Oklahoma Statewide Transition Plan
Submission for Initial Approval
11.2016
Purpose

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 with changes to the systemic assessment section, appendices, and public input. All other sections remain the same for the initial approval, but will be updated for the final approval.

Background

This document describes the Statewide Transition Plan (SWTP) of the Oklahoma Health Care Authority (OHCA), the single State Medicaid Agency, as required by the CMS final regulation related to new federal requirements for home and community-based (HCBS) settings. This SWTP includes the state’s assessment of its regulations, standards, policies, licensing requirements, and other provider requirements to ensure settings 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.

Overview

Oklahoma administers/operates six 1915 (c) waivers. There are approximately 26,106 individuals served in the State of Oklahoma through one of these 1915 (c) waivers. Oklahoma does not currently offer services through the state plan under 1915 (i) or 1915 (k) authority. Oklahoma operates two waiver programs with a nursing facility level of care designation and four waiver programs with an ICF/ID level of care designation. Across the six waiver programs, there are eight distinct settings utilized among Home and Community Based Waiver members, that does not include the member owned or family owned home. This document summarizes the State’s preliminary assessment activities and its proposed strategy for continuous monitoring and remediation of HCBS settings for both the aged and physically disabled (NF-LOC) waivers and the developmental disabilities waivers (ICF/ID LOC).

Section A: Systemic Review
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Review Methodology

This section details how the State approached the systemic review for the Statewide Transition Plan. The State utilized a three-pronged approach for the review. The review began with the State lead compiling and reviewing all related regulations, contracts, policies and procedures, and service definitions. It was the responsibility of the State lead, the State Medicaid agency, to compile this information, assess it, and define its consistency to the HCBS Final Rule. The second prong of the process was a review by the State leads’ partner agencies. These partner agencies included the Developmental Disabilities of the Oklahoma Department of Human and Services (DHS) and the Aging Services of the OKDHS. These partner agencies had the responsibility of reviewing the assessed regulation, policies and procedures, and service definitions. Partner Agencies were responsible for adding additional regulations and policies that were not previously identified. Partner Agencies made an assessment of each of the regulations and policies consistency/compliance with the HCBS final rule. Partner Agencies also proposed remediation and action plans for all of those regulations and policies that required such. The third prong of the systemic review process involved stakeholder groups. Stakeholders represented both the ID/ICF level of care waivers as well as the NFLOC waivers. The systemic assessment was sent to all stakeholder groups affiliated with the waivers. The stakeholder groups were charged with reviewing the systemic grid and providing feedback on the State leads and partner agencies determination of applicable regulations and policies and their consistency with the HCBS final rule. All feedback, comments, and suggestions were reviewed and incorporated as appropriate in the Statewide Transition Plan and systemic assessment grids.

Compliance Analysis

Within the three-prong review process each group (State Lead, Partner Agencies, and Stakeholders) made an analysis of whether the identified relevant policies and regulations were consistent with the elements outlined the HCBS Final Rule. The analysis of the policies and regulations resulted in a determination of fully compliant, partially compliant, silent, or non-compliant with the elements of the HCBS Final Rule. The outcome was determined through an evaluation of the regulations and/or policies consistency and congruence with elements of the HCBS final rule. Regulation and policy language precisely consistent and congruent with the elements was determined to be fully compliant. Full compliance was also determined if the intent of the message and language utilized in the regulation/policy was consistent with the elements. Policies and/or regulations consistent with only part of the elements of the HCBS Final Rule were determined to be partially compliant. Inconsistent language or language opposing the elements of the HCBS final rule was determined to be non-compliant. Absent language and
absent intent of language used was determined to be silent. DHS DDS adopted an overarching general provision administrative rule in order to ensure clarity, consistency, and compliance across all waiver program settings. The overarching general provision administrative rule precisely follows the elements detailed in the HCBS Final Rule. As a result, it was determined that all ID/ICF LOC settings are compliant with the HCBS Final Rule. The systemic grid also includes supporting regulation and policies that enhance the consistency of the regulations and policies that address the elements in the HCBS Final Rule. Aging Services plans to adopt a similar overarching general provision administrative rule that will assist in its settings becoming more compliant with the HCBS Final Rule. Much of the regulations and policy pertaining to the NFLOC settings specifically Adult Day Health setting, remained silent; therefore the adoption of an overarching administrative rule would more directly signify that settings must comply with the standards of the HCBS Final Rule.

Remediation Activities NF LOC Waivers

Many of the current policy and regulations pertaining to settings in the NF LOC waivers were determined to remain silent or be partially compliant with the elements of the HCBS Final Rule. It has been determined that remediation is necessary in order to allow the settings to become compliant with the HCBS Final Rule. Remediation activities will consist of the development and addition of an overarching policy that will precisely follow language of the HCBS Final Rule that settings will have to abide by. The development of this standard for NF LOC waiver settings will go through the States permanent rule promulgation process. It is projected the proposed additional standards for NF LOC waiver settings will be effective 9/1/2017. A draft copy of the updated policy and language can be found in Appendix C.

ID/ICF LOC

The DHS DDS developed an overarching general provision standard that was made effective 9/1/2015. This standard pertains to and must be followed by all settings in the ID/ICF waivers. This overarching general provision strictly follows the language in the HCBS Final Rule. Therefore, it has been determined there is no remediation necessary. DHS has supporting policy that will be updated as a means of enhancing compliance and having additional policy to directly correspond with the HCBS Final Rule. Proposed changes to specific language can be found in Appendix D.

Alignment of Review

The State of Oklahoma, pursuant to House Bill 1566 which passed the Oklahoma Legislature and was signed by Governor Mary Fallin in April 2015, is in the process of issuing a Request for Proposal (RFP). The RFP is for a care coordination model for the Aged, Blind, and Disabled populations (ABD). Throughout the process of the RFP development OHCA has worked with the
State’s contracted consultant group to verify all related managed care rules and how the proposed new service delivery model will ensure compliance with the HCBS Final Rule. The intent of the Legislation is to provide better access to care, improve quality and health outcomes, and control spending costs for the ABD populations. The State is working to gather all relevant information from federal statutes including the HCBS Final Rule, the newly proposed managed care rules, State policy, and stakeholder engagement.

Section B: NF LOC Waivers

Introduction

Oklahoma operates two 1915(c) waivers with a nursing facility (NF) level of care designation serving approximately 21,000 individuals per month in community settings. The State conducted a review of all of its applicable State statutes, administrative rules, approved waivers, provider requirements, and service specifications pertaining to the HCBS settings. The results of the State’s systemic review are located in Appendix 1.

The following are the approved NF LOC Waiver Programs.

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. Daily operation of this waiver is performed by the Oklahoma Health Care Authority.

ADvantage – Serves frail elderly individuals age 65 or older and adults age 21 and older with physical disabilities that would otherwise require placement in a nursing facility. Daily operation of this waiver is the responsibility of the Department of Human Services Aging Services (DHS-AS). The Oklahoma Health Care Authority retains administrative oversite of the waiver.

I. Assessment Methodology & Continued Monitoring

The Oklahoma Department of Human Services (DHS), Aging Services (AS), Medicaid Services Unit (MSU), Quality Assurance/Improvement (QAI) department, Provider Audit team conducts an annual on-site provider agency audit. Audits are completed using a representative sample of case records of Members receiving services in the Adult Day Health (ADH) and/or who reside in an Assisted Living facility (AL). Included in each audit is a survey of Member perception. Member Perception contacts are made with Members who were randomly selected for provider audit review in their ADH/AL setting, in the Member’s home, or via telephone. Currently DHS-AS has been working with DHS, Developmental Disabilities Services (DDS), to complete Adult Day Site Visit Reports at the Adult Day Centers. DHS-AS Medicaid Services Unit
is in the process of developing an Adult Day Health (ADH) and Assisted Living (AL) Consumer-Focused Quality Care Review (C-FQCR) tool during SFY16, to be used beginning SFY17. The C-FQCR tools are based on the provider agencies contractual documents, Oklahoma Administrative Code (OAC), Oklahoma statutes, and HCB Setting Final Rules. The tool is designed to measure provider compliance with defined standards and adherence to the waiver requirements, including Member choice of services and provider, training, compliance with delivery of services as authorized. The tool will also survey Member’s perception of service delivery performance and support to integrate into the greater community. The Provider Audit team is responsible for monitoring and tracking provider’s progress in complying with the performance measures and any necessary remediation. Each review includes a plan of correction that the agency completes, as well as a follow-up visit if there were any non-compliance issues with any of the requirements. 4

Population: All Members with service plans active during the reporting period

Sample Size/Methodology: Random cumulative sample selected according to the percentage of Members served by a single ADH/AL provider as a proportion of the total number of Members served receiving ADH/AL services on the Waiver. Sample size will be validated utilizing Raosoft Survey Design.

II. Assessment Process

The proposed action steps and timelines for the statewide transition plan are outlined in the grids found in Appendices 3 & 4. The proposed timelines are contingent upon CMS approval of the plan.

III. Remediation Strategy

a. Remediation

Any provider who scored below 100% on these HCBS settings compliance reviews will be required to complete a plan of correction developed by the review team, complete two progress reports over a 6-month period and a follow-up visit. The Plan of Correction includes the identification and cause of the problem, the proposed action/intervention, a monitoring plan, the person accountable, the implementation and projected completion dates and the expected outcome. The Progress Reports include the status of implementation, what data has been collected, the collection date and the person accountable. The Plan of Correction is submitted within 30 days from the date that the final reports are mailed to the agency and the Progress Reports are due every 30 days after the Plan of Correction is approved by the Programs Assistant Administrator of the Quality Assurance/Improvement department or
designee. The Follow-up Audit is completed during the month following the final Progress Report and includes only those Conditions that required a Plan of Correction.

b. Improvement

Full compliance is requested for all HCB Setting requirements, as well as other performance measures to be reviewed during the audit. During this initial year of auditing, both the Quality Assurance and Improvement Advisor and the Quality Assurance and Improvement Programs Supervisor, will work with providers to come into full compliance on all HCB settings. Trainings have been conducted with providers to explain the monitoring method and answer any questions.

c. Plan for Relocation

1. Each Member has an individualized person-centered Service Plan, prepared by the ADvantage Case Manager in conjunction with the Interdisciplinary Team (IDT), completed during each Service Plan year or when living arrangements are modified. One section of the Service Plan is Life Transition Planning. In this area, contingency plans list choices by the Member if they can no longer stay at the assisted living and the parties available to assist with this transition. Also included is a goal addressing what will happen to the Member’s belongings, should the Member have to move into an NF.

2. Each Member has an individualized person-centered Services Backup Plan crafted by the ADvantage Case Manager in conjunction with the IDT team completed during each Service Plan year or when living arrangements are modified. This Services Backup Plan includes contingency plans for direct care assistance, critical health and supportive services, equipment repair or replacement, medications, DME supplies, transportation, etc. First, second, and third tier designated backups are also listed on the plan. The plan is signed by the Member, ADvantage Case Manager and any witnesses, if applicable.

3. Should the setting fail to reach compliance, Members, ADvantage Case Managers and the IDT will strategize for all possible living options available in the community. Immediate coordination with the ADvantage Case Manager and all other IDT members requested by the Member are critical in determining the wishes of the Member and the options available to them in a somewhat limited timeframe.

Some of the options available would be as follows:

Assisted Living

• Transferring to another certified ADvantage Assisted Living Center
• Home with HCBS services and informal supports

• Home with Adult Day Health services

• Explore all assistance and living arrangements with family, friends

• Nursing facility placement (if necessary)

Adult Day Health

• Transferring to another Adult Day Health facility

• Remaining in the home with PCA services in place, in conjunction with informalsupports

• Move to a certified ADvantage Assisted Living Center

• Explore all assistance and living arrangements with family, friends.

• Nursing facility placement (if necessary)

IV. Baseline Assessment Process and Results

Baseline assessments were completed from August 2014 to March 2015. Providers received a survey via electronic mail and follow-up phone calls. The survey consisted of questions from the CMS Final Rule Exploratory Questions document. Follow-up calls were made to ensure that providers completed the survey in the allotted time frame. Surveys were sent to the entire NF LOC waiver setting locations. There was an 80% response rate on the survey. The State did reach out to those providers that did not respond to the survey. The State intends to assess these individuals in the next round of surveys through the annual provider audit process discussed in Section I, which includes a site visit. Assessment results indicate that 75% of settings assessed comply with the HCBS Final Rule and 25% do not comply. For those settings 6 that were found to be non-compliant, the State will take the steps listed above in the Remediation Section to ensure compliance by March 2019. We estimate based on the baseline assessments that at least 75% of all settings comply with the HCBS Final Rule and 25% are non-compliant. A more detailed overview of the survey and the survey results can be found in Appendix 3.

Section C: ICF/ID Waivers

Introduction

Oklahoma operates four home and community-based waivers which require an ICF/ID level of care. Average monthly enrollment in these waivers is approximately 5,382. In accordance with
Title 340 Chapter 100 of the Oklahoma Administrative Code (OAC), the ICF/ID level of care is mutually exclusive from the nursing facility levels of care, which are necessary for enrollment in the waivers administered and operated by DHS DDS. The State conducted a review of all of its applicable State statutes, administrative rules, approved waivers, provider requirements, and service specifications. The results of the State’s systemic review are located in Appendix 2.

The following are the approved ICF/ID Waiver Programs. Daily operation of each of these waivers is the function of the Oklahoma Department of Human Services – Developmental Disabilities Services.

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/ID.

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.

I. Assessment Methodology & Continued Monitoring

An annual performance survey is conducted with agencies providing services through a Home and Community Based Waiver, to assess compliance with expectations defined in the agency’s contract. A random sample is selected by DHS Office of Planning, Research and Statistics utilizing SPSS software. Surveys are conducted during each state fiscal year with providers of residential, vocational, or non-medical home supports. A representative sample of service recipients from each of the four waivers is selected and then organized by provider agency who serves each service recipient included in the random sample. Notification is given to providers in the survey sample of when the survey will be completed. Surveys are completed through on-site visits.

II. Assessment Process
Developmental Disabilities Services (DDS) Quality Assurance staff review all applicable rules and provider contracts before the site visit. During the site visit, DDS Quality Assurance staff observes and conduct interviews with service recipients and staff involved in each type of service provided by the agency. Observations and interviews occur during various times of service delivery. Quality Assurance staff members evaluate information obtained from observations, interviews, and records reviewed in the context of appropriate and applicable contract standards, state, and federal rules. The survey tools utilized by the Quality Assurance team have been revised to specifically address requirements for home and community based settings. Once the site visit is complete, the DDS Quality Assurance team conducts an Exit conference with the provider agency, where the findings of the review are presented. The proposed action steps and timelines for the statewide transition plan are outlined in the grids found in Appendices 3 & 4. The proposed timelines are contingent upon CMS approval of the plan.

III. Remediation Strategy

Provider agencies surveyed by DD Quality Assurance Staff are given two weeks after the exit conference to send the Quality Assurance Staff a written response that identifies a date by which the agency will comply with cited requirements. The projected resolution date must be within two months of the exit conference. Any requests beyond two months of the date of the exit conference must be accompanied by a justification statement. Approval of extended resolution dates occurs only upon the presentation of evidence that extensive change in agency management systems or extensive expenditures is essential to the resolution of the issue. If a provider agency wishes to contest the findings of the performance review, the agency must submit a written appeal notice within two weeks of the exit conference. The written appeal notice does not relieve the agency from the responsibility to achieve resolution of contract deficiencies within two months from the date of the exit conference unless the appeal is approved. Provider agencies that receive citations will be re-surveyed to assess resolution of identified contract and rule deficiencies. DDS staff will continue to work with individual providers to identify and to achieve compliance within required time frames. Following the re-survey the provider is informed of the results. The provider may submit evidence contesting a citation. Any new citations found during the re-survey will be added to the report of the original survey. If the agency fails to correct cited issues sanctions may occur, including potential relocation of members. This process will continue through June 2018. Beginning July 2018 all settings must be compliant with the HCBS settings regulations. All settings that are not fully compliant with the HCBS settings regulation will be identified and individuals receiving HCBS in
those settings will be relocated to a compliant setting. Oklahoma DDS staff will follow person centered planning in the transition process. Individuals will have choice among qualified providers, settings and be provided opportunities to visit several settings and given information to help them understand the various options available. Individuals will be relocated as necessary by March 15, 2019.

IV. Baseline Assessment Process & Results

First quarter provider surveys conducted during the period of July 2015 to September 2015 are being used for baseline information. This baseline assessment information was compiled utilizing the process outlined in the Assessment Methodology and Assessment Process Sections above. The baseline information included the portion of the annual representative sample served by the provider agencies surveyed, which comprised 207 service recipients and 213 different settings Assessment results indicate that 86% of settings assessed comply with the HCBS Final Rule and 14% do not comply. For those settings that were found to be non-compliant, the State will take the steps listed above in the Remediation Section to ensure compliance by March 2019. We estimate based on the baseline assessments that at least 85% of all settings comply with the HCBS Final Rule and 15% are non-compliant. Assessments are conducted to each provider on an annual basis, throughout the year, results are reported quarterly. A more detailed overview of the survey and the survey results can be found in Appendix 4.

Section D: Public Input

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 transition plan.

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 was presented at the second public meeting on April 28, 2015.

OHCA held another public meeting on December 7, 2015 in an effort to make the public aware of the response letter from CMS concerning the Statewide Transition Plan, and the States process for making revisions and submitting the revised plan back to CMS. Stakeholders were made aware of the meeting through newspaper advertisements and the OHCA public website. The Public Meeting Notice was included in the 5 major Oklahoma Newspapers. The State did not receive any comments at the public meeting held on December 7, 2015. The option to
submit a written comment in a non-electronic format was made available by the State as well (http://www.okhca.org/individuals.aspx?id=16904). The revised SWTP was posted to the OHCA website on December 15, 2015. There were no comments received.

As a means of garnering more public input for the SWTP, the State and its partner agencies reached out to the established stakeholder groups and community to participate in the development of the revised SWTP. The State sent information to over 100 stakeholders, requesting their participation in the development and review of the revised plan. The state also hosted a training of over 300 providers where the SWTP was an agenda item. The State solicited feedback from the providers in attendance at the training. The majority of the comments received were related to HB 1566, the proposal of implementing managed long term care in the State. Other comments received requested clarification on the determination of compliance for certain State policies. The State added language in the SWTP that clarifies the relationship of the HCBS Final rule with the proposed managed care implementation. The State also revised the systemic assessment grid to clarify the appropriate compliance determination for the State policy in question. The revised SWTP was posted to the OHCA website on October 5, 2016. Stakeholders were sent a notification of the public posting. The State received four comments from the 30 day posting for public comments on October 5, 2016. The SWTP was updated to include the comments received and the States responses to those comments. Modifications were made to the SWTP and other changes will be made in the submission of the SWTP for final approval based on the comments received. The comments and responses can be found in Appendix E.

To summarize, the comments expressed concerns with the SWTP and the current service system delivery structure and methodology, in particular with the lack of clarity regarding how expectations, pertaining to employment and community integration will impact the individual’s right to choose services and settings. Additional comments viewed the current living arrangements of service recipients to already allow for choice, but had questions about the oversight and the process of how the determination is made concerning an individuals’ experience of that choice. The comments for the most part support the intent of the HCBS final rule, on the choice and integration of individuals; yet would like the State to account for the idea that community integration for some is difficult to accomplish and unwanted. Comments also expressed the need for additional time and resources to explore community integration of the non-verbal autistic population. As a means of providing more understanding and clarification of the purpose and intent of the Final Rule, the OHCA developed a webinar to be posted on the Statewide Transition Plan website that can be viewed at the leisure of individuals desiring more education and training about the rule. The SWTP will also be updated to reflect further clarifications about the issues raised in the comments received. The State plans to hold another public meeting in December 2016 for the purpose of discussing all the revisions made to the SWTP in preparation of the submission for Final approval.
Appendix A
### Appendix A: NFLOC Waivers

#### System Remediation Grid

**Updated 10/16**

**Settings Include: Adult Day Health; Assisted Living**

<table>
<thead>
<tr>
<th>Regulations</th>
<th>Current State Standard of Relevance</th>
<th>Compliance Status</th>
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</table>
| 1. Adult Day Health  
OAC 310:605-13-1  
Oklahoma Administrative Code 310:605-13-1 outlines the requirements for Adult Day Care Centers in the State of Oklahoma. This particular section outlines the services that are required to be provided to service recipients.  
Partially Compliant | This policy outlines the requirements for Adult Day Care Centers in the State of Oklahoma. The policy addresses choice for members; however it does not directly address the requirements to be integrated and support full access to the greater community. Therefore the State has determined that it is partially compliant.  
Remediation is required and will consist of updating current policy and drafting overarching language to follow the elements found in the HCBS Final Rule. A draft of the policy and corresponding language can be found in Appendix C. | Language has been proposed for Medicaid Services Unit-ADVantage Administration (MSU-AA) policy OAC 317:30-5-763(3)(F) and will go through the States rule promulgation process. Please see Appendix C for a copy of the proposed language. | Tribal Consultation: November 2016  
Permanent Rule Text Submitted to Governor and Cabinet per EO 2013-34: December 2016  
• Comment Period Begins: January 2017  
• Comment Period Ends: February 2017  
• Public Hearing: February 2017  
• MAC: March 2017  
• Board Vote: March 2017  
• ARRs, RISs, and Rule Texts Submitted to Governor and Legislature March 2017  
• SOS Submitted to OAR: March 2017  
Expected effective date is 9/1/17 |
| 2. Assisted Living  
OAC 310:663  
Oklahoma Administrative Code 310:663 outlines the requirements for Assisted Living Facilities in the State of Oklahoma.  
Silent | This Administrative Code outlines the requirements for Assisted Living Facilities in the State of Oklahoma. While OAC 310:663 is silent, the setting remains fully compliant as OAC 317:30-5-763(18) | | |

Setting is integrated in, and supports full access of, individual receiving Medicaid HCBS to the greater community to the same degree of access as individuals not receiving Medicaid HCBS.
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<td>requirements for Continuum of Care and Assisted Living in the State of Oklahoma.</td>
<td></td>
<td>The regulation does not contradict or speak against the requirement in the HCBS Final Rule, rather it remains silent. Therefore the State has determined this regulation to be silent on the HCBS Final Rule.</td>
<td>upheld the HCBS Final Rule Requirement.</td>
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3. **Assisted Living**

   [OAC 317:30-5-763(18)]

   Oklahoma Administrative Code 317:30-5-763(18) outlines the requirements for ADvantage waiver members in Assisted Living settings.

   **Fully Compliant**

   The Administrative Code outlines the requirements of Assisted Living Settings. The regulation upholds the requirements of the HCBS Final Rule. Both the language in the policy and the intent of the rule provides choice, opportunity and integration of members receiving HCB services in the setting. Therefore the State has determined this regulation to be fully compliant.

1. **Adult Day Health**

   [OAC 310:605]

   Oklahoma Administrative Code 310:605 outlines the requirements for Adult Day Care Centers in the State of Oklahoma.

   **Silent**

   This Administrative Code outlines the requirements for Adult Day Care Centers in the State of Oklahoma. The regulation does not contradict or speak against the requirement in the HCBS Final Rule. Remediation is required and will consist of updating current policy and drafting overarching language to follow the elements found in the HCBS Final Rule. A draft Language has been proposed for Medicaid Services Unit-ADvantage Administration (MSU-AA) policy OAC 317:30-5-763(3)(F) and will go through the States rule.

   • Tribal Consultation: November 2016
   • Permanent Rule Text Submitted to Governor and Cabinet per EO 2013-34: December 2016
   • Comment Period
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| Medicaid HCBS.              |                                     |                   | HCBS Final Rule, rather it remains silent. Therefore the State has determined this regulation to be silent. | of the policy and corresponding language can be found in Appendix C. | promulgation process. Please see Appendix C for a copy of the proposed language. | Begins: January 2017
• Comment Period Ends: February 2017
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• SOS Submitted to OAR: March 2017
Expected effective date is 9/1/17 |
| 2. Assisted Living OAC 310:663 <br> Oklahoma Administrative Code 310:663 outlines the requirements for Continuum of Care and Assisted Living in the State of Oklahoma. | Silent | This Administrative Code outlines the requirements for Assisted Living Facilities in the State of Oklahoma. The regulation does not contradict or speak against the requirement in the HCBS Final Rule, rather it remains silent. Therefore the State has determined this regulation to be silent. | While OAC 310:663 is silent, the setting remains fully compliant as OAC 317:30-5-763(18) upholds the HCBS Final Rule Requirement. |

1. **Assisted Living OAC 317:30-5-763(18)(C)(v)(III) Oklahmo Administrative** <br> Oklahoma Administrative Code 317:30-5-763(18)(C)(v)(III) outlines the requirements of Assisted Living Settings. The regulation upholds the

No Remediation Required.
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<td>Code 317:30-5-763(18) outlines the requirements for ADvantage waiver members in Assisted Living settings.</td>
<td>requirements of the HCBS Final Rule. Both the language in the policy and the intent of the rule provides choice, opportunity and integration of members receiving HCB services in the setting. Therefore the State has determined this regulation to be fully compliant.</td>
<td>Partially Compliant</td>
<td>Administrative policy is partially compliant with the rule as it does address the independence and choice of the service recipient; however it does not address the opportunities to engage in community life to the same degree of access as individuals not receiving HCBS.</td>
<td>Remediation is required and will consist of updating current policy and drafting overarching language to follow the elements found in the HCBS Final Rule. A draft of the policy and proposed language can be found in Appendix C.</td>
<td>Language has been proposed for Medicaid Services Unit-ADvantage Administration (MSU-AA) policy OAC 317:30-5-763(3)(F) and will go through the States rule promulgation process. Please see Appendix C for a copy of the proposed language.</td>
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The setting includes opportunities to engage in community life to the same degree of access as individuals not receiving Medicaid HCBS.

1. Adult Day Health **OAC 310:605-3-1**
   - Oklahoma Administrative Code 310:605-3-1 outlines the requirements for Adult Day Care Centers in the State of Oklahoma.
   - Partially Compliant
   - Administrative policy is partially compliant with the rule as it does address the independence and choice of the service recipient; however it does not address the opportunities to engage in community life to the same degree of access as individuals not receiving HCBS.
   - Remediation is required and will consist of updating current policy and drafting overarching language to follow the elements found in the HCBS Final Rule. A draft of the policy and proposed language can be found in Appendix C.
   - Language has been proposed for Medicaid Services Unit-ADvantage Administration (MSU-AA) policy OAC 317:30-5-763(3)(F) and will go through the States rule promulgation process. Please see Appendix C for a copy of the proposed language.

- **Tribal Consultation:** November 2016
- Permanent Rule Text Submitted to Governor and Cabinet per EO 2013-34: December 2016
- **Comment Period Begins:** January 2017
- **Comment Period Ends:** February 2017
- **Public Hearing:** February 2017
- **MAC:** March 2017
- **Board Vote:** March 2017
- **ARRs, RISs, and Rule Texts Submitted to Governor and Legislature**
## Appendix A: NFLOC Waivers

### System Remediation Grid

**Settings Include: Adult Day Health; Assisted Living**

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<th>Action Steps</th>
<th>Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Silent</td>
<td>This Administrative Code outlines the requirements for Assisted Living Facilities in the State of Oklahoma. The regulation does not contradict or speak against the requirement in the HCBS Final Rule, rather it remains silent. Therefore the State has determined this regulation to be silent.</td>
<td>While OAC 310:663 is silent, the setting remains fully compliant as OAC 317:30-5-763(18) upholds the HCBS Final Rule Requirement.</td>
<td>No Remediation is Required.</td>
<td>March 2017&lt;br&gt;• SOS Submitted to OAR: March 2017&lt;br&gt;Expected effective date is 9/1/17</td>
</tr>
<tr>
<td>2. <strong>Assisted Living</strong>&lt;br&gt;OAC 310:663&lt;br&gt;Oklahoma Administrative Code 310:663 outlines the requirements for Continuum of Care and Assisted Living in the State of Oklahoma.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. <strong>Assisted Living</strong>&lt;br&gt;OAC 317:30-5-763(18)&lt;br&gt;Oklahoma Administrative Code 317:30-5-763(18) outlines the requirements for ADvantage waiver members in Assisted Living settings.</td>
<td></td>
<td>Fully Compliant</td>
<td>The Administrative Code outlines the requirements of Assisted Living Settings. The regulation upholds the requirements of the HCBS Final Rule. Both the language in the policy and the intent of the rule provides choice, opportunity and integration of members receiving HCB services in the setting. Therefore the State has determined this regulation to be fully</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Appendix A: NFLOC Waivers

### System Remediation Grid

**Updated 10/16**

**Settings Include:** Adult Day Health; Assisted Living

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</thead>
<tbody>
<tr>
<td>OAC 310:605</td>
<td>Silent</td>
<td>No Remediation is Required</td>
<td>Language has been proposed for Medicaid Services Unit-ADvantage Administration (MSU-AA) policy OAC 317:3-5-763(3)(F) and will go through the States rule promulgation process. Please see Appendix C for a copy of the proposed language.</td>
<td>Remediation is required and will consist of updating current policy and drafting overarching language to follow the elements found in the HCBS Final Rule. A draft of the policy and proposed language can be found in Appendix C.</td>
<td>Language has been proposed for Medicaid Services Unit-ADvantage Administration (MSU-AA) policy OAC 317:3-5-763(3)(F) and will go through the States rule promulgation process. Please see Appendix C for a copy of the proposed language.</td>
<td><strong>Tribal Consultation:</strong> November 2016 Permanent Rule Text Submitted to Governor and Cabinet per EO 2013-34: December 2016 <strong>Comment Period Begins:</strong> January 2017 <strong>Comment Period Ends:</strong> February 2017 <strong>Public Hearing:</strong> February 2017 <strong>MAC:</strong> March 2017 <strong>Board Vote:</strong> March 2017 <strong>ARRs, RISs, and Rule Texts Submitted to Governor and Legislature:</strong> March 2017 <strong>SOS Submitted to OAR:</strong> March 2017 Expected effective date is 9/1/17</td>
</tr>
</tbody>
</table>

The setting includes opportunities to control personal resources to the same degree of access as individuals not receiving Medicaid HCBS.

1. **Adult Day Health**
   - **OAC 310:605**
   - This Administrative Code outlines the requirements for Adult Day Care Centers in the State of Oklahoma. The regulation does not contradict or speak against the requirement in the HCBS Final Rule, rather it remains silent. Therefore the State has determined this regulation to be silent.

2. **Assisted Living**
   - **Title 63 O.S. 1-1918**
   - The State determined this policy to be fully compliant with the HCBS Final Rule as language specifically mentions the service recipient’s right to manage.
## Appendix A: NFLOC Waivers
### System Remediation Grid
Updated 10/16

**Settings Include: Adult Day Health; Assisted Living**

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</thead>
<tbody>
<tr>
<td>Oklahoma Administrative Code 310:663-15-1 refers to this policy for the treatment of rights and responsibilities for service recipients in the Assisted Living facility as well.</td>
<td></td>
<td>his or her own financial affairs.</td>
<td></td>
<td>No Remediation</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 1. Assisted Living

Oklahoma Administrative Code 317:30-5-763(18)(C)(v)(III)

Oklahoma Administrative Code 317:30-5-763(18) outlines the requirements for ADvantage waiver members in Assisted Living settings.

<p>| | | |</p>
<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Fully Compliant</td>
<td>The Administrative Code outlines the requirements of Assisted Living Settings. The regulation upholds the requirements of the HCBS Final Rule. Both the language in the policy and the intent of the rule provides choice, opportunity and integration of members receiving HCB services in the setting. Therefore the State has determined this regulation to be fully compliant.</td>
<td>No Remediation Required.</td>
</tr>
</tbody>
</table>

1. **Adult Day Health**

Oklahoma Administrative Code 310:605 outlines the requirements for Adult Day Care Centers in the State of Oklahoma.

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
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<th></th>
</tr>
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<tbody>
<tr>
<td>Silent</td>
<td>This Administrative Code outlines the requirements for Adult Day Care Centers in the State of Oklahoma. The regulation does not contradict or speak against the requirement in the HCBS Final Rule, rather it Remediation is required and will consist of updating current policy and drafting overarching language to follow the elements found in the HCBS Final Rule. A draft of the policy and the Language has been proposed for Medicaid Services Unit-ADvantage Administration (MSU-AA) policy OAC 317:30-5-763(3)(F) and will go through the States rule promulgation process.</td>
<td>• Tribal Consultation: November 2016 Permanent Rule Text Submitted to Governor and Cabinet per EO 2013-34: December 2016 • Comment Period Begins: January 2017</td>
</tr>
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</table>

The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are...
## Appendix A: NFLOC Waivers
### System Remediation Grid
Updated 10/16

**Settings Include: Adult Day Health; Assisted Living**

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</thead>
<tbody>
<tr>
<td>identified and documented in the person-centered service plan and are based on the individual’s needs, preferences, and, for residential settings, resources available for room and board.</td>
<td></td>
<td></td>
<td>remains silent. Therefore the State has determined this regulation to be silent.</td>
<td>proposed language can be found in Appendix C.</td>
<td>Please see Appendix C for a copy of the proposed language.</td>
<td></td>
</tr>
</tbody>
</table>

### 2. Assisted Living

**OAC 310:663**

Oklahoma Administrative Code 310:663 outlines the requirements for Continuum of Care and Assisted Living in the State of Oklahoma.

| | Silent | This Administrative Code outlines the requirements for Assisted Living Facilities in the State of Oklahoma. The regulation does not contradict or speak against the requirement in the HCBS Final Rule, rather it remains silent. Therefore the state has determined this regulation to be silent. | While OAC 310:663 is silent, the setting remains fully compliant as OAC 317:30-5-763(18) upholds the HCBS Final Rule Requirement. | | | |

### 3. Assisted Living

**OAC 317:30-5-763(18)**

Oklahoma Administrative Code 317:30-5-763(18)

| | Fully Compliant | The Administrative Code outlines the requirements of Assisted Living Settings. The regulation upholds the requirements of the HCBS | No Remediation Required. | | | |

- **Timeline**
  - Comment Period Ends: February 2017
  - Public Hearing: February 2017
  - MAC: March 2017
  - Board Vote: March 2017
  - ARRs, RISs, and Rule Texts Submitted to Governor and Legislature March 2017
  - SOS Submitted to OAR: March 2017
  - Expected effective date is 9/1/17
Appendix A: NFLOC Waivers
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Settings Include: Adult Day Health; Assisted Living

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<tbody>
<tr>
<td>An individual’s essential personal rights of privacy, dignity, respect, and freedom from coercion and restraint are protected.</td>
<td>outlines the requirements for ADvantage waiver members in Assisted Living settings.</td>
<td>Final Rule. Both the language in the policy and the intent of the rule provides choice, opportunity and integration of members receiving HCB services in the setting. Therefore the State has determined this regulation to be fully compliant.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. **Adult Day Health**
   - **OAC 310:605-3-1**
   - Oklahoma Administrative Code 310:605-3-1 outlines the requirements for Adult Day Care Centers in the State of Oklahoma.
   - **Fully Compliant**
   - The State has determined that the Administrative policy is fully compliant with the HCBS Final Rule as it addresses member’s rights of privacy, dignity, respect, and freedom from coercion and restraints.
   - **No Remediation is Required**

2. **Assisted Living**
   - **Title 63 O.S. 1-1918**
   - Oklahoma Statutes found in Title 63 O.S. 1-1918 includes the rights and responsibilities of nursing home residents. Oklahoma Administrative Code 310:663-15-1 refers to this policy for the treatment of rights and responsibilities for service recipients in the
   - **Fully Compliant**
   - The State has determined that the Administrative policy is fully compliant with the HCBS Final Rule as it addresses member’s rights of privacy, dignity, respect, and freedom from coercion and restraints.
   - **No Remediation is Required**
# Appendix A: NFLOC Waivers

## System Remediation Grid

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**Settings Include:** Adult Day Health; Assisted Living

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<tbody>
<tr>
<td>Assisted Living facility as well.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| 3. **Assisted Living**

OAC 317:30-5-763(18)(B)

Oklahoma Administrative Code 317:30-5-763(18) outlines the requirements for ADvantage waiver members in Assisted Living settings. | Fully Compliant | The Administrative Code outlines the requirements of Assisted Living Settings. The regulation upholds the requirements of the HCBS Final Rule. Both the language in the policy and the intent of the rule provides choice, opportunity and integration of members receiving HCB services in the setting. Therefore the State has determined this regulation to be fully compliant. | No Remediation is Required. | | |

| Optimizes, but does not regiment individual initiative, autonomy, and independence in making life choices. This includes, but not limited to, daily activities, physical environment, and with whom to interact. | | | | | | |

| 1. **Adult Day Health**

OAC 310:605-3-1

OAC 310:605-13-1

Oklahoma Administrative Code 310:605-13-1(3) outlines the requirements for Adult Day Care Centers in the State of Oklahoma. | Fully Compliant | The State has determined that the Administrative policy is fully compliant as it specifies the service recipient’s independence in making choices that include daily activities, physical environment, and with whom to interact. | No Remediation is Required. | | |

| 2. **Assisted Living**

Title 63 O.S. 1-1918

Oklahoma Statutes found in Title 63 1-1918 includes the | Fully Compliant | The State has determined that the Administrative policy is fully compliant as it specifies the service | No Remediation is Required | | |
## Appendix A: NFLOC Waivers
### System Remediation Grid
**Updated 10/16**

**Settings Include: Adult Day Health; Assisted Living**

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<tr>
<td>rights and responsibilities of nursing home residents. Oklahoma Administrative Code 310:663-15-1 refers to this policy for the treatment of rights and responsibilities for service recipients in the Assisted Living facility as well.</td>
<td>recipient’s liberties as it pertains to independent personal decisions and knowledge of available choices.</td>
<td>Fully Compliant</td>
<td>The Administrative Code outlines the requirements of Assisted Living Settings. The regulation upholds the requirements of the HCBS Final Rule. Both the language in the policy and the intent of the rule provides choice, opportunity and integration of members receiving HCB services in the setting. Therefore the State has determined this regulation to be fully compliant.</td>
<td>No Remediation Required</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| **3. Assisted Living**  
OAC 317:30-5-763(18)(C)(IV)(iv)  
Oklahoma Administrative Code 317:30-5-763(18) outlines the requirements for ADvantage waiver members in Assisted Living settings. | | | | | | |
| **1. Adult Day Health**  
OAC 310:605-3-1  
Oklahoma Administrative Code 310:605-3-1 outlines the requirements for Adult Day Care Centers in the State | Fully Compliant | The State has determined that the Administrative policy is fully compliant as it specifies the service recipient’s opportunity to participate in developing | No Remediation Required | | | |

Individual choice regarding services and supports, and who provides them, is facilitated.
## Appendix A: NFLOC Waivers

### System Remediation Grid

**Updated 10/16**

Settings Include: Adult Day Health; Assisted Living

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</thead>
<tbody>
<tr>
<td>of Oklahoma.</td>
<td></td>
<td>one’s care plan for services. It also specifies the service recipient’s right to be involved in program planning and operation.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| 2. Assisted Living  
**OAC 310:663**  
Oklahoma Administrative Code 310:663 outlines the requirements for Continuum of Care and Assisted Living in the State of Oklahoma. | Silent | This Administrative Code outlines the requirements for Assisted Living Facilities in the State of Oklahoma. The regulation does not contradict or speak against the requirement in the HCBS Final Rule, rather it remains silent. Therefore the state has determined this regulation to be silent. | While OAC 310:663 is silent, the setting remains fully compliant as OAC 317:30-5-763(18) upholds the HCBS Final Rule Requirement. | No Remediation Required | | |
| 3. Assisted Living  
**OAC 317:30-5-763(18)(C)(IV)(iv)**  
Oklahoma Administrative Code 317:30-5-763(18) outlines the requirements for ADvantage waiver members in Assisted Living settings. | Fully Compliant | The Administrative Code outlines the requirements of Assisted Living Settings. The regulation upholds the requirements of the HCBS Final Rule. Both the language in the policy and the intent of the rule provides choice, opportunity and integration of members receiving HCB services in the setting. Therefore the State has determined this regulation to be fully | | No Remediation Required | | |
### Appendix A: NFLOC Waivers

**System Remediation Grid**  
**Updated 10/16**

Settings Include: Adult Day Health; Assisted Living

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<tbody>
<tr>
<td>Provider owned or controlled residential settings: The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated entity. For settings in which landlord tenant laws do not apply, the State must ensure that a lease, residency agreement or other form of written agreement will be in place for each HCBS participant, and that the document provides protections that address</td>
<td></td>
<td></td>
<td>compliant.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| 1. **Adult Day Health**  
OAC 310:605  
Oklahoma Administrative Code 310:605 outlines the requirements for Adult Day Care Centers in the State of Oklahoma. | | N/A – Adult Day Health Setting includes services furnished on a regularly scheduled basis, for one or more days per week in an outpatient setting. | | | | |
| 2. **Assisted Living**  
OAC 310:663-13-1  
Oklahoma Administrative Code 310:663-13-1 outlines the requirements for Continuum of Care and Assisted Living in the State of Oklahoma. | | Fully Compliant | The State has determined that the policy is consistent with and fully complies with the HCBS Final Rule. The language in the policy specifically outlines the legally enforceable agreement between the provider and the service recipient. | No Remediation is Required | | |
| 3. **Assisted Living**  
OAC 317:30-5-763(18)(D)(II)  
Oklahoma Administrative Code 317:30-5-763(18) outlines the requirements for ADvantage waiver members in Assisted Living settings. | | Fully Compliant | The Administrative Code outlines the requirements of Assisted Living Settings. The regulation upholds the requirements of the HCBS Final Rule. Both the language in the policy and the intent of the rule provides choice, | No Remediation is Required | | |
Appendix A: NFLOC Waivers
System Remediation Grid
Updated 10/16

Settings Include: Adult Day Health; Assisted Living

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<tr>
<td>eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law.</td>
<td></td>
<td>opportunity and integration of members receiving HCB services in the setting. Therefore the State has determined this regulation to be fully compliant.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. **Adult Day Health**  
   OAC 310:605  
   Oklahoma Administrative Code 310:605 outlines the requirements for Adult Day Care Centers in the State of Oklahoma.  
   N/A – Adult Day Health Setting includes services furnished on a regularly scheduled basis, for one or more days per week in an outpatient setting.

2. **Assisted Living**  
   OAC 310:663-7-2  
   Oklahoma Administrative Code 310:663 outlines the requirements for Continuum of Care and Assisted Living in the State of Oklahoma.  
   Fully Compliant  
   The State has determined that the policy is fully compliant with the HCBS Final Rule as it specifically speaks to the service recipient’s right to lockable doors and ensures the privacy and independence of service recipients.  
   No Remediation is Required

3. **Assisted Living**  
   OAC 317:30-5-763(18)(D)(i)  
   Oklahoma Administrative Code 317:30-5-763(18)(D)(i) outlines the requirements of Assisted Living Settings. The regulation upholds the...
# Appendix A: NFLOC Waivers

## System Remediaiton Grid

**Updated 10/16**

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<tbody>
<tr>
<td>Code 317:30-5-763(18) outlines the requirements for ADvantage waiver members in Assisted Living settings.</td>
<td></td>
<td></td>
<td>requirements of the HCBS Final Rule. Both the language in the policy and the intent of the rule provides choice, opportunity and integration of members receiving HCB services in the setting. Therefore the State has determined this regulation to be fully compliant.</td>
<td></td>
<td></td>
<td></td>
</tr>
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</table>

| 1. Adult Day Health | | | | | |
| OAC 310:605 | | | | | |
| Oklahoma Administrative Code 310:605 outlines the requirements for Adult Day Care Centers in the State of Oklahoma. | | | | | |
| N/A – Adult Day Health Setting includes services furnished on a regularly scheduled basis, for one or more days per week in an outpatient setting. | | | | | |

| 2. Assisted Living | | | | | |
| OAC 310:663-7-2 | | | | | |
| Oklahoma Administrative Code 310:663 outlines the requirements for Continuum of Care and Assisted Living in the State of Oklahoma. | | | | | |
| Silent | | | | | |
| This Administrative Code outlines the requirements for Assisted Living Facilities in the State of Oklahoma. The regulation does not contradict or speak against the requirement in the HCBS Final Rule, rather it | | | | | |

Provider owned or controlled residential settings: Individuals have the freedom to choose roommates (if applicable)

While OAC 310:663 is silent, the setting remains fully compliant as OAC 317:30-5-763(18) upholds the HCBS Final Rule Requirement.
### Appendix A: NFLOC Waivers

#### System Remediation Grid

**Updated 10/16**

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<th>Timeline</th>
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</thead>
<tbody>
<tr>
<td>Provider owned or controlled residential settings: Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.</td>
<td></td>
<td></td>
<td>remains silent. Therefore the State has determined this regulation to be silent.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| 3. Assisted Living OAC 317:30-5-763(18) | Outline the requirements for ADvantage waiver members in Assisted Living settings. | Fully Compliant | The Administrative Code outlines the requirements of Assisted Living Settings. The regulation upholds the requirements of the HCBS Final Rule. Both the language in the policy and the intent of the rule provides choice, opportunity and integration of members receiving HCB services in the setting. Therefore the State has determined this regulation to be fully compliant. | No Remediation Required. | | |

| 1. Adult Day Health OAC 310:605 | Outline the requirements for Adult Day Care Centers in the State of Oklahoma. | N/A – Adult Day Health Setting includes services furnished on a regularly scheduled basis, for one or more days per week in an outpatient setting. | | | |

| 2. Assisted Living | Fully Compliant | The State has determined | No Remediation is | | | |
# Appendix A: NFLOC Waivers

System Remediation Grid
Updated 10/16

## Settings Include: Adult Day Health; Assisted Living

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</table>
| **3. Assisted Living**  
OAC 317:30-5-763(18)(D)(VII)  
Oklahoma Administrative Code 317:30-5-763(18) outlines the requirements for ADvantage waiver members in Assisted Living settings.  
OAC 317:663-7-2  
Oklahoma Administrative Code 310:663 outlines the requirements for Continuum of Care and Assisted Living in the State of Oklahoma.  
OAC 310:605  
Oklahoma Administrative Code 310:605 outlines the requirements for Adult Day Care Centers in the State of Oklahoma.  
N/A – Adult Day Health Setting includes services furnished on a regularly scheduled basis, for one or more | Fully Compliant | that the policy is fully compliant with the HCBS Final Rule as it specifically gives service recipients the right to furnish and decorate their own living space. | Required | No Remediation is Required. |

Provider owned or controlled residential settings: Individuals have the freedom and support to control their own schedules and activities, and have access to food

<table>
<thead>
<tr>
<th>Current State Standard of Relevance</th>
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| **1. Adult Day Health**  
OAC 310:605  
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Oklahoma Administrative Code 310:605 outlines the requirements for Adult Day Care Centers in the State of Oklahoma.  
N/A – Adult Day Health Setting includes services furnished on a regularly scheduled basis, for one or more | N/A – Adult Day Health Setting includes services furnished on a regularly scheduled basis, for one or more | that the policy is fully compliant with the HCBS Final Rule as it specifically gives service recipients the right to furnish and decorate their own living space. | Required | No Remediation is Required. |
## Appendix A: NFLOC Waivers

### System Remediation Grid

**Updated 10/16**

**Settings Include: Adult Day Health; Assisted Living**

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<tr>
<td>at any time.</td>
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<td>days per week in an outpatient setting.</td>
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</table>

**2. Assisted Living**  
OAC 310:663-3-1(b)  
Oklahoma Administrative Code 310:663 outlines the requirements for Continuum of Care and Assisted Living in the State of Oklahoma.  

- **Fully Compliant**  
  - The State has determined that the policy is fully compliant with the HCBS Final Rule as it ensures the service recipients direct all routines of care and the provision of service delivery.  
  - No Remediation is Required

**3. Assisted Living**  
OAC 317:30-5-763(18)(B)  
Oklahoma Administrative Code 317:30-5-763(18) outlines the requirements for ADvantage waiver members in Assisted Living settings.

- **Fully Compliant**  
  - The Administrative Code outlines the requirements of Assisted Living Settings. The regulation upholds the requirements of the HCBS Final Rule. Both the language in the policy and the intent of the rule provides choice, opportunity and integration of members receiving HCB services in the setting. Therefore the State has determined this regulation to be fully compliant.  
  - No Remediation is Required

**Provider owned or controlled residential settings: Individuals are**

**1. Adult Day Health**  
OAC 310:605  
Oklahoma Administrative  

- **N/A – Adult Day Health Setting includes services**
### Appendix A: NFLOC Waivers

**System Remediation Grid**  
**Updated 10/16**

**Settings Include:** Adult Day Health; Assisted Living

<table>
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<tr>
<td>able to have visitors of their choosing at any time.</td>
<td>Code 310:605 outlines the requirements for Adult Day Care Centers in the State of Oklahoma.</td>
<td>furnished on a regularly scheduled basis, for one or more days per week in an outpatient setting.</td>
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</tr>
<tr>
<td>2. Assisted Living</td>
<td>Silent</td>
<td>This Administrative Code outlines the requirements for Assisted Living Facilities in the State of Oklahoma. The regulation does not contradict or speak against the requirement in the HCBS Final Rule, rather it remains silent. Therefore the State has determined this regulation to be silent.</td>
<td>While OAC 310:663 is silent, the setting remains fully compliant as OAC 317:30-5-763(18) upholds the HCBS Final Rule Requirement.</td>
<td></td>
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</tr>
<tr>
<td>OAC 310:663</td>
<td>Oklahoma Administrative Code 310:663 outlines the requirements for Continuum of Care and Assisted Living in the State of Oklahoma.</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>3. Assisted Living</td>
<td>Fully Compliant</td>
<td>The Administrative Code outlines the requirements of Assisted Living Settings. The regulation upholds the requirements of the HCBS Final Rule. Both the language in the policy and the intent of the rule provides choice, opportunity and integration of members receiving HCB services in the setting. Therefore the</td>
<td>No Remediation is Required.</td>
<td></td>
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</tr>
<tr>
<td>OAC 317:30-5-763(18)(D)(XII)</td>
<td>Oklahoma Administrative Code 317:30-5-763(18) outlines the requirements for ADvantage waiver members in Assisted Living settings.</td>
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## Appendix A: NFLOC Waivers
### System Remediation Grid
Updated 10/16

**Settings Include: Adult Day Health; Assisted Living**

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<tr>
<td>Provider owned or controlled residential settings: The setting is physically accessible to the individual.</td>
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<tr>
<td><strong>1. Adult Day Health</strong>&lt;br&gt;OAC 310:605&lt;br&gt;Oklahoma Administrative Code 310:605 outlines the requirements for Adult Day Care Centers in the State of Oklahoma.</td>
<td>N/A – Adult Day Health Setting includes services furnished on a regularly scheduled basis, for one or more days per week in an outpatient setting.</td>
<td>State has determined this regulation to be fully compliant.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td><strong>2. Assisted Living</strong>&lt;br&gt;OAC 310:663-7-1&lt;br&gt;Oklahoma Administrative Code 310:663 outlines the requirements for Continuum of Care and Assisted Living in the State of Oklahoma.</td>
<td>Fully Compliant</td>
<td>The State has determined that the policy is fully compliant as it specifies that the design of the Assisted Living Center shall be appropriate to service recipients with physical disabilities.</td>
<td>No Remediation is Required</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>3. Assisted Living</strong>&lt;br&gt;OAC 317:30-5-763(18)(D)(XIII)&lt;br&gt;Oklahoma Administrative Code 317:30-5-763(18) outlines the requirements for ADvantage waiver members in Assisted Living settings.</td>
<td>Fully Compliant</td>
<td>The Administrative Code outlines the requirements of Assisted Living Settings. The regulation upholds the requirements of the HCBS Final Rule. Both the language in the policy and the intent of the rule provides choice,</td>
<td>No Remediation is Required</td>
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## Appendix A: NFLOC Waivers

### System Remediation Grid

**Updated 10/16**

**Settings Include:** Adult Day Health; Assisted Living

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<td></td>
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<td></td>
<td>opportunity and integration of members receiving HCB services in the setting. Therefore the State has determined this regulation to be fully compliant.</td>
<td>Remediation is required and will consist of updating current policy and drafting overarching language to follow the elements found in the HCBS Final Rule. A draft of the policy and proposed language can be found in Appendix C.</td>
<td>Language has been proposed for Medicaid Services Unit-ADvantage Administration (MSU-AA) policy OAC 317:30-5-763(3)(F) and will go through the States rule promulgation process. Please see Appendix C for a copy of the proposed language.</td>
<td></td>
</tr>
</tbody>
</table>

**Locations that have qualities of institutional settings, as determined by the Secretary. Any setting that is located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment, or in a building on the grounds of, or immediately adjacent to, a public institution.**

1. **Adult Day Health**
   - **OAC 310:605**
   - Oklahoma Administrative Code 310:605 outlines the requirements for Adult Day Care Centers in the State of Oklahoma.
   - Silent
   - This Administrative Code outlines the requirements for Adult Day Care Centers in the State of Oklahoma. The regulation does not contradict or speak against the requirement in the HCBS Final Rule, rather it remains silent. Therefore the State has determined this regulation to be silent.

**Tribal Consultation:**
- November 2016
- Permanent Rule Text Submitted to Governor and Cabinet per EO 2013-34: December 2016
- Comment Period Begins: January 2017
- Comment Period Ends: February 2017
- Public Hearing: February 2017
- MAC: March 2017
- Board Vote: March 2017
- ARRs, RISs, and Rule Texts Submitted to Governor and Legislature March 2017
- SOS Submitted to OAR: March 2017

Expected effective date is 9/1/17
### Appendix A: NFLOC Waivers

**System Remediation Grid**

**Updated 10/16**

**Settings Include:** Adult Day Health; Assisted Living

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</table>
| **2. Assisted Living**

OAC 317:30-5-763(18)(C)(vi)

Oklahoma Administrative Code 317:30-5-763(18) outlines the requirements for ADvantage waiver members in Assisted Living settings. |
| Fully Compliant | The Administrative code includes information pertaining to Heightened Scrutiny and the settings requirements and responsibilities. | No Remediation is Required. | Action Steps |

---

**Home and community-based settings do not include the following:**
- a nursing facility;
- institution for mental diseases;
- an intermediate care facility for individuals with intellectual disabilities;
- a hospital.

All State regulation, policy, or other standards are silent.

Remediation is required and will consist of updating current policy and drafting overarching language to follow the elements found in the HCBS Final Rule. A draft of the policy and proposed language can be found in Appendix C.

Language has been proposed for Medicaid Services Unit-ADvantage Administration (MSU-AA) policy OAC 317:30-5-763(3)(F) and will go through the States rule promulgation process. Please see Appendix C for a copy of the proposed language.

- **Tribal Consultation:**
  - November 2016

- **Permanent Rule Text Submitted to Governor and Cabinet per EO 2013-34:**
  - December 2016

- **Comment Period Begins:**
  - January 2017

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- **MAC:**
  - March 2017

- **Board Vote:**
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  - March 2017

- **SOS Submitted to OAR:**
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**Expected effective date**
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Appendix A: NFLOC Waivers
System Remediation Grid
Updated 10/16

Settings Include: Adult Day Health; Assisted Living

Appendix B
## Appendix B: ICF/ID Waivers

**System Remediation Grid**  
**Updated 10/2016**

Settings Include: Agency Companion; Specialized Foster Care; Daily Living Supports; Group Home Services; Adult Day Health; Supported Employment; Prevocational Services

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<tr>
<td>Setting is integrated in, and supports full access of, individual receiving Medicaid HCBS to the greater community to the same degree of access as individuals not receiving Medicaid HCBS.</td>
<td>1. <strong>OAC 317:40-1-3</strong>&lt;br&gt;Oklahoma Administrative Code 317:40-1-3 requires all DDS HCBS settings to be fully integrated and support full access of individuals receiving Medicaid HCBS to the greater community to the same degree of access as individuals not receiving Medicaid HCBS.</td>
<td>Fully Compliant</td>
<td><strong>All Settings</strong>&lt;br&gt;This policy outlines the requirements for all HCBS settings. The language in the policy precisely follows the language in the HCBS Settings Final Rule. Therefore, the State has determined that it is fully compliant.</td>
<td>No Remediation is Required.</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>2. <strong>OAC 317:40-5-5(c)(19)(4)</strong>&lt;br&gt;<strong>OAC 317:40-5-5(c)(20)</strong>&lt;br&gt;Oklahoma Administrative Code 317:40-5-5(c)(19)(4) and 317:40-5-5(c)(20) are specific to the Agency Companion setting. The language strongly suggests and supports community integration.</td>
<td>Fully Compliant</td>
<td><strong>Agency Companion Setting</strong>&lt;br&gt;This policy is specific to the Agency Companion setting and uses language that promotes individual integration in the community; therefore the State considers it to be consistent with the HCBS Settings Final Rule. The State has</td>
<td>No Remediation is Required.</td>
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### Appendix B: ICF/ID Waivers

**System Remediation Grid**

**Updated 10/2016**

Settings Include: Agency Companion; Specialized Foster Care; Daily Living Supports; Group Home Services; Adult Day Health; Supported Employment; Prevocational Services

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</table>
| 3. **OAC 317:40-5-152(1)** | Oklahoma Administrative Code 317:40-5-152(1) ensures members in group home settings reside in and participate in the community. | Fully compliant | Group Home Setting  
This policy is specific to the Group Home setting and states that “Group homes ensure members reside and participate in the community.” The State has determined that the policy is fully compliant. | No Remediation is Required. | | |
| 4. **OAC 317:40-5-55(8)** | Oklahoma Administrative Code 317:40-5-55(8) ensures members in specialized foster care settings have the right to community integration. | Fully Compliant | Specialized Foster Care Setting  
This policy is specific to Specialized Foster Care setting and promotes individuals having experiences to enhance independence and community inclusion. The State has determined that the policy is fully compliant. | No Remediation is Required. | | |
| 5. **OAC 317:40-7 Sub Chapter 7 (the entire sub chapter)** (See Appendix_D) need link. | Partially Compliant | Prevocational Services Setting: Supported Employment Setting  
This policy is specific to While OAC 317:40-7 Sub Chapter 7 is partially compliant, the setting remains DDS will promulgate a rule that will ensure full compliance | | | Tribal Consultation: November 2016 Permanent Rule |
### Appendix B: ICF/ID Waivers

#### System Remediation Grid

**Updated 10/2016**

Settings Include: Agency Companion; Specialized Foster Care; Daily Living Supports; Group Home Services; Adult Day Health; Supported Employment; Prevocational Services

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<tbody>
<tr>
<td></td>
<td>Oklahoma Administrative Code 317:40-7 Sub Chapter outlines the requirements for agencies providing employment services to Medicaid HCBS service recipients. An individualized plan is developed to achieve competitive integrated employment.</td>
<td></td>
<td>Prevocational Services and Supported Employment. It identifies service options available to the individual to maximize employment opportunities. The State believes that the intent of this policy is to ensure that service recipients are integrated in the community. The state has determined that this policy is partially compliant.</td>
<td>fully compliant as OAC 317:40-1-3 upholds the HCBS Final Rule Requirement. In an effort to enhance its compliance policy revisions have been proposed. OAC 317:40-7-2 has been revised to reflect a new definition of competitive integrated employment. OAC 317:40-7-6 has been revised to reflect HCBS setting requirements.</td>
<td>with the HCBS Final Rule. The draft of the revised rule is documented in Appendix D.</td>
<td>Text Submitted to Governor and Cabinet per EO 2013-34: December 2016 •Comment Period Begins: January 2017 •Comment Period Ends: February 2017 •Public Hearing): February 2017 •MAC: March 2017 •Board Vote: March 2017 •ARRs, RISs, and Rule Texts Submitted to Governor and Legislature March 2017 •SOS Submitted to OAR: March 2017</td>
</tr>
<tr>
<td></td>
<td>6.  OAC 340:100-5-22.1 Oklahoma Administrative Code340:100-5-22.1 directs community residential</td>
<td>Fully Compliant</td>
<td>Agency Companion; Daily Living Supports; and Specialized Foster</td>
<td>No Remediation is Required.</td>
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6. **OAC 340:100-5-22.1**

Oklahoma Administrative Code340:100-5-22.1 directs community residential
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<td></td>
<td>supports for individuals receiving Agency Companion Services, Specialized Foster Care, Daily Living Supports, as well as other HCBS. The service promotes, supports, and ensures community integration.</td>
<td>Care Settings</td>
<td>This policy is specific to Community Residential Supports a service that is provided in the following settings: Specialized Foster Care Setting, Agency Companion Setting, Daily Living Supports Setting. The service promotes independence and integration. The State has determined that the policy is fully compliant.</td>
<td>All Settings</td>
<td>No Remediation is Required</td>
<td>No Remediation is Required</td>
</tr>
</tbody>
</table>

7. **OAC 340:100-5-50**
Oklahoma Administrative Code 340:100-5-50 provides direction and purpose in designing services and supports for individuals receiving DDS HCBS. It outlines the use of the person centered planning process that is an individually focused approach to identifying the needs, preferences, goals, and desired outcomes of the person receiving services. Fully Compliant

**All Settings**
This policy is specific to principles of individual planning. It outlines the Individual Plan process and promotion of individual choice, independence, social and community integration. The intent of this policy is to promote person-centered planning. No Remediation is Required.

**Appendix B: ICF/ID Waivers**
System Remediation Grid
Updated 10/2016
Settings Include: Agency Companion; Specialized Foster Care; Daily Living Supports; Group Home Services; Adult Day Health; Supported Employment; Prevocational Services
## Appendix B: ICF/ID Waivers

### System Remediation Grid
Updated 10/2016

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<td></td>
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<td>thereby supporting independence and integration. The State has determined based on the strong intent and premise of this policy that it is fully compliant.</td>
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<tr>
<td>8. <strong>OAC 340:100-5-52</strong></td>
<td>Oklahoma Administrative Code 340:100-5-52 promotes the Personal Support Team approach utilized for individuals receiving HCBS. The Team is composed of people who are selected by the service recipient and work with the recipient to insure the recipients desired person-centered outcomes.</td>
<td><strong>Fully Compliant</strong></td>
<td><strong>All Settings</strong> The policy is specific to the composition of the individuals personal support team. It outlines the personal team responsibilities to respect the service recipients’ dignity and implement the services needed to achieve the desired outcomes of the service recipient. The team promotes independence and integration as it works to support the person centered process. The State has determined based on the strong intent and premise of this policy that it is fully compliant.</td>
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</table>

No Remediation is Required.
## Appendix B: ICF/ID Waivers

### System Remediation Grid

**Updated 10/2016**

**Settings Include:** Agency Companion; Specialized Foster Care; Daily Living Supports; Group Home Services; Adult Day Health; Supported Employment; Prevocational Services

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| **9.** OAC 310:605-13-1  
OAC 317:40-5-113  
Oklahoma Administrative Code 317:40-5-113 outlines the requirements for DDS recipients receiving HCBS in an Adult Day Care Setting.  
Oklahoma Administrative Code 310:605-13-1 outlines the requirements for Adult Day Care Centers in the State of Oklahoma. This particular section outlines the services that are required to be provided to service recipients. | Partially Compliant | **Adult Day Health**  
This policy outlines the requirements for Adult Day Care Centers in the State of Oklahoma. The policy addresses choice for members; however it does not directly address the requirements to be integrated and support full access to the greater community. Therefore the State has determined that it is partially compliant. | While OAC 310:605-13-1 and OAC 317:40-5-113 is partially compliant, the setting remains fully compliant as OAC 317:40-1-3 upholds the HCBS Final Rule Requirement. |  |  |
| **1.** OAC 317:40-1-3  
Oklahoma Administrative Code 317:40-1-3 requires all DDS HCBS settings to be fully integrated and support full access of individuals receiving Medicaid HCBS to the greater community to the same degree of access as individuals not receiving Medicaid HCBS. | Fully Compliant | **All Settings**  
This policy outlines the requirements for all HCBS settings. The language in the policy precisely follows the language in the HCBS Settings Final Rule. Therefore, the State has determined that it is fully compliant. | No Remediation is Required. OAC 317:40-1-3 fully complies with the HCBS Final Rule and other documented policies are included to enhance compliance with the Final Rule. The rule requires all DDS HCBS |  |  |
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<td>receiving Medicaid HCBS.</td>
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<td>settings have all of the qualities defined in federal regulations per CFR 441.301.</td>
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</tr>
<tr>
<td>2. OAC 340:100-6-60(f)(3)</td>
<td>Oklahoma Administrative Code 340:100-6-60(f)(3) outlines the requirement that community inclusion and access to work be assessed and addressed in the individual plan of members who receive services through the group home.</td>
<td>Partially Compliant</td>
<td>The policy outlines the requirement for community inclusion and access to work be addressed, assessed, and in the individual plan of the service recipient. Access to work settings is addressed in the Individual Plan; therefore the State has determined the policy to be partially compliant.</td>
<td>While OAC 340:100-6-60(f)(3) is partially compliant, the setting remains fully compliant as OAC 317:40-1-3 upholds the HCBS Final Rule Requirement. In an effort to enhance its compliance policy revisions have been proposed. OAC 317:40-7-2 has been revised to reflect a new definition of competitive integrated employment. OAC 317:40-7-6 has been revised to reflect HCBS setting requirements.</td>
<td>DDS will promulgate rules that will ensure full compliance with the HCBS Final Rule. The draft of the revised rule is documented in Appendix D.</td>
<td>• Tribal Consultation: November 2016 Permanent Rule Text Submitted to Governor and Cabinet per EO 2013-34: December 2016 • Comment Period Begins: January 2017 • Comment Period Ends: February 2017 • Public Hearing): February 2017 • MAC: March 2017 • Board Vote: March 2017 • ARRs, RIs, and Rule Texts Submitted to Governor and</td>
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### Appendix B: ICF/ID Waivers

**System Remediation Grid**  
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**Settings Include:** Agency Companion; Specialized Foster Care; Daily Living Supports; Group Home Services; Adult Day Health; Supported Employment; Prevocational Services

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| 3. **OAC 340:100-17-25**  
Oklahoma Administrative Code 340:100-17-25 outlines the purpose of employment services to engage in gainful and integrated employment. | Fully Compliant | **Prevocational Services Settings; Supported Employment Setting**  
This policy is specific to prevocational services and supported employment. It directs community integrated employment services. It outlines service recipient’s independence and engagement in gainful integrated employment settings. The State has determined based on the purpose and direction of this policy that it is fully compliant. | No Remediation is Required | | Legislature March 2017  
• SOS Submitted to OAR: March 2017 |
| 4. **OAC 340:100-5-50**  
Oklahoma Administrative Code 340:100-5-50 provides direction and purpose in designing services and | Fully Compliant | **All Settings**  
This policy is specific to principles of individual planning. It outlines the | No Remediation is Required | |          |
### Appendix B: ICF/ID Waivers

**System Remediation Grid**

**Updated 10/2016**

**Settings Include:** Agency Companion; Specialized Foster Care; Daily Living Supports; Group Home Services; Adult Day Health; Supported Employment; Prevocational Services

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<td>supports for individuals receiving DDS HCBS. It outlines the use of the person centered planning process that is an individually focused approach to identifying the needs, preferences, goals, and desired outcomes of the person receiving services.</td>
<td>Individual Plan process and promotion of individual choice, independence, social and community integration. The intent of this policy is to promote person-centered planning thereby supporting independence and integration. The State has determined based on the strong intent and premise of this policy that it is fully compliant.</td>
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</tbody>
</table>

5. OAC 340:100-5-22.1

Oklahoma Administrative Code 340:100-5-22.1 directs community residential supports for individuals receiving Agency Companion Services, Specialized Foster Care, Daily Living Supports, as well as other HCBS. The service promotes, supports, and ensures community integration.

**Fully Compliant**

- **Agency Companion:**
  - **Daily Living Supports:**
  - **Specialized Foster Care Settings**

This policy is specific to Community Residential Supports a service that is provided in the following settings:
- Specialized Foster Care Setting, Agency Companion Setting, Daily Living Supports

No Remediation Required.
## Appendix B: ICF/ID Waivers

### System Remediation Grid

Updated 10/2016

**Settings Include:** Agency Companion; Specialized Foster Care; Daily Living Supports; Group Home Services; Adult Day Health; Supported Employment; Prevocational Services

<table>
<thead>
<tr>
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<th>Action Steps</th>
<th>Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Setting. The service promotes independence and integration. The State has determined that the policy is fully compliant.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

5. **OAC 310:605-13-1**<br>**OAC 317:40-5-113**<br>Oklahoma Administrative Code 317:40-5-113 outlines the requirements for DDS recipients receiving HCBS in an Adult Day Care Setting. Oklahoma Administrative Code 310:605-13-1 outlines the requirements for Adult Day Care Centers in the State of Oklahoma. This particular section outlines the services that are required to be provided to service recipients.<br>Silent<br>**Adult Day Health**<br>This Administrative Code outlines the requirements for Adult Day Care Centers in the State of Oklahoma. The regulation does not contradict or speak against the requirement in the HCBS Final Rule, rather it remains silent. Therefore, the State has determined this regulation to silent on the HCBS Final Rule.<br>While OAC 310:605-13-1 and OAC 317:40-5-113 is partially compliant, the setting remains fully compliant as OAC 317:40-1-3 upholds the HCBS Final Rule Requirement.<br>

### The setting includes opportunities to engage in community life to the same degree of access as

1. **OAC 317:40-1-3**<br>Oklahoma Administrative Code 317:40-1-3 requires all DDS HCBS settings to be fully integrated and support full access of individuals receiving Medicaid HCBS to the greater community to the same degree of access of individuals not

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Fully Compliant</td>
<td>All Settings. This policy outlines the requirements for all HCBS settings. The language in the policy precisely follows the language in the HCBS</td>
<td>No Remediation is Required. OAC 317:40-1-3 fully complies with the HCBS Final Rule and other documented policies are included</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Appendix B: ICF/ID Waivers

### System Remediation Grid

**Updated 10/2016**

**Settings Include:** Agency Companion; Specialized Foster Care; Daily Living Supports; Group Home Services; Adult Day Health; Supported Employment; Prevocational Services

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<tbody>
<tr>
<td>individuals not receiving Medicaid HCBS.</td>
<td>receiving Medicaid HCBS.</td>
<td>Settings Final Rule. Therefore, the state has determined that it is fully compliant.</td>
<td>to enhance compliance with the Final Rule. The rule requires all DDS HCBS settings have all of the qualities defined in federal regulations per CFR 441.301.</td>
<td>No Remediation is Required.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. **OAC 317:40-5-5(c)(19)**
   
   **OAC 317:40-5-5(c)(20)**
   
   Oklahoma Administrative Code 317:40-5-5(c)(19) and 317:40-5-5(c)(20) are specific to the Agency Companion setting. The language strongly suggests and supports community integration.
   
   **Fully Compliant**
   
   **Agency Companion Setting**
   
   This policy is specific to the Agency Companion setting and uses language that promotes individual integration in the community; therefore the state considers it to be consistent with the HCBS Settings Final Rule. The State has determined that the policy is fully compliant.
   
   No Remediation is Required.

3. **OAC 317:40-5-152(A)(1)**
   
   Oklahoma Administrative Code 317:40-5-152(1) ensures members in group home settings reside in and participate in the community.
   
   **Fully Compliant**
   
   **Group Home Setting**
   
   This policy is specific to the Group Home setting and states that “Group homes ensure members reside and participate in
   
   No Remediation is Required.
## Appendix B: ICF/ID Waivers

### System Remediation Grid

**Updated 10/2016**

**Settings Include:** Agency Companion; Specialized Foster Care; Daily Living Supports; Group Home Services; Adult Day Health; Supported Employment; Prevocational Services

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</thead>
<tbody>
<tr>
<td>4. <strong>OAC 317:40-5-55(8)</strong></td>
<td>Oklahoma Administrative Code 317:40-5-55(8) ensures members in specialized foster care settings have the right to community integration.</td>
<td>Fully Compliant</td>
<td>Specialized Foster Care Setting This policy is specific to Specialized Foster Care setting and promotes individuals having experiences to enhance independence and community inclusion. The State has determined that the policy is fully compliant.</td>
<td>No Remediation is Required</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. <strong>OAC 317:40-7 Sub Chapter 7 (the entire sub chapter) (See Appendix D.) need link.</strong> OAC 317:40-7 outlines the requirements for agencies providing employment services to Medicaid HCBS service recipients. An individualized plan is developed to achieve competitive integrated employment. Members have the same rights of employment as those non-Medicaid recipients.</td>
<td>Partially Compliant</td>
<td>Prevocational Services Setting: Supported Employment Setting These rules ensure that service recipients have individualized employment assessments The State believes that the intent of this policy is to ensure that service recipients are and remain integrated, but while OAC 317:40-7 Sub Chapter 7 is partially compliant, the setting remains fully compliant as OAC 317:40-1-3 upholds the HCBS Final Rule Requirement. In an effort to enhance its compliance policy revisions have been made</td>
<td>DDS will promulgate rules that will ensure full compliance with the HCBS Final Rule. The draft of the revised rule is documented in Appendix C.</td>
<td>Tribal Consultation: November 2016 Permanent Rule Text Submitted to Governor and Cabinet per EO 2013-34: December 2016 Comment Period Begins: January 2018 Comment</td>
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### Appendix B: ICF/ID Waivers

**System Remediation Grid**

**Updated 10/2016**

Settings Include: Agency Companion; Specialized Foster Care; Daily Living Supports; Group Home Services; Adult Day Health; Supported Employment; Prevocational Services

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<tr>
<td></td>
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<td></td>
<td>language does not specify this intention, therefore the State has determined that this policy is partially compliant.</td>
<td>proposed. OAC 317:40-7-2 has been revised to reflect a new definition of competitive integrated employment. OAC 317:40-7-6 has been revised to reflect HCBS setting requirements.</td>
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6. **OAC 310:605-13-1**

Oklahoma Administrative Code 317:40-5-113 outlines the requirements for DDS service recipients receiving HCBS in an Adult Day Care Setting. Oklahoma Administrative Code 310:605-13-1 outlines the requirements for Adult Day Care Centers in the State of Oklahoma. This particular section outlines the services that are required to be provided to service recipients.

**Partially Compliant**

**Adult Day Health**

This policy outlines the requirements for Adult Day Care Centers in the State of Oklahoma. The policy addresses choice for members; however it does not directly address the requirements to be integrated and support full access to the

While OAC 310:605-13-1 and OAC 317:40-5-113 is partially compliant, the setting remains fully compliant as OAC 317:40-1-3 upholds the HCBS Final Rule Requirement.

<p>| | | | | | | |</p>
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**Period Ends:**
- Public Hearing: February 2017
- MAC: March 2017
- Board Vote: March 2017
- ARRs, RISs, and Rule Texts Submitted to Governor and Legislature March 2017
- SOS Submitted to OAR: March 2017
## Appendix B: ICF/ID Waivers

### System Remediation Grid

**Updated 10/2016**

**Settings Include:** Agency Companion; Specialized Foster Care; Daily Living Supports; Group Home Services; Adult Day Health; Supported Employment; Prevocational Services

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1. **OAC 317:40-1-3**
   - Oklahoma Administrative Code 317:40-1-3 requires all DDS HCBS settings to be fully integrated and support full access of individuals receiving Medicaid HCBS to the greater community to the same degree of access of individuals not receiving Medicaid HCBS.
   - **Fully Compliant**
   - **All Settings**
   - This policy outlines the requirements for all HCBS settings. The language in the policy precisely follows the language in the HCBS Settings Final Rule. Therefore, the State has determined that it is fully compliant.
   - **No Remediation is Required.**
   - OAC 317:40-1-3 fully complies with the HCBS Final Rule and other documented policies are included to enhance compliance with the Final Rule. The rule requires all DDS HCBS settings have all of the qualities defined in federal regulations per CFR 441.301.

2. **OAC 340:100-6-95**
   - Oklahoma Administrative Rule Code 340:100-6-95 outlines the rights and responsibilities of individuals residing in HCBS group home. It specifies all the rights of the individuals including the right to control personal resources to the same degree as individuals not receiving Medicaid HCBS.
   - **Fully Compliant**
   - **Group Home Settings**
   - The policy is specific to service recipients in a group home. It specifies that recipients have the right to manage their own financial affairs. The State has
   - **No Remediation is Required.**
**Appendix B: ICF/ID Waivers**

**System Remediation Grid**
**Updated 10/2016**

**Settings Include:** Agency Companion; Specialized Foster Care; Daily Living Supports; Group Home Services; Adult Day Health; Supported Employment; Prevocational Services

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<tr>
<td></td>
<td>receiving Medicaid HCBS.</td>
<td></td>
<td>determined that this is consistent and thereby fully compliant.</td>
<td></td>
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</tr>
<tr>
<td>3. <a href="#">OAC 310:60513-1</a> <a href="#">OAC 317:40-5-113</a></td>
<td>Oklahoma Administrative Code 317:40-5-113 outlines the requirements for Development Delayed Service recipients receiving HCBS in an Adult Day Care Setting. Oklahoma Administrative Code 310:605-13-1 outlines the requirements for Adult Day Care Centers in the State of Oklahoma. This particular section outlines the services that are required to be provided to service recipients.</td>
<td>Silent</td>
<td><strong>Adult Day Health</strong> This Administrative Code outlines the requirements for Adult Day Care Centers in the State of Oklahoma. The regulation does not contradict or speak against the requirement in the HCBS Final Rule, rather it remains silent. Therefore the State has determined this regulation to silent on the HCBS Final Rule.</td>
<td>While OAC 310:605-13-1 and OAC 317:40-5-113 is partially compliant, the setting remains fully compliant as OAC 317:40-1-3 upholds the HCBS Final Rule Requirement.</td>
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The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting.

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</tr>
</thead>
<tbody>
<tr>
<td>1. <a href="#">OAC 317:40-1-3</a></td>
<td>Oklahoma Administrative Code 317:40-1-3 requires all DDS HCBS settings to be fully integrated and support full access of individuals receiving Medicaid HCBS to the greater community to the same degree of access of individuals not receiving Medicaid HCBS. Provision specifies that settings are selected by the individual from among setting</td>
<td>Fully Compliant</td>
<td><strong>All Settings</strong> This policy outlines the requirements for all HCBS settings. The language in the policy precisely follows the language in the HCBS Settings Final Rule. Therefore, the State has determined that it is</td>
<td>No Remediation is Required. OAC 317:40-1-3 fully complies with the HCBS Final Rule and other documented policies are included to enhance compliance with the Final Rule. The rule</td>
<td></td>
<td></td>
</tr>
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</table>

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[OAC 310:60513-1](#): [Link to Oklahoma Administrative Code](#)

[OAC 317:40-5-113](#): [Link to Oklahoma Administrative Code](#)
## Appendix B: ICF/ID Waivers

### System Remediation Grid

Updated 10/2016

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<tbody>
<tr>
<td></td>
<td>setting. The setting options are identified and documented in the person-centered service plan and are based on the individual’s needs, preferences, and, for residential settings, resources available for room and board.</td>
<td>fully compliant.</td>
<td>requires all DDS HCBS settings have all of the qualities defined in federal regulations per CFR 441.301.</td>
<td>No Remediation is Required.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. <strong>OAC 340:100-5-22.1</strong></td>
<td>Oklahoma Administrative Code 340:100-5-22.1 directs community residential supports for individuals receiving Agency Companion Services, Specialized Foster Care, Group Homes Services, Daily Living Supports, as well as other HCBS. The service promotes, supports, and ensures community integration.</td>
<td>Fully Compliant</td>
<td><strong>Agency Companion; Daily Living Supports; and Specialized Foster Care Settings</strong>&lt;br&gt;This policy is specific to Community Residential Supports, a service that is provided in the following settings: Specialized Foster Setting, Agency Companion Setting, Daily Living Supports Setting. The service promotes independence and integration. The State has determined that the policy is fully compliant.</td>
<td>No Remediation is Required.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. <strong>OAC 340:100-5-50</strong></td>
<td>Oklahoma Administrative Code 340:100-5-50 provides direction and purpose in designing services and</td>
<td>Fully Compliant</td>
<td><strong>All Settings</strong>&lt;br&gt;This policy is specific to principles of individual planning. It outlines the</td>
<td>No Remediation is Required.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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### Appendix B: ICF/ID Waivers

**System Remediaion Grid**

**Updated 10/2016**

**Settings Include:** Agency Companion; Specialized Foster Care; Daily Living Supports; Group Home Services; Adult Day Health; Supported Employment; Prevocational Services

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<tbody>
<tr>
<td>supports for individuals receiving DDS HCBS. It outlines the use of the person centered planning process that is an individually focused approach to identifying the needs, preferences, goals, and desired outcomes of the person receiving services.</td>
<td>Full Compliance</td>
<td>Individual Plan process and promotion of individual choice, independence, social and community integration. The intent of this policy is to promote person-centered planning thereby supporting independence and integration. The State has determined based on the strong intent and premise of this policy that it is fully compliant.</td>
<td>No Remediation is Required.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. <strong>OAC 340:100-5-52</strong> Oklahoma Administrative Code 340:100-5-52 promotes the Personal Support Team approach utilized for individuals receiving HCBS. The Team is composed of people who are selected by the service recipient and work with the recipient to insure the recipients desired person-centered outcomes.</td>
<td>All Settings</td>
<td>The policy is specific to the composition of the individuals personal support team. It outlines the personal team responsibilities to respect the service recipients’ dignity and implement the services needed to achieve the desired outcomes of the service recipient.</td>
<td>No Remediation is Required.</td>
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<td></td>
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### Appendix B: ICF/ID Waivers

**System Remediation Grid**

*Updated 10/2016*

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<tbody>
<tr>
<td></td>
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<td></td>
<td>The team promotes independence and integration as it works to support the person centered process. The State has determined based on the strong intent and premise of this policy that it is fully compliant.</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

5. **OAC 310:605-13-1**
   **OAC 317:40-5-113**

Oklahoma Administrative Code 317:40-5-113 outlines the requirements for Development Delayed Service recipients receiving HCBS in an Adult Day Care Setting. Oklahoma Administrative Code 310:605-13-1 outlines the requirements for Adult Day Care Centers in the State of Oklahoma. This particular section outlines the services that are required to be provided to service recipients.

<table>
<thead>
<tr>
<th>Silent</th>
<th><strong>Adult Day Health</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>This Administrative Code outlines the requirements for Adult Day Care Centers in the State of Oklahoma. The regulation does not contradict or speak against the requirement in the HCBS Final Rule, rather it remains silent. Therefore the State has determined this regulation to be silent.</td>
<td>While OAC 310:605-13-1 and OAC 317:40-5-113 is partially compliant, the setting remains fully compliant as OAC 317:40-1-3 upholds the HCBS Final Rule Requirement.</td>
</tr>
</tbody>
</table>

### An individual’s essential personal rights of privacy, dignity, respect,

1. **OAC 317:40-1-3**

Oklahoma Administrative Code 317:40-1-3 requires all DDS HCBS settings to be fully integrated and support full access

<table>
<thead>
<tr>
<th>Fully Compliant</th>
<th><strong>All Settings</strong></th>
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<tbody>
<tr>
<td>This policy outlines the requirements for all HCBS settings.</td>
<td>No Remediation is Required. OAC 317:40-1-3 fully complies with the</td>
</tr>
</tbody>
</table>
## Appendix B: ICF/ID Waivers

**System Remediation Grid**  
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<td>and freedom from coercion and restraint are protected.</td>
<td>of individuals receiving Medicaid HCBS to the greater community to the same degree of access of individuals not receiving Medicaid HCBS.</td>
<td><strong>Fully Compliant</strong></td>
<td>language in the policy precisely follows the language in the HCBS Settings Final Rule. Therefore, the State has determined that it is fully compliant.</td>
<td>HCBS Final Rule and other documented policies are included to enhance compliance with the Final Rule. The rule requires all DDS HCBS settings have all of the qualities defined in federal regulations per CFR 441.301.</td>
<td>No Remediation is Required.</td>
<td></td>
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2. **OAC 317:40-5-5**  
Oklahoma Administrative Code 317:40-5-5 offers Agency Companion provider responsibilities which are centered on the promotion of the individual’s independence, personal rights of privacy, dignity, respect, and freedom from coercion and restraint.

**Fully Compliant**

**Agency Companion Setting**  
This policy is specific to the Agency Companion setting and uses language that promotes individual integration in the community; therefore the state considers it to be consistent with the HCBS Settings Final Rule. The State has determined that the policy is fully compliant.

No Remediation is Required.

3. **OAC 317:40-5-55**  
Oklahoma Administrative Code 317:40-

**Fully Compliant**

**Specialized Foster Care Setting**  
No Remediation is Required.
### Appendix B: ICF/ID Waivers

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<tr>
<td>5.55</td>
<td>5-55 is specific to Specialized Foster Care and has provisions that outline the individuals’ essential personal rights.</td>
<td></td>
<td>This policy is specific to Specialized Foster Care setting and promotes individuals having experiences to enhance independence and community inclusion. The state has determined based on this language that the Specialized Foster Care Setting fully supports the HCBS Final Rule.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. <strong>OAC 340:100-5-22.1</strong> Oklahoma Administrative Code 340:100-5-22.1 directs community residential supports for individuals receiving Agency Companion Services, Specialized Foster Care, Group Home Services, Daily Living Supports, as well as other HCBS. The service promotes, supports, and ensures community integration.</td>
<td>Fully Compliant</td>
<td>Agency Companion; Daily Living Supports; and Specialized Foster Care Settings</td>
<td>This policy is specific to Community Residential Supports a service that is provided in the following settings: Specialized Foster Setting, Agency Companion Setting, Daily Living Supports and Group Home Settings. The service promotes</td>
<td>No Remediation is Required.</td>
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## Appendix B: ICF/ID Waivers

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<tr>
<td>5. <strong>OAC 340:100-5-50</strong>&lt;br&gt;Oklahoma Administrative Code 340:100-5-50 provides direction and purpose in designing services and supports for individuals receiving DDS HCBS. It outlines the use of the person centered planning process that is an individually focused approach to identifying the needs, preferences, goals, and desired outcomes of the person receiving services.</td>
<td>Fully Compliant</td>
<td>All Settings&lt;br&gt;This policy is specific to principles of individual planning. It outlines the Individual Plan process and promotion of individual choice, independence, social and community integration. The intent of this policy is to promote person-centered planning thereby supporting independence and integration. The State has determined based on the strong intent and premise of this policy that it is fully compliant.</td>
<td>No Remediation is Required.</td>
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</tr>
<tr>
<td>6. <strong>OAC 340:100-5-52</strong>&lt;br&gt;Oklahoma Administrative Code 340:100-5-52 promotes the Personal Support Team approach utilized for individuals receiving HCBS. The Team is</td>
<td>Fully Compliant</td>
<td>All Settings&lt;br&gt;The policy is specific to the composition of the individuals personal support team. It</td>
<td>No Remediation is Required.</td>
<td></td>
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</tr>
</tbody>
</table>
## Appendix B: ICF/ID Waivers

### System Remediation Grid

**Updated 10/2016**

**Settings Include:** Agency Companion; Specialized Foster Care; Daily Living Supports; Group Home Services; Adult Day Health; Supported Employment; Prevocational Services

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<tbody>
<tr>
<td>composed of people who are selected by the service recipient and work with the recipient to insure the recipients desired person-centered outcomes.</td>
<td></td>
<td>outlines the personal team responsibilities to respect the service recipients’ dignity and implement the services needed to achieve the desired outcomes of the service recipient. The team promotes independence and integration as it works to support the person centered process. The State has determined based on the strong intent and premise of this policy that it is fully compliant.</td>
<td></td>
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</tr>
</tbody>
</table>
| 7. **OAC 310:605-13-1**  
**OAC 317:40-5-113**  
Oklahoma Administrative Code 317:40-5-113 outlines the requirements for Development Delayed Service recipients receiving HCBS in an Adult Day Care Setting.  
Oklahoma Administrative Code 310:605-13-1 outlines the requirements for Adult Day Care Centers in the State | **Fully Compliant** | Adult Day Health  
The State has determined that the Administrative policy is fully compliant with the HCBS Final Rule as it addresses member’s rights of privacy, dignity, respect, and freedom from coercion and restraints. | No Remediation is Required. |  |  |  |
# Appendix B: ICF/ID Waivers

## System Remediation Grid
Updated 10/2016

Settings Include: Agency Companion; Specialized Foster Care; Daily Living Supports; Group Home Services; Adult Day Health; Supported Employment; Prevocational Services

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<tbody>
<tr>
<td>of Oklahoma. This particular section outlines the services that are required to be provided to service recipients.</td>
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| | | | | | | |
| | | | | | | |

Optimizes, but does not regiment individual initiative, autonomy, and independence in making life choices. This includes, but not limited to, daily activities, physical environment, and with whom to interact.

1. **OAC 317:40-1-3**
   - Oklahoma Administrative Code 317:40-1-3 requires all DDS HCBS settings to be fully integrated and support full access of individuals receiving Medicaid HCBS to the greater community to the same degree of access of individuals not receiving Medicaid HCBS.
   - Fully Compliant
   - **All Settings**
     - This policy outlines the requirements for all HCBS settings. The language in the policy precisely follows the language in the HCBS Settings Final Rule. Therefore, the State has determined that it is fully compliant.
   - No Remediation is Required. OAC 317:40-1-3 fully complies with the HCBS Final Rule and other documented policies are included to enhance compliance with the Final Rule. The rule requires all DDS HCBS settings have all of the qualities defined in federal regulations per CFR 441.301.

2. **OAC 317:40-5-5**
   - Oklahoma Administrative Code 317:40-5-5 offers Agency Companion provider responsibilities which are centered on the promotion of the individual’s autonomy.
   - Fully Compliant
   - **Agency Companion Setting**
     - This policy is specific to the Agency Companion setting and uses language that promotes individual integration in the community; therefore the state considers it to be
   - No Remediation is Required.
## Appendix B: ICF/ID Waivers

### System Remediation Grid

**Updated 10/2016**

Settings Include: Agency Companion; Specialized Foster Care; Daily Living Supports; Group Home Services; Adult Day Health; Supported Employment; Prevocational Services

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<td>consistent with the HCBS Settings Final Rule. The State has determined that the policy is fully compliant.</td>
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</tr>
<tr>
<td>3. <strong>OAC 317:40-5-55</strong></td>
<td>Oklahoma Administrative Code 317:40-5-55 has provisions that outline the individuals’ autonomy and independence.</td>
<td><strong>Fully Compliant</strong></td>
<td><strong>Specialized Foster Care Setting</strong> This policy is specific to Specialized Foster Care setting and promotes individuals having experiences to enhance independence and community inclusion. The State has determined that the policy is fully compliant.</td>
<td>No Remediation is Required.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. <strong>OAC 340:100-5-50</strong></td>
<td>Oklahoma Administrative Code 340:100-5-50 provides direction and purpose in designing services and supports for individuals receiving DDS HCBS. It outlines the use of the person centered planning process that is an individually focused approach to identifying the needs, preferences, goals, and desired outcomes of the person receiving services.</td>
<td><strong>Fully Compliant</strong></td>
<td><strong>All Settings</strong> This policy is specific to principles of individual planning. It outlines the Individual Plan process and promotion of individual choice, independence, social and community integration. The intent of this policy is to promote person-</td>
<td>No Remediation is Required.</td>
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<tr>
<td>Regulation</td>
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<tr>
<td>5. <strong>OAC 340:100-5-52</strong>&lt;br&gt;Oklahoma Administrative Code 340:100-5-52 promotes the Personal Support Team approach utilized for individuals receiving HCBS. The Team is composed of people who are selected by the service recipient and work with the recipient to insure the recipients desired person-centered outcomes.</td>
<td>Fully Compliant</td>
<td>All Settings&lt;br&gt;The policy is specific to the composition of the individuals personal support team. It outlines the personal team responsibilities to respect the service recipients’ dignity and implement the services needed to achieve the desired outcomes of the service recipient. The team promotes independence and integration as it works to support the person centered process. The State has determined based on the strong intent and premise of</td>
<td>No Remediation is Required.</td>
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centered planning thereby supporting independence and integration. The State has determined based on the strong intent and premise of this policy that it is fully compliant.
### Appendix B: ICF/ID Waivers

**System Remediaion Grid**

**Updated 10/2016**

Settings Include: Agency Companion; Specialized Foster Care; Daily Living Supports; Group Home Services; Adult Day Health; Supported Employment; Prevocational Services

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<td></td>
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<td>this policy that it is fully compliant.</td>
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<td>6. OAC 310:605-3-1</td>
<td>OAC 317:40-5-113 Oklahoma Administrative Code 317:40-5-113 outlines the requirements for Development Delayed Service recipients receiving HCBS in an Adult Day Care Setting. Oklahoma Administrative Code 310:605-13-1(3) outlines the requirements for Adult Day Care Centers in the State of Oklahoma.</td>
<td>Fully Compliant Adult Day Health The State has determined that the Administrative policy is fully compliant as it specifies the service recipient’s independence in making choices that include daily activities, physical environment, and with whom to interact.</td>
<td>No Remediation is Required.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>1. OAC 317:40-1-3</td>
<td>Oklahoma Administrative Code 317:40-1-3 requires all DDS HCBS settings to be fully integrated and support full access of individuals receiving Medicaid HCBS to the greater community to the same degree of access of individuals not receiving Medicaid HCBS.</td>
<td>Fully Compliant All Settings This policy outlines the requirements for all HCBS settings. The language in the policy precisely follows the language in the HCBS Settings Final Rule. Therefore, the state has determined that it is fully compliant.</td>
<td>No Remediation is Required. OAC 317:40-1-3 fully complies with the HCBS Final Rule and other documented policies are included to enhance compliance with the Final Rule. The rule requires all DDS HCBS settings have all of the qualities defined</td>
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### Appendix B: ICF/ID Waivers

**System Remediation Grid**  
*Updated 10/2016*

**Settings Include:** Agency Companion; Specialized Foster Care; Daily Living Supports; Group Home Services; Adult Day Health; Supported Employment; Prevocational Services

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Oklahoma Administrative Code 340:100-5-50 provides direction and purpose in designing services and supports for individuals receiving DDS HCBS. It outlines the use of the person centered planning process that is an individually focused approach to identifying the needs, preferences, goals, and desired outcomes of the person receiving services. | Fully Compliant | **All Settings**  
This policy is specific to principles of individual planning. It outlines the Individual Plan process and promotion of individual choice, independence, social and community integration. The intent of this policy is to promote person-centered planning thereby supporting independence and integration. The State has determined based on the strong intent and premise of this policy that it is fully compliant. | in federal regulations per CFR 441.301. | No Remediation is Required. | |
| 3. **OAC 340:100-5-52**  
Oklahoma Administrative Code 340:100-5-52 promotes the Personal Support Team approach utilized for individuals receiving HCBS. The Team is composed of people who are selected by the service recipient and work with | Fully Compliant | **All Settings**  
The policy is specific to the composition of the individuals personal support team. It outlines the personal team responsibilities to | | No Remediation is Required. | |
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<td>the recipient to insure the recipients desired person-centered outcomes.</td>
<td>Respect the service recipients’ dignity and implement the services needed to achieve the desired outcomes of the service recipient. The team promotes independence and integration as it works to support the person centered process. The State has determined based on the strong intent and premise of this policy that it is fully compliant.</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>4. OAC 310:605-13-1 OAC 317:40-5-113</td>
<td>Oklahoma Administrative Code 317:40-5-113 outlines the requirements for Development Delayed Service recipients receiving HCBS in an Adult Day Care Setting. Oklahoma Administrative Code 310:605-13-1 outlines the requirements for Adult Day Care Centers in the State of Oklahoma. This particular section outlines the services that are required to be provided to service recipients.</td>
<td>Fully Compliant</td>
<td>Adult Day Health The State has determined that the Administrative policy is fully compliant as it specifies the service recipient’s opportunity to participate in developing one’s care plan for services. It also specifies the service recipient’s right to be involved in program</td>
<td>No Remediation Required</td>
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## Appendix B: ICF/ID Waivers

### System Remediation Grid

**Updated 10/2016**

**Settings Include:** Agency Companion; Specialized Foster Care; Daily Living Supports; Group Home Services; Adult Day Health; Supported Employment; Prevocational Services

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<tr>
<td><strong>Provider owned or controlled residential settings:</strong> The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated</td>
<td>1. <a href="http://example.com">OAC 317:40-1-3</a> Oklahoma Administrative Code 317:40-1-3 requires all DDS HCBS settings to be fully integrated and support full access of individuals receiving Medicaid HCBS to the greater community to the same degree of access of individuals not receiving Medicaid HCBS.</td>
<td>Fully Compliant</td>
<td><strong>All Settings</strong> This policy outlines the requirements for all HCBS settings. The language in the policy precisely follows the language in the HCBS Settings Final Rule. Therefore, the State has determined that it is fully compliant.</td>
<td>No Remediation is Required. OAC 317:40-1-3 fully complies with the HCBS Final Rule and other documented policies are included to enhance compliance with the Final Rule. The rule requires all DDS HCBS settings have all of the qualities defined in federal regulations per CFR 441.301.</td>
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planning and operation.
### Appendix B: ICF/ID Waivers

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<td><strong>entity. For settings in which landlord tenant laws do not apply, the State must ensure that a lease, residency agreement or other form of written agreement will be in place for each HCBS participant, and that that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction’s landlord tenant law.</strong></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| **Provider owned or controlled** | **1. OAC 317:40-1-3**  
Oklahoma Administrative Code 317:40- | **Fully Compliant** | **All Settings**  
This policy outlines the | No Remediation is Required. OAC | | |

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### Appendix B: ICF/ID Waivers

**System Remediation Grid**
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<tr>
<td>residential settings: Each individual has privacy in their sleeping or living unit: Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors.</td>
<td>1-3 requires all DDS HCBS settings to be fully integrated and support full access of individuals receiving Medicaid HCBS to the greater community to the same degree of access of individuals not receiving Medicaid HCBS.</td>
<td>States Justification of Compliance Determination</td>
<td>317:40-1-3 fully complies with the HCBS Final Rule and other documented policies are included to enhance compliance with the Final Rule. The rule requires all DDS HCBS settings have all of the qualities defined in federal regulations per CFR 441.301.</td>
<td>All Settings</td>
<td>No Remediation is Required. OAC 317:40-1-3 fully complies with the HCBS Final Rule and other documented policies are included to enhance compliance with the Final Rule. The rule requires all DDS HCBS settings have all of the qualities defined in federal regulations per CFR 441.301.</td>
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1. [OAC 317:40-1-3](#) Oklahoma Administrative Code 317:40-1-3 requires all DDS HCBS settings to be fully integrated and support full access of individuals receiving Medicaid HCBS to the greater community to the same degree of access of individuals not receiving Medicaid HCBS.

**Fully Compliant**

This policy outlines the requirements for all HCBS settings. The language in the policy precisely follows the language in the HCBS Settings Final Rule. Therefore, the State has determined that it is fully compliant.

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## Appendix B: ICF/ID Waivers

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<tr>
<td><strong>2. OAC 317:40-5-40(d)(4)</strong></td>
<td>Oklahoma Administrative Code 317:40-5-40 specifies that individuals have their own private room. Bedrooms are only shared when it is determined to be in the best interest of the member.</td>
<td>Fully Compliant</td>
<td>Agency Companion Settings; Group Home Setting; Specialized Foster Care This policy is specific to the home profile process for Agency Companion Services, Specialized Foster Care and any other situation that requires home profiling. This policy specifies that bedrooms be provided for each service recipient and that adequate space be provided for privacy. The State has determined that this policy is fully compliant.</td>
<td>No Remediation is Required.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>1. OAC 317:40-1-3</strong></td>
<td>Oklahoma Administrative Code 317:40-1-3 requires all DDS HCBS settings to be fully integrated and support full access of individuals receiving Medicaid HCBS to the greater community to the same degree of access of individuals not receiving Medicaid HCBS.</td>
<td>Fully Compliant</td>
<td>All Settings This policy outlines the requirements for all HCBS settings. The language in the policy precisely follows the language in the HCBS Settings Final Rule.</td>
<td>No Remediation is Required. OAC 317:40-1-3 fully complies with the HCBS Final Rule and other documented policies are included to enhance</td>
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<td>sleeping or living units within the lease or other agreement.</td>
<td></td>
<td></td>
<td>Therefore, the State has determined that it is fully compliant.</td>
<td>compliance with the Final Rule. The rule requires all DDS HCBS settings have all of the qualities defined in federal regulations per CFR 441.301.</td>
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</tr>
<tr>
<td>2. <strong>OAC 317:40-5-40(d)(4)</strong> Oklahoma Administrative Code 317:40-5-40(4) outlines the individuals freedoms to furnish and decorate living spaces.</td>
<td>Fully Compliant</td>
<td><strong>Agency Companion Settings; Group Home Setting; Specialized Foster Care</strong> This policy outlines the service recipient’s right to furnish and decorate their living unit. Therefore the State has determined that it is in full compliance.</td>
<td>No Remediation is Required.</td>
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<tr>
<td>Provider owned or controlled residential settings: Individuals have the freedom and support to control their own schedules and activities, and</td>
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<tr>
<td>1. <strong>OAC 317:40-1-3</strong> Oklahoma Administrative Code 317:40-1-3 requires all DDS HCBS settings to be fully integrated and support full access of individuals receiving Medicaid HCBS to the greater community to the same degree of access of individuals not receiving Medicaid HCBS.</td>
<td>Fully Compliant</td>
<td><strong>All Settings</strong> This policy outlines the requirements for all HCBS settings. The language in the policy precisely follows the language in the HCBS Settings Final Rule. Therefore, the State has determined that it is</td>
<td>No Remediation is Required. OAC 317:40-1-3 fully complies with the HCBS Final Rule and other documented policies are included to enhance compliance with the Final Rule. The rule</td>
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<td></td>
<td>have access to food at any time.</td>
<td></td>
<td>fully compliant.</td>
<td>requires all DDS HCBS settings have all of the qualities defined in federal regulations per CFR 441.301.</td>
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</table>

**Provider owned or controlled residential settings:** Individuals are able to have visitors of their choosing at any time.

| 1. OAC 317:40-1-3 | Oklahoma Administrative Code 317:40-1-3 requires all DDS HCBS settings to be fully integrated and support full access of individuals receiving Medicaid HCBS to the greater community to the same degree of access of individuals not receiving Medicaid HCBS. | Fully Compliant | **All Settings**
This policy outlines the requirements for all HCBS settings. The language in the policy precisely follows the language in the HCBS Settings Final Rule. Therefore, the State has determined that it is fully compliant. | No Remediation is Required. OAC 317:40-1-3 fully complies with the HCBS Final Rule and other documented policies are included to enhance compliance with the Final Rule. The rule requires all DDS HCBS settings have all of the qualities defined in federal regulations per CFR 441.301. |            |         |

| 2. OAC 340:100-6-41 | Oklahoma Administrative Code 317:40-1-3 outlines the rights of individuals to have visitors. | Fully Compliant | **Group Home Setting**
This policy is specific to Group homes and specifies the right of the service recipient to have visitors according to the desires of the service recipient. | No Remediation is Required. |            |         |
Appendix B: ICF/ID Waivers
System Remediation Grid
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<td></td>
<td>Therefore the State has determined that this policy is fully compliant.</td>
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</table>

Provider owned or controlled residential settings: The setting is physically accessible to the individual.

1. **OAC 317:40-1-3**
   - Oklahoma Administrative Code 317:40-1-3 requires all DDS HCBS settings to be fully integrated and support full access of individuals receiving Medicaid HCBS to the greater community to the same degree of access of individuals not receiving Medicaid HCBS.
   - **Fully Compliant**
   - **All Settings**
     - This policy outlines the requirements for all HCBS settings. The language in the policy precisely follows the language in the HCBS Settings Final Rule. Therefore, the state has determined that it is fully compliant.
   - **No Remediation is Required.**

2. **OAC 317:40-5-40(d)**
   - Oklahoma Administrative Code 317:40-5-40 outlines the requirements for physical accessibility.
   - **Fully Compliant**
   - **Agency Companion Settings; Group Home Setting; Specialized Foster Care**
     - This policy outlines the requirements home standards for DDS HCBS settings that include the requirements for physical accessibility. The State has determined that this policy is fully compliant.
   - **No Remediation is Required.**
## Appendix B: ICF/ID Waivers

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<tr>
<td>Locations that have qualities of institutional settings, as determined by the Secretary. Any setting that is located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment, or in a building on the grounds of, or immediately adjacent to, a public institution.</td>
<td>1. OAC 317:40-1-3 Oklahoma Administrative Code 317:40-1-3 requires all DDS HCBS settings to be fully integrated and support full access of individuals receiving Medicaid HCBS to the greater community to the same degree of access of individuals not receiving Medicaid HCBS.</td>
<td>Fully Compliant</td>
<td>All Settings This policy outlines the requirements for all HCBS settings. The language in the policy precisely follows the language in the HCBS Settings Final Rule. Therefore, the State has determined that it is fully compliant.</td>
<td>No Remediation is Required. OAC 317:40-1-3 fully complies with the HCBS Final Rule and other documented policies are included to enhance compliance with the Final Rule. The rule requires all DDS HCBS settings have all of the qualities defined in federal regulations per CFR 441.301.</td>
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| Home and community-based settings do not include the following: a nursing facility; institution for mental diseases; | 1. OAC 317:40-1-3 Oklahoma Administrative Code 317:40-1-3 requires all DDS HCBS settings to be fully integrated and support full access of individuals receiving Medicaid HCBS to the greater community to the same degree of access of individuals not receiving Medicaid HCBS. | Fully Compliant | All Settings This policy outlines the requirements for all HCBS settings. The language in the policy precisely follows the language in the HCBS Settings Final Rule. | No Remediation is Required. | | |
## Appendix B: ICF/ID Waivers

### System Remediation Grid

**Updated 10/2016**

**Settings Include:** Agency Companion; Specialized Foster Care; Daily Living Supports; Group Home Services; Adult Day Health; Supported Employment; Prevocational Services

<table>
<thead>
<tr>
<th>Regulation</th>
<th>Current State Standard of Relevance</th>
<th>Compliance Status</th>
<th>States Justification of Compliance Determination</th>
<th>Remediation Required</th>
<th>Action Steps</th>
<th>Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>an intermediate care facility for individuals with intellectual disabilities; a hospital.</td>
<td></td>
<td>Therefore, the State has determined that it is fully compliant.</td>
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Appendix C
Proposed Language for Rule 317-30-5-763(3)(f)

(3) Adult day health (ADH) care.

(A) Adult day health care (ADH) is furnished on a regularly-scheduled basis for one or more days per week in an outpatient setting. It provides both health and social services necessary to ensure the member's optimal functioning. Most assistance with activities of daily living (ADLs), such as eating, mobility, toileting, and nail care are integral services to ADH care service and are covered by the ADH care basic reimbursement rate.

(B) ADH care is a 15-minute unit of service. No more than 32 units (eight hours) are authorized per day. The number of units of service a member may receive is limited to the number of units approved on the member's approved service plan.

(C) Physical, occupational, and speech therapies are only provided as an enhancement to the basic adult day health ADH care service when authorized by the service plan and are billed as a separate procedure. ADH care therapy enhancement is a maximum of one session unit per day of service.

(D) Meals provided as part of this service do not constitute a full nutritional regimen. One meal, that contains at least one-third of the current daily dietary recommended intake (DRI) as established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences, is provided to those participants who are in the center for four or more hours per day, and does not constitute a full nutritional regimen. Member's access to food at any time must also be available in addition to the required meal and is consistent with an individual not receiving Medicaid-funded services and supports.

(E) Personal care service enhancement in adult day health care ADH is assistance in bathing, hair care, or laundry service, authorized by the person-centered service plan and billed as separate procedures. Most assistance with activities of daily living (ADL), such as eating, mobility, toileting, and nail care are integral services to adult day health care service and are covered by the adult day health care basic reimbursement rate. This service is authorized when an ADvantage Waiver member who uses ADH requires assistance with bathing, hair care, or laundry to maintain health and safety. Assistance with bathing, hair care, or laundry service is not a usual and customary adult day health ADH care service. Enhanced personal care in adult day health care for assistance with bathing, hair care, or laundry service is authorized when an ADvantage Waiver member who uses adult day health care requires assistance with bathing, hair care, or laundry service to maintain his or her health and safety. ADH personal care enhancement is a maximum of one unit per day of bathing, hair care, or laundry service.

(B) Adult day health care is a 15-minute unit of service. No more than eight hours, 32 units, are authorized per day. The number of units of service a member may receive is limited to the number of units approved on the member's approved service plan.

(C) Adult day health care therapy enhancement is a maximum of one session unit per day of service.

(D) Adult day health personal care enhancement is a maximum of one unit per day of bathing, hair care, or laundry service.

(F) DHS Home and Community-Based Services (HCBS) Waiver settings have qualities defined in federal regulation per Section 441.301(c)(4) of Title 42 of the Code of Federal Regulations (42 C.F.R. § 441.301(c)(4)) based on the needs of the individual defined in the member's authorized service plan.

(i) The ADH center is integrated and supports full access of ADvantage members to the greater community, including opportunities to:

(1) seek employment and work in competitive integrated ADH Center, not a requirement for persons that are retirement age;

(II) engage in community life;

(III) control personal resources; and

(IV) receive services in the community, to the same degree as individuals not receiving ADvantage Program or other Medicaid HBCS Waiver services.

(ii) The ADH is selected by the member from all available service options and given the opportunity to visit and understand the options.

(iii) The ADH ensures the member's rights of privacy, dignity, respect, and freedom from coercion and restraint.
(iv) The ADH optimizes the member's initiative, autonomy, and independence in making life choices including, but not limited to:
   (I) daily activities;
   (II) the physical environment; and
   (III) with whom to interact.
(v) The ADH facilitates the member's choice regarding services and supports, including the provider.
(vi) Each member has the freedom and support to control his or her own schedules, activities, and access to food at any time.
(vii) Each member may have visitors whenever he or she chooses.
(viii) The ADH center is physically accessible to the member.
(G) ADH centers that are presumed not to be Home and Community-Based settings per 42 C.F.R. § 441.301(c)(5)(v) include:
   (i) ADH centers in a publicly or privately-owned facility providing inpatient treatment;
   (ii) ADH centers on the grounds of or adjacent to a public institution;
   (iii) ADH centers with the effect of isolating individuals from the broader community of individuals not receiving ADvantage Program or another Medicaid HCBS;
(H) If the ADH is presumed not HCBS, according to 42 C.F.R. § 441.301(c)(5)(v), it may be subject to heightened scrutiny by AA, OHCA, and CMS. The ADH must provide evidence that the ADH portion of the facility has clear administrative, financial, programmatic, and environmental distinctions from the institution and comply with additional monitoring by the AA.
Appendix D
Proposed Language for Rule

317:40-7-2. Definitions

The following words and terms, when used in this Subchapter shall have the following meaning, unless the context clearly indicates otherwise.

"Commensurate Wage wage" means wages paid to a worker with a disability based on the worker's productivity in proportion to the wages and productivity of workers without a disability performing essentially the same work in the same geographic area. Commensurate wages must be based on the prevailing wage paid to experienced workers without disabilities doing the same job.

"Competitive integrated employment" means work in the competitive labor market performed on a full-time or part-time basis in integrated community settings. The individual is compensated 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. Competitive employment is an individual placement.

"Employment Assessment assessment" means the evaluation that identifies the unique preferences, strengths, and needs of the service recipients members in relation to work. The assessment determines work skills and work behaviors, is supplemented by personal interviews and behavioral observations, and incorporates information that addresses the service recipient’s member’s desired medical, physical, psychological, social, cultural, and educational outcomes, as well as present and future employment options. The assessment, which is updated annually or more frequently as needed, includes support needs, environmental preferences, and possible accommodations.

"Employment Assessment assessment" means the evaluation that identifies the unique preferences, strengths, and needs of the service recipients members in relation to work. The assessment determines work skills and work behaviors, is supplemented by personal interviews and behavioral observations, and incorporates information that addresses the service recipient’s member’s desired medical, physical, psychological, social, cultural, and educational outcomes, as well as present and future employment options. The assessment, which is updated annually or more frequently as needed, includes support needs, environmental preferences, and possible accommodations.

"Enhanced Rate rate" means a differential rate established to provide an incentive to provider agencies to provide community employment services to service recipients members with significant needs.

"Group Placement placement" means two-to-eight service recipients workers with disabilities situated close together, who are provided continuous, long-term training and support in an integrated job site. Service recipients Members may be employed by the company or by the provider agency. The terms "work crew" and "enclave" also describe a group placement.

"Individual placement in job coaching services" means one service recipient member receiving job coach coaching services, who:

(A) works in an integrated job setting;
(B) receives minimum wage or more;
(C) does not receive services from a job coach who is simultaneously responsible for continuous job coaching for a group;
(D) is employed by a community employer or the provider agency; and
(E) has a job description that is specific to his or her work.

"Individual placement in community-based services" means the service recipient member is provided supports that enable him or her to participate in approved community-based activities, as described in per OAC per Oklahoma Administrative Code 317:40-7-5, individually and not as part of a group placement.

"Integrated Employment Site employment site" means an activity or job that provides regular interaction with people without disabilities, excluding service providers, to the same extent that a worker without disabilities in a comparable position interacts with others.

"Job Coach coach" means an individual who holds a DDSD DDS-approved training job coach certification and provides ongoing support services to eligible persons in supported employment placements. Services directly support the service recipient’s member’s work activity including marketing and job development, job and work site assessment, training and worker assessment, job matching procedures, development of co-worker natural and paid supports, and teaching job skills.

"Job Sampling sampling" means a paid situational assessment whereby a service recipient member performs a job at a prospective employer’s integrated job site, in order to determine the service recipient’s member’s interests and abilities. Situational assessments adhere to the Department of Labor (DOL) regulations regarding wages. The Personal Support Team (Team) determines the appropriate type and number of situational assessments for each service recipient member.

"On-Site Supports On-site supports" means a situation in which the job coach is physically at the job site providing job training to a service recipient member.
"Situational assessment" means a comprehensive community-based evaluation of the service recipient member's functioning in relation to the supported job, including the job site, the community through which the service recipient member must travel to and from the job, and the people those at the job site, such as the job coach, co-workers, and supervisors.

"Sub-Contract With Industry Sub-contract with industry" means the provider agency enters into a sub-contract with an industry or business to pay industry employees to provide supports to service recipients members. If the industry agrees, the provider agency may contract directly with an industry employee(s) of the industry to provide the services. The state continues to pay the provider agency and the agency provides all pertinent information that is required for persons served by the agency. The Team determines what, if any, training is required for the employees of the industry providing services.

"Supported Employment employment" means competitive work in an integrated work setting with ongoing support services for service recipients members for whom competitive employment has not traditionally occurred or has been interrupted or intermittent as a result of the member's disabilities.

"Unpaid Training training" means unpaid experience in integrated employment sites in accordance with per DOL regulations. Service recipients Members do a variety of tasks, which do not equal the full job description of a regular worker.

"Volunteer Job job" means an unpaid activity in which a service recipients member freely participates.

317:40-7-6. Center-Based Services

(a) Center-Based Services Center-based services are provided in segregated settings, where the majority of people served have a disability. Any employment service provided where a majority of the people at the site are persons with a disability is billed as Center-Based Services.

(b) Center-Based Services Center-based services are pre-planned, documented activities that relate to the member's identified employment outcomes.

(c) Examples of Center-Based Services Center-based services are active participation in:

1. paid contract work which occurs in a workshop or other center-based setting 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;

2. Team-prescribed therapy programs, such as speech, physical therapy, or switch activation which are implemented by employment provider staff in the workshop or other center-based setting;

3. unpaid training or paid work experience which occurs in a setting without opportunities for regular daily interactions with co-workers without disabilities or the general public.

4. computer classes, GED General Education Development preparation, job club, interviewing skills, or other classes whose participants all have disabilities, even if the location is in the community.

(d) Paid contract work is usually subcontracted, and the persons receiving services earn commensurate wage according to Department of Labor regulations.

(e) For SoonerCare reimbursement in Center-Based Services, a member's pay cannot exceed 50% of minimum wage.

(f) Participation in Center-Based Services is limited to 15 hours per week for persons receiving services through the Homeward Bound Waiver, unless approved through the exception process explained in OAC 317:40-7-21.

(g) Agency The provider agency must meet physical plant expectations of OAC per Oklahoma Administrative Code 340:100-17-13.

(h) Agency The provider agency must ensure each member participates in training activities that are age appropriate, work related, and consistent with the Individual Plan. Such activities may include, but are not limited to:
(1) resume development and application writing;
(2) work attire selection;
(3) job interview training and practice;
(4) job safety and evacuation training;
(5) personal or social skills training; and
(6) stamina and wellness classes
Appendix E
Oklahoma Comments and Responses

Comment 1

Comment:
Not everyone is capable of working independently in the community and the state does not want to pay for the continuous support. Natural supports are great, but are not always readily available in the real world. Believe it or not, there are individuals that DO NOT want to work in the community. They've tried it, several times, and don't like it. They want to work with their friends and staff they trust, not people that change every day or two, not people that talk to them like they are children or don't talk to them at all or treat them like they don't even exist and yes, that does happen to the population we work with more often than anyone cares to admit.

Related Folder Name: Policy Blog
Related Post Name: Amended Statewide Transition Plan

Oklahoma Response to Comment 1-All services are individualized and provide the supports needed for individuals to successfully participate in community jobs. The waiver provides job coaching support up to 100% of the time an individual works on the job. Through the National Core Indicators Adult Consumer Survey, 74% of the participants without a paid job in the community reported they would like a paid job in the community in Oklahoma. As the data shows, there are people who are interested in new experiences and in achieving new life goals. The state will also add in its narrative section for the Final Approval more information about how it seeks to utilize the National Care Indicator’s Data as a means of validation of settings compliance.

Comment 2

Comment:
low functioning nonverbal autism needs are not met with a meaningful day out in her community this population needs to be looked into

Related Folder Name: Policy Blog
Related Post Name: Amended Statewide Transition Plan

Oklahoma Response to Comment 2 -Experiencing the community is different for each individual. The team will meet to identify the plan to be implemented as a means of person-centered planning.

Comment 3

Comment:
If you’re trying to integrate everyone into community jobs, sadly you will have a lot of people who will be both sad and along e because they can’t for whatever reason work in the public, but they still need a workshop to go to and earn money and have friends. To say that all of the people we serve are capable of being in a public setting and work is classifying them as all the same and they are as individual as you or I are.

Related Folder Name: Policy Blog
Related Post Name: Amended Statewide Transition Plan

**Oklahoma Response to Comment 3- Oklahoma continues to support a variety of options for individuals with intellectual and developmental disabilities.**  We believe it takes every kind of opportunity to support choice. The new regulations help expand the qualities of the services and settings and enhance the opportunities for individuals to work, earn money in the general workforce and be recognized as major contributors to the community.  We are so fortunate to have 61% of individuals participating in employment services already participating in community employment. All services remain individualized; the intent of the rule is to promote individual choice. Therefore, the client has the power and autonomy to choose what he or she would like to do.

**Comment 4**

Commenter Name: Holly Howard

Comment:
Concerns remain regarding the Oklahoma Amended Transition Plan for the HCBS Final Rule and the current service system delivery structure and methodology. Oklahomans that receive the waiver do currently live in segregated disability specific circumstances and live a life of “choice” determined by funding, provider resources and/or policies and beliefs, and the policies of Oklahoma Developmental Disability Services. Their ability to determine and then experience the life they want to live is hampered by the very policies used in this transition plan for justification of compliance to the Final Rule. The stated intention of the Final Rule includes: • HCBS Settings are integrated in and supports access to the greater community • Provides opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources • Ensures the individual receives services in the community to the same degree of access as individuals not receiving Medicaid home and community-based services Home and Community-Based Setting Requirements: • Is selected by the individual from among setting options, including non-disability specific settings and an option for a private unit in a residential setting – Person-centered service plans document the options based on the individual’s needs, preferences; and for residential settings, the individual’s resources • Ensures an individual’s rights of privacy, dignity, respect, and freedom from coercion and restraint • Optimizes individual initiative, autonomy, and independence in making life choices • Facilitates individual choice regarding services and supports, and who provides them Home and Community-Based Setting Requirements for Provider-Owned or Controlled Residential Settings: • Each individual has privacy in their sleeping or living unit • Units have lockable entrance doors, with the individual and appropriate staff having keys to doors as needed • Individuals sharing units have a choice of roommates • Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement • Individuals have freedom and support to control their schedules and activities and have access to food any time • Individuals may have visitors at any time • Setting is physically accessible to the individual Concerns have been raised previously regarding the methodology and assessment process used to determine and enforce compliance i.e. National Core Indicators and OK-Aim Surveys. There is no mention of these tools in the latest version of the transition plan and by all accounts it now appears that
the only assessment method will be through the Developmental Disability Services Quality Assurance Staff effectively expecting the organization that oversees the services to monitor itself and those they have contracted with to deliver those services presenting an enormous conflict of interest. OKDHS and individual providers benefit from appearing 100% compliant with CMS standards. There is no mention of any outside quality assurance, assessment, or compliance determination method and with the rate cuts that providers experienced the previous fiscal year and the loss of appropriations to DHS resulting in large scale reduction in force (including Case Managers, administrative, oversight and protection positions), what transparent reporting and assessment can we expect? In the Appendixes, the States Justification of Compliance Determination continues to only record policy as the determining factor justifying compliance. I would point out that written policy does not make something a reality. We have countless laws, rules and mandates to ensure equal opportunity and protection of human rights and yet we continue to have individuals with disabilities experiencing institutional, segregated, isolated lives controlled by systems and others hence the recognition by CMS for the need of the HCBS Final Rule. Following are observations of concern: Group Home Settings and DLS Homes: • Residents have diminished opportunities to travel into the community and participate in the community at their discretion because of transportation limitations. A GH may have only one van for 6 to 12 residents; Staff ratio of 1:6 to 12; DLS may have a staff ratio of 1:3 (during some hours 2:3) and the staff dependent on their personal vehicle for resident’s transportation – staff that on average make $8-$9 an hour and may not have reliable transportation themselves. • Group Homes often require shared rooms and when an individual moves to a group home they get the empty bed with no choice regarding with whom they share a room. In DLS homes, residents have no say in who their housemates will be. Generally, if an individual has been approved for DLS the Case Manager determines what “open slot” would “work best” and that is the home offered. It is a difficult and cumbersome ordeal for an advocate, guardian, individual or family member to find the open placements and arrange to visit those places to determine compatibility and make an informed choice. Resident’s requests to move to a more preferable setting find this an arduous, delayed and even ignored request and most requests are denied especially if the individual wants to live in a setting different than the one they currently live. • Residents have varying level of support needs and due to the lack of staffing and overall inherent training philosophy of a model of care the entire home will be leveled down to the individual with the highest support needs which impacts the choice, community involvement, and overall life quality of the others in the home. • Group Homes are not always in neighborhood settings and consistently are set apart from the community. Many Group Homes are actually on large campuses connected to more institutional type settings. • DLS homes may be regular homes in a neighborhood but they are set apart and undeniably defined by the neighbors as different. With the coming and going of staff, therapists, case managers, etc. they are recognized as different. The staff are not trained to interact and engage nor assist the residents to interact and engage with neighbors and their community. • Often, both Group Homes and DLS homes are located in areas that are inherently rural in nature lacking public transportation access, community activities, opportunities for inclusive employment and recreational activities. • Individuals are not regularly given keys to their homes and often the doors are unlocked 24 hours a day. Group Homes and DLS homes do not have established guidelines for individuals to choose who visits their home and when. It appears more like an open-door policy mostly relating to the staff and/or their families, therapists, and DDS staff. • Relating to the assessment by the state of full compliance regarding individuals being in control of their own finances, what percentage of individuals being supported have Representative Payee’s and what is the percentage of those individual’s money/finances being controlled by their provider agency? Is there a process to determine if an individual has any unpressured choice or role in decision making regarding control of their finances? Person Centered Planning: Person Centered Planning must begin with Person Centered Thinking. Person-Centered thinking is a set of skills and tools based on the values of independence, rights, choice and control, working together and inclusive communities. The presence of Person Centered thinking is a necessary condition for delivering Person Centered support and outcomes. It is always driven by the person at the center of the process with THEIR chosen allies helping. If the current service delivery structure does not understand or hold within their core philosophy Person Centered Thinking, then there is no way to deliver supports in a Person-Centered Process. • A multi-page interview form authorized and completed by the staff, provider agency and/or case manager does not meet the core of Person Centered Thinking or Planning • Information filled into the forms prior to a Person-Centered Planning meeting does not constitute choice, independence and control • A format that considers supporting the family over supporting the
individual first many times hinders an individual’s right to choose the life they want • Beyond the forms provided by DDS or provider agency most support staff and case managers have limited knowledge of any other Person Centered Tools and the forms provided are viewed as a requirement to meet statutory obligations rather than as tools to facilitate the development of a Person-Centered Plan for a person to experience the life they choose • There is a greater emphasis on the assurance of including the provider agency and behavioral support providers in a “team meeting” than on the inclusion of allies, advocates, friends (not paid staff), guardians and families that the person has chosen or would choose to attend • Often times guardians, advocates and families are not included in the “team meetings” • How often are individuals not in attendance to their own meeting? • How often are individuals “talked about” at their meetings rather than included in the actual discussion regarding what they want their life to look like and how best to support them? • When an individual only experiences what they experience they do not often know what other opportunities are available and just because they are told about another opportunity does not necessarily give them the information they need in the manner they need it to make an informed choice. What standards of measure are used to ensure that individuals have true choice and opportunities to try out different experiences? • A Provider may have a contractual relationship or operate a “day program/sheltered workshop” and that gives them inherent motivation to encourage an individual to make that selection or an automatic assumption that is what an individual will do for their day activity (for ease of transportation, staffing, and additional funding allocations). What accountability standards are in place to prevent undue influence? • An individual with a more significant disability or a person that has nontraditional expressive language has the ability to participate in their planning process but generally there are no tools to facilitate their participation including limitations to assistive technology, time constraints and an inherent belief that they are unable to contribute. What methods of assurance are used to guarantee that all individuals are equally equipped and encouraged to participate? • Guardianship has been utilized as a technique to infringe on the rights of individuals to make decisions rather than as it was intended to assist with decision making ONLY when a person lacks the capacity to make informed decisions on their own. • The options for living, employment, recreation and/or transportation that are considered all fall within the context of the service delivery system and the contracted providers. Options for non-disability specific settings are not included. Beyond just saying that those options were offered and the individual declined, what evidence and accountability will be documented reflecting true choices were considered, explored and experienced? • Once a plan is written and approved, what is the process to make modifications, report issues or file grievances? This is not transparent. • A Person-Centered Plan is a living document and should be treated as such. All the professionals in an individual’s life should be familiar with the most recent plan, outcomes, actions, and choices; however, there is not a process for this to occur and there is no mechanism to ensure that what is in a plan is actually taking place throughout the year. • Considering the frequency of staff turnover and now with the continuous changes within the Developmental Disability Services division itself, a plan in Oklahoma is filed paperwork for statutory requirement. What is the guarantee that anyone in an individual’s life at the moment is even familiar with their plan? Quality Assurance: • Historical lack of punitive consequences to a provider that does not appropriately support and/or protect the individuals they serve. If a provider agency is at full capacity, “vendor hold” does not constitute any real concern and is generally a temporary consequence at best. Rigorous Quality Assurance occurs only when there are sufficient monitors outside of the system of influence so as to insure no conflict of interest. • The process for an individual to express fear of or actions of abuse, neglect or exploitation is not transparent. How would an individual report abuse without having to fear retribution? How is that reporting tracked? Sheltered Workshops: • How many individuals in Oklahoma Disability Services are still experiencing “employment” in a sheltered workshop setting? What are the specific Person Centered tools used to determine choice regarding employment, volunteering or combination of both? What measurements are utilized to determine when training is completed? • Changing the language from Sheltered Workshops to Center Based Services does not change the inherent nature of segregation, isolation and disability specific settings. Oklahoma’s long history of supporting sheltered workshop (training) programs has rarely resulted in meaningful self-sufficient employment opportunities in the greater community. How long is long enough for an individual to be in a training program? Day Programs: The long history of day programs (adult day care) does not reflect personal choice of activities or recreation. The option to choose from a given set of activities is not actually choice. Day programs are most often settings that are away from the greater community and when a community activity is planned it is with a group not
individually so a person does not have the opportunity to experience inclusion. An additional concern is the disparity in age of the participants. Managed Care: As noted, the State of Oklahoma, pursuant to House Bill 1566 which passed the Oklahoma Legislature and was signed by Governor Mary Fallin in April 2015, is in the process of issuing a Request for Proposal (RFP) for a care coordination model for the Aged, Blind, and Disabled populations (ABD). Advocates, stakeholders, families and self-advocates have consistently expressed concern that a managed care model will have a great and detrimental impact on the quality of services/supports and quality of life for individuals receiving waiver services. • There is evidence that organizations have limited understanding of the support needs for individuals with disabilities and how to facilitate a life in the greater community no different than the one others experience. Statements in printed material that reflect supports would be options like a refrigerator to hold an individual’s insulin are alarming to say the least. • When a solicitation is awarded under managed care the organization will know what they will be paid and the only way for them to increase their profit margin is to reduce the services, supports or options for individuals they are supporting. Considering that the organizations that will be bidding are FOR PROFIT large corporations, that leaves one to wonder what impact that would have on an individual’s life? • It has been stated that the organizations would have Case Managers (care coordinators) at a ratio of 1:70 and up to 100. How is a care coordinator supposed to facilitate the supports and person centered planning process for 70 to 100 cases? • Often times the case manager is the only true oversight, the person that has the ability to recognize and identify if there is a cause for concern. There has been an indication that under the managed care model there may be an Ombudsman that would be employed by the organization. What assurance of non-biased determinations exist within that context? • The stakeholders, advocates, self-advocates, providers, and the public at large will have almost no direct knowledge of the contents of the RFP until it is released for solicitation limiting our ability to address specific concerns or problems. • With the Care Coordination set to begin for the waiver recipients at the same time compliance for the Final Rule is expected, what are the assurances, measurements and oversight processes to ensure that the organizations that are awarded the contracts will follow the expectations of the Final Rule? There is acknowledgement that the state is operating under extremely difficult circumstances and funding shortages have significantly impacted the service delivery system and providers. It is also important to note that the state has progressed in closing all the state funded large congregant institutional settings; however, it is our obligation as advocates to identify and reveal concerns regarding the Oklahoma Transition Plan. Intent, even of the truest kind; mission statements; and policies do not constitute nor guarantee that the state is in compliance with the expectations outlined in the HCBS Final Rule. The fundamental outcome of the Final Rule is to ensure the individual receives services in the community to the same degree of access as individuals not receiving Medicaid home and community-based services. The intent is that individuals receiving Medicaid-funded HCBS have the opportunity to receive these services in a manner that protects individual choice and promotes community integration so that they can live their best life.

Related Folder Name: Policy Blog
Related Post Name: Amended Statewide Transition Plan

Oklahoma Response to Comment 4- The new regulations add quality to HCBS and provide additional protections to members who receive these services. The Statewide Transition Plan includes a review and analysis of all settings where HCBS are provided. Surveys were conducted to assess whether the settings meet HCBS requirements.

DDS quality assurance staff assesses the delivery of supports consistent with the preferences and needs of members, Oklahoma Department of Human Services (DHS) rules, applicable Oklahoma Health Care Authority (OHCA) rules, DHS and OHCA contract requirements, and federal and state laws. Case managers assess services provided to members to ensure the services are effective in meeting his or her needs. Ok AIM promotes service enhancement by providing formal assessments of contract providers. The National Core Indicators Adult Consumer Survey provides data, annually, to measure Oklahoma DDS Quality Improvement. The core indicators are standard measures used across states to assess the outcomes of services provided to individuals and
Indicators address key areas of concern including employment, rights, service planning, community inclusion, choice, and health and safety. DDS reviewed Oklahoma Administrative Code to identify changes necessary to ensure compliance with the HCBS settings requirements. DDS utilizes a person-centered planning process that is an individually focused approach identifying the needs, preferences, goals, and desired outcomes of the person receiving services. The process ensures members have access to quality services that encourages independence, learning, and growth, choices, meaningful relationships, full community participation, dignity and respect, and positive approaches focused on skill enhancement. The SWTP will outline in further detail as it prepares for its final submission the relationship between the National Core Indicators Adult Consumer Survey and the site specific assessments conducted by DDS staff.