "Melody Anthony". The signature is written in a cursive style with a large initial 'M' and 'A'.

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State Medicaid Director or Designee

**First Name:** Melody  
**Last Name** Anthony  
**Title:** State Medicaid Director  
**Agency:** Oklahoma Health Care Authority  
**Address 1:** 4345 N. Lincoln Blvd  
**Address 2:** -  
**City** Oklahoma City  
**State** Oklahoma  
**Zip Code** 73105  
**Telephone:** 405-522-7360  
**E-mail** Melody.Anthony@okhca.org  
**Fax Number** -

## Section A---Services to be Added/Modified During an Emergency

Complete for each service added during a time of emergency. For services in the approved waiver which the state is temporarily modifying, enter the entire service definition and highlight the change. State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

## Service Specification

Service Title: Daily Living Supports

*Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:*

### Service Definition (Scope):

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.

Daily Living Supports provide up to eight (8) hours per day of direct support services. Assistance may go beyond tasks associated with activities of daily living to include assistance with cognitive tasks or the provision of services to prevent a member from harming him or herself.

Daily Living Supports includes house management expenses such as: 1) coordination of procurement of services and supplies, 2) developing and assuring emergency plans are in place and coordination of the overall safety in the home, and 3) assisting members with personal money management.

Daily Living Supports also include training developed to meet the specific needs of members as well as program supervision and oversight. The latter includes 24-hour availability of response staff to meet schedules or unpredictable needs in a way that promotes maximum dignity and independence, and to provide supervision, safety and security.

Additional individual payments will be made for other residential support services such as Habilitation Training Specialist and Homemaker services furnished to a member who is receiving Daily Living Supports who needs more than 8 hours per day of direct support services.

Daily Living Supports provide for therapeutic leave payment to enable the provider to retain personal care services during the time a member is out of his or her home for a period of time in excess of 24 hours without direct care staff because of hospitalization or other absence. Therapeutic Leave must be authorized and documented in the plan of care.

Daily Living Supports services are not available to members in combination with Agency Companion, Group Home or Specialized Foster Care services.

During times of emergency declaration, providers may monitor a home via phone or video conferencing when the Team determines, using a risk assessment tool, it is safe to do so. The member must demonstrate knowledge and a good understanding of emergency procedures in the event of a fire, tornado, need to contact police, ambulance, etc. Should an emergency or other significant issue arise, provider staff must respond in person at the home within 20 minutes of the phone call/video conference.

During times of emergency declaration, Daily Living Supports may be provided in the home of provider staff when, due to staffing shortages, it is required for the safety and well-being of the member.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:



Payment for therapeutic leave may be made for up to 14 consecutive days per event, not to exceed 60 days per member's plan of care year. **During emergency declaration, providers of Daily Living Supports may receive up to the lesser of 30 consecutive days or the number of bedhold days the State will pay (60 per year).**

**Provider Specifications**

Provider Category(s) <i>(check one or both):</i>	<input type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
				Daily Living Supports Provider
Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	<input checked="" type="checkbox"/>	Relative/Legal Guardian

**Provider Qualifications** *(provide the following information for each type of provider):*

Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>
<b>Daily Living Supports Provider</b>			<p>Current SoonerCare Provider Agreement with the Oklahoma Health Care Authority to provide Daily Living Supports to DHS/DDS HCBS waiver members.</p> <p>Providers must demonstrate the capability to manage a community support program by: agreement with the mission statement and guiding principles of DHS/DDS; capacity to provide Daily Living Supports; have a program for the recruitment, screening, training and retention of staff; financial capacity and fiscal accountability to provide services and supports on a long term basis; and a quality assurance program designed to evaluate all aspects of the providers Daily Living Supports.</p>

**Verification of Provider Qualifications**

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
<b>Daily Living Supports Provider</b>	<b>DHS/DDS</b>	<b>Annually</b>

Service Delivery Method				
<b>Service Delivery Method</b> <i>(check each that applies):</i>		Participant-directed as specified in Appendix E	X	Provider managed

Service Specification

Service Title: Supported Employment

*Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:*

Service Definition (Scope):

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 employment at or above the minimum wage in an integrated setting in the general workforce, in a job that meets personal and career goals. When supported employment services are provided at a work site in which persons without disabilities are employed, services may include job analysis, adaptations, training and systematic instruction required by members, and will not include payment for the supervisory activities rendered as a normal part of the business setting. Supported employment consists of job development, assessment, benefits planning, supportive assistance and job coaching up to 100% of on-site intervention. Stabilization or ongoing support is available for those requiring less than 20% on-site intervention. Supported employment in an individual placement promotes the member's capacity to secure and maintain integrated employment at a job of the member's choice paying at or more than minimum wage. Supported employment in an individual placement may be provided by a co-worker or other job site personnel. The job coach meets qualifications for providers of service. **During times of emergency declaration, provider may temporarily assume duties performed by a Habilitation Training Specialist (HTS) provider in the event of reduced resources.**

Stabilization and extended services are ongoing supported employment services needed to support and maintain a member with severe disabilities in an integrated competitive employment site. The service includes regular contacts with the member to determine needs, as well as to offer encouragement and advice. These services are provided when the job coach intervention time required at the job site is 20% or less of the member's total work hours. This service is provided to members who need ongoing intermittent support to maintain employment. Typically this is provided at the work site. Stabilization must identify the supports needed in the member's Individual Plan (Plan) and specify in a measurable manner, the services to be provided to meet the need. Group placement supports in supported employment are two to eight members receiving continuous support in an integrated work site. Services promote participation in paid employment paying at or more than minimum wage or working to achieve minimum wage. Services promote integration into the workplace and interaction with people without disabilities. **During times of emergency declaration, providers may monitor an employment site via HIPAA compliant phone or video conferencing when the Team determines, using a risk assessment tool, it is safe to do so. Should an emergency or other significant issue arise, provider staff must respond in person at the employment site within 20 minutes of the phone call/video conference.**

The outcome of supported employment is sustained paid employment at or above minimum wage, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities in an integrated setting in the general workforce, in a job that meets personal and career goals. Supported employment services furnished under the waiver are not available under a program funded by the 2014 Workforce Innovation and Opportunity Act (WIOA), Title IV Amendments to the Rehabilitation Act of 1973, or the IDEA (20 U.S.C. 1401 et seq.). Documentation will be maintained in the file of each member receiving this service that the service is not otherwise available under a program funded through the Rehabilitation Act of 1973, or IDEA (20 U.S.C. 1401 et seq.). FFP will not be claimed for incentive payments, subsidies or unrelated vocational training expenses such as the following:

- Incentive payments made to an employer to encourage or subsidize the employer's participation in a supported employment program;
- Payments that are passed through to users of supported employment programs; or
- Payments for vocational training not directly related to a member's supported employment program.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Refer to Appendix C-4: Additional Limits on Amounts of Waiver Services.

This service is available to members of transition age.

Supported Employment Services include personal care. Providers of these services, per Olmstead Letter #3 dated July 25, 2000, may receive retainer payments up to the lesser of 30 consecutive days or the number of bedhold days the State will pay (60 per year). Retainer payments won't exceed 60% of the monthly average of total billing for prevocational, supported employment and adult day services for any provider. Retainer payments for prevocational, supported employment and adult day services are limited to 6 hours per day and a total of 5 days per week (Monday – Sunday).

**Provider Specifications**

Provider Category(s) <i>(check one or both):</i>	<input type="checkbox"/>	Individual. List types:	<input type="checkbox"/>	Agency. List the types of agencies:
Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	<input checked="" type="checkbox"/>	Relative/Legal Guardian

**Provider Qualifications** *(provide the following information for each type of provider):*

Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>
<b>Employment Services</b>			<p>Current SoonerCare Provider Agreement with OHCA to provide Employment Services to DHS/DDS HCBS waiver members.</p> <p>Providers must complete the DHS/DDS sanctioned training curriculum. Providers must successfully complete all required background checks in accordance with 56 O.S. § 1025.2, be specifically trained to meet the unique needs of the waiver member, be 18 years of age and be supervised by an individual with a minimum of four years of any combination of college level education and/or full-time equivalent experience in serving people with developmental disabilities.</p>

**Verification of Provider Qualifications**

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
<b>Employment Services</b>	<b>DHS/DDS</b>	<b>Annually</b>

Service Delivery Method				
<b>Service Delivery Method</b> <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input type="checkbox"/>	Provider managed

**Service Specification**

Service Title:      Habilitation Training Specialist Services

*Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:*

**Service Definition (Scope):**

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

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Payment will not be made for routine care and supervision that is normally provided by family or for services furnished to a member by a person who is legally responsible per Oklahoma Administrative Code 340:100-3-33-2.

During times of emergency, HTS services may be provided to assist with communication and stabilization when a member with COVID-19 or COVID-19 like symptoms is in a short-term care facility or hospital, not to exceed 30 consecutive days.

**Provider Specifications**

Provider Category(s) <i>(check one or both):</i>	X	Individual. List types:	X	Agency. List the types of agencies:
		Individual Provider		Habilitation Training Specialist Agency

Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	X	Relative/Legal Guardian
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**Provider Qualifications** *(provide the following information for each type of provider):*

Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>
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<p><b>Individual Provider</b></p>			<p>Current SoonerCare Provider Agreement with OHCA to provide HTS services to DHS/DDS HCBS waiver members.</p> <p>Providers must complete the DHS/DDS sanctioned training curriculum. Habilitation providers are at least 18 years old, specifically trained to meet the unique needs of the waiver member, successfully complete all required background checks in accordance with 56 O.S. § 1025.2 and receive supervision, guidance and oversight from a contracted agency staff with a minimum of four years of any combination of college level education and/or “full-time equivalent” experience in serving people with disabilities.</p> <p>Family members who provide Habilitation Training Specialist (HTS) services must meet the same standards as providers who are unrelated to the member.</p>
<p><b>Habilitation Training Specialist Agency</b></p>			<p>Current SoonerCare Provider Agreement with OHCA to provide HTS services to DHS/DDS HCBS waiver members.</p> <p>Providers must complete the DHS/DDS sanctioned training curriculum. Habilitation providers are at least 18 years old, specifically trained to meet the unique needs of the waiver member, successfully complete all required background checks in accordance with 56 O.S. § 1025.2 and receive supervision, guidance and oversight from a contracted agency staff with a minimum of four years of any combination of college level education and/or “full-time equivalent” experience in serving people with disabilities.</p> <p>Family members who provide Habilitation Training Specialist (HTS) services must meet the same standards as providers who are unrelated to the member.</p>
<p><b>Verification of Provider Qualifications</b></p>			
<p>Provider Type:</p>	<p>Entity Responsible for Verification:</p>	<p>Frequency of Verification</p>	



<b>Individual Provider</b>	<b>DHS/DDS</b>	<b>Annually</b>		
<b>Habilitation Training Specialist Agency</b>	<b>DHS/DDS</b>	<b>Annually</b>		
<b>Service Delivery Method</b>				
<b>Service Delivery Method</b> <i>(check each that applies):</i>	<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed

**Service Specification**

Service Title:      Prevocational Services

*Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:*

**Service Definition (Scope):**

These services are not available under a program funded under 2014 Workforce Innovation and Opportunity Act (WIOA), Title IV Amendments to the Rehabilitation Act of 1973 or IDEA (20 U.S.C 1401 et seq.). Prevocational services provide learning and work experiences where the individual can develop general, non-job task specific strengths and skills that contribute to employability in paid employment in integrated community settings. Services include teaching such concepts as the ability to communicate effectively with supervisors, attendance, task completion, problem solving, stamina building and workplace safety. Community based opportunities provide work experiences including volunteer work, adult learning and training in a variety of locations in the community.

Activities included in this service are not primarily directed at teaching specific job skills, but at underlying, habilitative goals, such as attention span and motor skills. All prevocational services will be reflected in the member’s Individual Plan (Plan) as reflected in the person centered planning process.

Each provider agency assesses each member in maximizing employment options. Supplemental or enhanced supports provide assistance addressing behavioral needs related to a dangerous behavior or personal care. Assessments are updated and reviewed annually in the member’s Team process. It is the responsibility of each provider to ensure services are provided in the most integrated setting appropriate to meet the member’s needs. **During times of emergency declaration, services may be delivered temporarily in the member’s residential setting, which is defined as: the member’s private home, a provider owned or controlled extended family home or congregate residential setting, or other residential setting, such as a hotel or shelter.**

**Specify applicable (if any) limits on the amount, frequency, or duration of this service:**

Refer to Appendix C-4: Additional Limits on Amounts of Waiver Services.

This service is available to members of transition age.

**Prevocational Services include personal care. Providers of these services, per Olmstead Letter #3 dated July 25, 2000, may receive retainer payments up to the lesser of 30 consecutive days or the number of bedhold days the State will pay (60 per year). Retainer payments won’t exceed 60% of the monthly average of total billing for prevocational, supported employment and adult day services for any provider. Retainer payments for prevocational, supported employment and adult day services are limited to 6 hours per day and a total of 5 days per week (Monday – Sunday).**

**Provider Specifications**

Provider Category(s) <i>(check one or both):</i>	<input type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
				Workshops and Other Prevocational Agencies

Specify whether the service may be provided by ( <i>check each that applies</i> ):	<input type="checkbox"/>	Legally Responsible Person	<input checked="" type="checkbox"/>	Relative/Legal Guardian
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**Provider Qualifications** (*provide the following information for each type of provider*):

Provider Type:	License ( <i>specify</i> )	Certificate ( <i>specify</i> )	Other Standard ( <i>specify</i> )
<b>Agency</b>			<p>Current SoonerCare Provider Agreement with OHCA to provide employment services to DHS/DDS HCBS waiver members.</p> <p>Prevocational service providers must:</p> <ul style="list-style-type: none"> <li>- be at least 18 years of age;</li> <li>- have completed the DHS/DDS sanctioned training curriculum;</li> <li>- have not been convicted of, pled guilty, or pled nolo contendere to misdemeanor assault and battery or a felony per 56 O.S. § 1025.2, unless a waiver is granted per 56 O.S. § 1025.2; and</li> <li>- receive supervision and oversight by a person with a minimum of four years of any combination of college level education or full-time equivalent experience in serving persons with disabilities.</li> </ul>

**Verification of Provider Qualifications**

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
<b>Agency</b>	<b>DHS/DDS</b>	<b>Annually</b>

**Service Delivery Method**

<b>Service Delivery Method</b> ( <i>check each that applies</i> ):	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed
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**Service Specification**

Service Title: Adult Day Health

*Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:*

**Service Definition (Scope):**

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. During times of emergency declaration, services may be delivered temporarily in the member's residential setting, which is defined as: the member's private home, a provider owned or controlled extended family home or congregate residential setting, or other residential setting, such as a hotel or shelter.

**Specify applicable (if any) limits on the amount, frequency, or duration of this service:**

Services are normally furnished four or more hours per day on a regularly scheduled basis, for one or more days per week. This service must be authorized in the member's plan of care.

Adult Day Services include personal care. Providers of these services, per Olmstead Letter #3 dated July 25, 2000, may receive retainer payments up to the lesser of 30 consecutive days or the number of bedhold days the State will pay (60 per year). Retainer payments won't exceed 60% of the monthly average of total billing for prevocational, supported employment and adult day services for any provider. Retainer payments for prevocational, supported employment and adult day services are limited to 6 hours per day and a total of 5 days per week (Monday – Sunday).

**Provider Specifications**

Provider Category(s) <i>(check one or both):</i>	<input type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
				Adult Day Care Centers

Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian
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**Provider Qualifications** *(provide the following information for each type of provider):*

Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>
<b>Adult Day Care Centers</b>	Licensed by the State Department of Health in accordance with Section 1-873 of Title 63 of the Oklahoma Statutes and compliance with Oklahoma Administrative Code 310:605-5.		Current SoonerCare Provider Agreement with the Oklahoma Health Care Authority to provide Adult Day Care Services to DHS/DDS HCBS waiver members.

<b>Verification of Provider Qualifications</b>			
<b>Provider Type:</b>	<b>Entity Responsible for Verification:</b>		<b>Frequency of Verification</b>
<b>Adult Day Care Centers</b>	<b>Oklahoma State Department of Health Oklahoma Health Care Authority</b>		<b>Annually (OSDH) Ongoing (OHCA)</b>
<b>Service Delivery Method</b>			
<b>Service Delivery Method</b> <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/> Provider managed

**Service Specification**

Service Title: Specialized Foster Care also known as Specialized Family Home/Care

*Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:*

**Service Definition (Scope):**

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. Four levels of specialized foster care, based upon the member's age and level of need as determined by the Team are: (1) maximum supervision, 18 years and under, for those member's with extensive needs; (2) close supervision, 18 years and under, for those members with moderate needs; (3) maximum supervision, 19 years and older, for members with extensive needs; and (4) close supervision, 19 years and older, for members with moderate needs. Members are required to pay room and board from their own funds.

Payments for residential care services are not made for room and board, items of comfort or convenience, or the costs of facility maintenance, upkeep and improvement.

**Specify applicable (if any) limits on the amount, frequency, or duration of this service:**

Members who are in the custody of DHS and in an out-of-home placement funded by DHS Children and Family Services are not eligible for Specialized Foster Care.

Members may not simultaneously receive Specialized Foster Care and Group Home, Daily Living Supports and/or Agency Companion Services.

**Provider Specifications**

Provider Category(s) (check one or both):	<input checked="" type="checkbox"/>	Individual. List types:	<input type="checkbox"/>	Agency. List the types of agencies:
		Specialized Foster Care Home		

Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input checked="" type="checkbox"/>	Relative/Legal Guardian
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**Provider Qualifications (provide the following information for each type of provider):**

Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)
<b>Specialized Foster Care Home</b>		DHS/DDS Certification	SoonerCare Provider Agreement with the Oklahoma Health Care Authority to provide Specialized Foster Care services to DHS/DDS HCBS waiver members.

**Verification of Provider Qualifications**

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
<b>Specialized Foster Care Home</b>	DHS/DDS	<b>Twice yearly During times of emergency, verification may occur annually.</b>

<b>Service Delivery Method</b>			
<b>Service Delivery Method</b> <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/> Provider managed

**Service Specification**

Service Title: Agency Companion

*Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:*

**Service Definition (Scope):**

A living arrangement developed to meet the specific needs of the member which provides a shared living arrangement for supervision, supportive assistance, and training in daily living skills and integrates the member into the shared experiences of a family. This companion is an independent contractor of an agency, but is selected by the waiver member, and is usually a person with whom the member has a personal relationship.

Companions may assist or supervise the member with such tasks as meal preparation, laundry and shopping, but do not perform these activities as discrete services. The providers may also perform light housekeeping tasks, which are incidental to the care and supervision of the member. This service is provided in accordance with a therapeutic goal in the plan of care, and is not purely diversional in nature.

The person who serves as the companion is responsible for ongoing supports and is available whenever required by the member to successfully cope with the challenges that may occur in the life of the member.

Agency Companion services are not available to members in combination with Daily Living Support Services, Group Home or Specialized Foster Care Services.

Agency Companion services provide for therapeutic leave payment to enable the provider to retain personal care services during the time a member is out of his or her home for a period of time in excess of 24 hours without direct care staff because of hospitalization or other absence. Therapeutic leave must be authorized and documented in the plan of care.

**Specify applicable (if any) limits on the amount, frequency, or duration of this service:**

A member may receive therapeutic leave for no more than 14 consecutive days per event, not to exceed 60 days per plan of care year. **During emergency declaration, providers of Agency Companion services may receive up to the lesser of 30 consecutive days or the number of bedhold days the State will pay (60 per year).**

**Provider Specifications**

Provider Category(s) <i>(check one or both):</i>	<input type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
				Agency Companion Provider

Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	<input checked="" type="checkbox"/>	Relative/Legal Guardian
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**Provider Qualifications** *(provide the following information for each type of provider):*

Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>
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<b>Agency Companion Provider</b>			<p>Authority to provide Agency Companion services to DHS/DDS HCBS waiver members.</p> <p>Providers must complete the DHS/DDS sanctioned training curriculum. Individual provider staff must be specifically matched to the member and have an approved home profile per OAC 317:40-5-40. Staff must be at least 21 years of age, specifically trained to meet the unique needs of the member, successfully complete all required background checks in accordance with 56 O.S. § 1025.2 and receive supervision, guidance and oversight from a contracted agency staff member with a combination of 4 years of college level education and/or “full-time equivalent” experience in serving people with disabilities.</p>

**Verification of Provider Qualifications**

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
<b>Agency Companion Provider</b>	<b>DHS/DDS</b>	<b>Annually</b>

<b>Service Delivery Method</b>				
<b>Service Delivery Method</b> <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed

## Service Specification

Service Title: Specialized Medical Supplies and Assistive Technology

*Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:*

### Service Definition (Scope):

Specialized Medical Supplies includes supplies specified in the member's plan of care not otherwise covered through SoonerCare. Items reimbursed with HCBS waiver funds are in addition to any supplies furnished under SoonerCare and exclude those items which are not of direct medical or remedial benefit to the member. All items meet applicable standards of manufacture, design and installation.

**During times of declared emergency, Specialized Medical Supplies may be billed without a referring/ordering physician on the claim.**

Assistive Technology includes devices, controls and appliances specified in the member's Individual Plan (Plan) 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. This service also includes the purchase or limited rental of items necessary for life support and equipment necessary to the proper functioning of such items including durable and non-durable medical equipment not available under SoonerCare. Items reimbursed with HCBS waiver funds are in addition to any medical equipment and supplies furnished under SoonerCare and exclude those items that are not of direct medical or remedial benefit to the member. All items must meet applicable standards of manufacture, design and installation. All devices identified in the Oklahoma Elevator Safety Law must comply with OAC 380:70. Services include fees associated with installation, labor, inspection and operation.

Assistive Technology services include:

- assessment for the need of assistive technology/auxiliary aids;
- training the member/provider in the use and maintenance of equipment/auxiliary aids;
- repair of adaptive devices.

Equipment provided includes:

- Assistive devices for members who are deaf or hard of hearing. Examples include visual alarms, telecommunication devices (TDD's), telephone amplifying devices and other devices for protection of health and safety.
- Assistive devices for members who are blind or visually impaired. Examples include tape recorders, talking calculators, lamps, magnifiers, Braille writers, paper and talking computerized devices and other devices for protection of health and safety.
- Augmentative/alternative communication and learning aids such as language boards, electronic communication devices and competence based cause and effect systems.
- Mobility positioning devices such as wheelchairs, travel chairs, walkers, positioning systems, ramps, seating systems, lifts, bathing equipment, specialized beds and specialized chairs.
- Orthotic and prosthetic devices such as braces and prescribed modified shoes.
- Environmental controls such as devices to operate appliances, use telephones or open doors.

**During times of declared emergency, Assistive Technology may be billed without a referring/ordering physician on the claim.**

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Provider Specifications				
Provider Category(s) <i>(check one or both):</i>	<input type="checkbox"/>	Individual. List types:	<input type="checkbox"/>	Agency. List the types of agencies:
Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian
<b>Provider Qualifications</b> <i>(provide the following information for each type of provider):</i>				
Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>	
<b>Individual</b>	Durable Medical Equipment and/or Medical Supplies Dealer		Current SoonerCare Provider Agreement with the Oklahoma Health Care Authority to provide Durable Medical Equipment and/or Specialized Medical Supplies and comply with all applicable State and Federal laws.  Company, corporation or individual must have registered their intention to do business in the state of Oklahoma with the Secretary of State.  Assistive Technology services are provided by an appropriate professional services provider with a current HCBS agreement with OHCA and current unrestricted licensure and certification with their professional board, when applicable.	
<b>Agency</b>	Durable Medical Equipment and/or Medical Supplies Dealer		Current SoonerCare Provider Agreement with the Oklahoma Health Care Authority to provide Durable Medical Equipment and/or Specialized Medical Supplies and comply with all applicable State and Federal laws.  Company, corporation or individual must have registered their intention to do business in the state of Oklahoma with the Secretary of State.  Assistive Technology services are provided by an appropriate professional services provider with a current HCBS agreement with OHCA and current unrestricted licensure and certification with their professional board, when applicable.	

<b>Verification of Provider Qualifications</b>			
Provider Type:	Entity Responsible for Verification:	Frequency of Verification	
<b>Individual</b>	<b>Oklahoma Health Care Authority</b>	<b>Annually</b>	
<b>Agency</b>	<b>Oklahoma Health Care Authority</b>	<b>Annually</b>	
<b>Service Delivery Method</b>			
<b>Service Delivery Method</b> <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/> Provider managed

Service Specification				
Service Title:				
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>				
Service Definition (Scope):				
Specify applicable (if any) limits on the amount, frequency, or duration of this service:				
Provider Specifications				
Provider Category(s) (check one or both):	<input type="checkbox"/>	Individual. List types:	<input type="checkbox"/>	Agency. List the types of agencies:
Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian
<b>Provider Qualifications</b> (provide the following information for each type of provider):				
Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)	
Verification of Provider Qualifications				
Provider Type:	Entity Responsible for Verification:		Frequency of Verification	
Service Delivery Method				
Service Delivery Method (check each that applies):	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input type="checkbox"/>	Provider managed

<sup>i</sup> Numerous changes that the state may want to make necessitate authority outside of the scope of section 1915(c) authority. States interested in changes to administrative claiming or changes that require section 1115 or section 1135 authority should engage CMS in a discussion as soon as possible. Some examples may include: (a) changes to administrative activities, such as the

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establishment of a hotline; (b) suspension of general Medicaid rules that are not addressed under section 1915(c) such as payment rules or eligibility rules or suspension of provisions of section 1902(a) to which 1915(c) is typically bound.