

# Adult Foster Home Guide



HEALTH SYSTEMS DIVISION

Provider guide for reimbursement of  
licensed behavioral health adult  
foster homes

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## Introduction

Adult Foster Care provides a family setting for adults who are unable to live alone due to a mental health condition. Adult Foster Homes (AFH) provide room and board and general supervision of their needs.

Adult Foster Care is intended as an outcome based, transitional, and episodic period of care to help the individual to successfully return to an independent, community-based living arrangement.

Adult Foster Care is not intended to be used as a long-term substitute for lack of available supportive living environment(s) in the community.

The Oregon Health Authority (OHA) will reimburse licensed AFH providers for the following types of care, when approved under a current plan of care:

- 1915(i) Home and Community Based Services (Habilitation Services), for clients eligible for 1915(i) benefits, and
- Medicaid State Plan Personal Care Services.

### About this guide

This guide is for licensed AFH providers to learn how to seek approval and reimbursement from the Oregon Health Authority (OHA) for habilitation and personal care services provided to Oregon Health Plan (OHP) members.

It gives instructions on how to:

- Enroll as an Oregon Medicaid provider
- Request service authorization
- Bill OHA for approved services

## Provider enrollment

### How to enroll

Visit the Provider Enrollment Web page at [www.oregon.gov/OHA/healthplan/pages/providerenroll.aspx](http://www.oregon.gov/OHA/healthplan/pages/providerenroll.aspx). Click on the Provider Description that describes you (“Behavioral Health Adult Foster Home”) to find the required forms and documents.

OHA will only enroll adult foster homes that have been certified by OHA to operate as licensed adult foster homes. See the [Adult Foster Home Oregon Administrative Rules](#) (Division 309 Chapter 040) for all the requirements to obtain, keep and renew an OHA adult foster home license.

### If you have questions about enrolling with OHA

If you have questions about how to enroll, contact Provider Enrollment at 1-800-422-5047 or email [provider.enrollment@state.or.us](mailto:provider.enrollment@state.or.us).

## Covered services and coverage criteria

OHP will reimburse for covered 1915(i) habilitation services and Medicaid State Plan personal care services when they are:

- Authorized by KEPRO as necessary to support independent living,
- Medically necessary to support the individual's continued well-being, and
- Provided, documented and billed according to relevant Oregon Administrative Rules (OARs).

### 1915(i), or habilitation services

Habilitation services are the services described in Oregon Administrative Rule (OAR) 410-172-0000 that are intended to help an individual live with the highest possible level of independence, and acquire, retain or improve skills in the following areas.

#### Maintaining a residence

- Acceptance of current residence
- Prevention of unnecessary changes in residence
- Maintaining person in the least restrictive and most inclusive community setting possible

#### Activities of Daily Living (ADLs)

- Eating
- Bathing
- Dressing
- Toileting
- Transferring
- Maintaining continence

#### Instrumental Activities of Daily Living (IADLs)

- Cooking
- Laundry
- Light housework
- Meal preparation
- Home maintenance
- Community inclusion and mobility

- Money management
- Shopping
- Transportation
- Using the telephone
- Medication management

### **Habilitation/community integration skills**

- Communication
- Self-help
- Socialization
- Adaptive skills necessary to reside successfully in home and community-based settings

## **Personal care services**

“Personal Care” means the functional activities described in OAR 410-172-0170 required for an individual’s continued well-being. This most often relates to Activities of Daily Living. It includes a range of assistance, as developmentally appropriate, to help individuals accomplish tasks that they would normally do for themselves if they did not have a behavioral health condition. Assistance can include:

- Hands-on help (performing a personal care task for a person), or
- Cues (redirecting so that the person performs the task on their own).

Services may be provided on a continuing basis or on episodic occasions. Personal care services include help with, or provision of the following types of services.

### **Basic personal hygiene**

- Bathing (tub, bed bath, shower)
- Washing hair, grooming, shaving
- Nail care, foot care
- Dressing, skin care
- Mouth care and oral hygiene

### **Toileting, bowel, or bladder care**

- Going to and from bathroom
- Getting on and off toilet, commode, bedpan, urinal, or other assistive device used for toileting
- Changing incontinence supplies
- Following a toileting schedule
- Cleansing self or adjusting clothing related to toileting
- Emptying a catheter drainage bag or assistive device
- Ostomy care
- Bowel care

### **Mobility, transfers, or repositioning**

- Ambulation or transfers
- Turning an individual or adjusting padding for physical comfort or pressure relief

- Range-of-motion exercises

## Nutrition

- Meals and special diets
- Adequate fluid intake or nutrition
- Food intake (feeding)
- Monitoring to prevent choking or aspiration
- Special utensils
- Cutting food
- Placing food, dishes, and utensils within reach for eating

## Medication or oxygen management

- Ordering, organizing, and administering oxygen or prescribed medications (including pills, drops, ointments, creams, injections, inhalers, and suppositories)
- Monitoring for choking while taking medications
- Maintaining clean oxygen equipment
- Monitoring for adequate oxygen supply

## Coverage criteria

### Criteria for AFH placement

A person who is appropriate for the AFH setting will have the following:

- Medicaid eligibility
- Diagnosis of a chronic mental illness as defined in ORS 426.495, and
- A LOCUS<sup>®</sup> assessment indicating the need for services and supports at a Medically Monitored Residential Setting - Level 5 (composite score of 23-27).

### *Length of stay*

Length of stay is based on assessment of individual need and the medical appropriateness of the stay.

Because AFH services are intended to be transitional, OHA does not consider a standardized length of stay (fixed episode of care) medically appropriate.

### *Level of care*

The member's Level of Care determination must support placement in an AFH setting.

- The Level of Care determination is the standard process used to determine the appropriate setting for the client to receive services and supports.
- OHA's current Level of Care determination process requires use of the Level of Care Utilization System (LOCUS<sup>®</sup>). Using LOCUS<sup>®</sup> helps ensure appropriate use of AFH resources.

### **AFH admission for lower LOCUS<sup>®</sup> scores**

In general, scores below 23 do not indicate that a 24-hour licensed setting such as an AFH is a medically appropriate placement. However, individuals with scores lower than 23 may receive AFH care when:

- Medical appropriateness of AFH care is supported by clinical documentation.
- AFH care is recommended by the individual's treatment provider.

- A specific treatment outcome can only be met through the supports provided by an AFH.

### AFH admission for higher LOCUS® scores

In general, scores above 27 indicate needs beyond the scope of care provided by an AFH. However, individuals with scores greater than 27 may receive AFH care when:

- Medical appropriateness of AFH care is supported by clinical documentation as defined in this training.
- AFH care is recommended by the individual’s treatment provider.
- A specific treatment outcome can only be met through the supports provided by an AFH.
- The AFH provides services and supports consistent with the level 6 service criteria defined in LOCUS®.

### LOCUS® placement criteria table

| Level of Care<br>Dimensions           | Recovery Maintenance and Health Maintenance<br><i>(Clients usually step down to this level)</i>                    | Low Intensity Community Based Services   | High Intensity Community Based Services   | Medically Monitored Non-Residential Services  | Medically Monitored Residential Services   | Medically Managed Residential Services   |
|---------------------------------------|--|--|---|---|--|--|
| I. Risk of Harm                       | 2 or less  | 2 or less (3 can be accommodated if composite is OK)   | 3 or less   | 3 or less (Do not generally see > 3)  | 4 *<br>3   | 5 **<br>4  |
| II. Functional Status                 | 2 or less<br><i>(Clients s/be able to maintain a 2 or less to be eligible)</i>                                     | 3 or less  | 3 or less   | 3 or less<br><i>(4's maybe if IV A and IV B are both 1. A 2 on IV A maybe is a 1 on IV B which is ACT)</i>                                      | 4 *<br>3   | 5 **<br>4  |
| III. Co-Morbidity                     | 2 or less  | 2 or less  | 3 or less   | 3 or less<br><i>(4's - See above under II for additional guidance)</i>  | 4 *<br>3   | 5 **<br>4  |
| IV. A. Recovery Environment "Stress"  | Sum of IV A & B Should be 4 or less  | Sum no greater than 5 for both and no more than a 3 for either one                           | Sum no greater than 5 for both and no more than a 3 for either one                            | 3 or less<br><i>(4 could be managed if IV B = 1, which is ACT)</i>  | 4 or higher on each scale<br><i>(A rating of 4 or higher on the A or B scale in conjunction with a rating of at least 3 on I, II, or III requires care at this level.)</i> | 4 or more on either scale<br><i>(no rating requires independent placement or disqualifies placement)</i>   |
| IV. A. Recovery Environment "Support" |  |  |   | 3 or less<br><i>(See also above)</i>  |  |  |
| V. Treatment & Recovery History       | 2 or less  | 2 or less<br><i>(3 can be attempted if stepping down and IVB is 2 or less)</i>               | 3 or less<br><i>(2 is best, but many 3's can be accommodated)</i>                             | 3 or less<br><i>(4's -See above under II for additional guidance)</i>   | 3 or higher<br><i>(This LOC required if also I, II, or III = 3 or more)</i>  | 4 or more<br><i>(See also above under Dimension IV)</i>  |
| V. Engagement                         | 2 or less should be obtained for this level  | 2 or less<br><i>(Can place a 3 here if client will not go higher)</i>                        | 3 or less   | 3 or less<br><i>(4's -See above under II for additional guidance)</i>   | 3 or higher<br><i>(This LOC required if also I, II, or III = 3 or more)</i>  | 4 or more<br><i>(See also above under Dimension IV)</i>  |
| Composite Rating                      | 10 -13<br><i>(Clients generally successfully completed higher LOC and primary assistance is to maintain gains)</i> | 14 -16<br><i>(4 or more on any dimension should exclude treatment at this level of care)</i> | 17 -19<br><i>(4 or more on any dimension should exclude treatment at this level of care.)</i> | 20 -22<br><i>(A composite of 20 requires Tx at this LOC with or w/out ACT. ACT which is a 1 on IV B may mean some 4's in other dimensions.)</i> | 23 - 27<br><i>(With 24 or higher may because of # of factors have a client who needs more structured LOC)</i>  | 28 or more<br><i>(This is an average of 4 or more on each dimension. However, even if client does not meet independent criteria in any one category, may still need this LOC.)</i> |

\*Indicates that there are independent criteria – requires admission to this level regardless of composite score unless meet criteria under Level IV, Dimension II.

\*\* Indicates that there are independent criteria that requires placement at this level, regardless of other factors.

## LOCUS<sup>®</sup> level of care characteristics

| LOC Characteristics                      | I. Recovery Maintenance and Health Mainten. (Usually a step down LOC)   | II. Low Intensity Community Based Services  | III. High Intensity Community Based Services  | IV. Medically Monitored Non-Residential Services   | V. Medically Monitored Residential Services   | VI. Medically Managed Residential Services   |
|--|---|---|---|--|---|--|
| Client Living situation                  | Independent with minimal support  | Independent with minimal support  | Independent OR with support   | Independent or with support  | Residential setting, community-based. Some Board and Care and LT Resi also.   | Traditionally hospital but could be in free-standing facilities.   |
| Recovery History                         | Achieved significant recovery from past episodes  | Clients generally need on-going support.  | Intensive support and treatment needed.   | Intensive support and treatment needed.  | Acute and chronic situations depending on client.   | Acute situations primarily.  |
| Supervision and Contact Needed           | Minimal for both  | Do not require intensive management   | Daily not required but usually several times per week   | At least several times per week by a multi-disciplinary team.  | 24 supervision  | 24 hour monitoring and supervision.  |
| Other                                    | Some community or home-based services.  | Traditionally clinic but can do community – based.  | Traditionally clinic but can do community – based.  | Facility or community: services are partial hospital or ACT  | In some cases, intensive supportive housing may meet criteria   |  |
| I. Care Environment                      | Access can be monitored; egress not controlled.   | Access can be monitored; egress not controlled.   | Access can be monitored; egress not controlled.   | Services may need to be mobile depending on client needs.  | Adequate and safe living space. Usually no seclusion/ restraint but may manage egress. Food services/food prep avail.   | Secure care; locked environment avail.; seclusion/restraint avail; Can do involuntary care.  |
| II. Clinical Services                    | Up to 2 hrs/mo and not < 1 hr/3 months<br><br>Med manage at least q 1-4 months<br><br>Med use can be managed<br><br>Ind or Grp supportive therapy | Up to 3 hours/wk and not < 1 hr q 2 wks<br><br>Med manage about 1 x q 8 weeks<br><br>Med use can be managed<br><br>Ind, grp and family (I,G,F) therapies. | Tx (I,G, F)available at least 3 days/wk and 2-3 hrs/day.<br><br>Med manage about q 2 wks<br><br>Med use monitored/not administered. No skilled nursing needed. I,G, F and rehabilitative services and therapies | Services available most of day, 7 days/wk.<br><br>Med manage avail. daily/ contacts usually at designated intervals. 24 hr by remote. Nursing available > 40hr/wk. Physical assess avail and accessed. Intensive Tx (I,G,F) 5 days/wk. Rehab services integrated. Meds monitored usually not administered. | Access to care: psych = 24 hours/day; psych contacts daily avail but s/be w/ky; on-site nursing if doing med administration; on-site Tx (I,G, F) plus rehab and educational services either on or off-site. | Treatment available 24/7 on site or in close proximity. Psychiatric or medical contact daily. TX daily and pharmacological management. |
| III. Supportive Services                 | Yes   | CM not usually required, may need help accessing certain services. Assist w/ coordination with support services.  | CM and outreach available and integrated. Assist w/ coordination with supports. Ed and voc coordination. Facilitation of social, recreational.  | CM integrated with mobile or on-site teams. ADL maintenance along with other coordination and supports, transport, systems management. Ed and voc coordination. Facilitation of social, recreational.  | Supervision of ADL or may be custodial care. Staff facilitate social and recreational; staff coordinate interface w/ rehab and educational services if provided off-site                                    | Total care available; client encouraged to do what they can.   |
| IV. Crisis Stabilization and Prevention* | Basic see *   | Basic see *   | Mobile services, day care and child enrichment programs added to basic.   | Mobile services, day care and child enrichment programs added to basic.  | Services s/be directed to return to lower LOC in community. Develop transition plan, coord. w/ community resources and family.  | Designed to reduce stress related to resuming normal community place. Develop transition plan  |

\* Includes at least access to 24/7 availability of crisis evals, brief interventions, and respite; vocational and educational and empowerment services. And, all basic services must be available as well: prevention programs that are population based and crisis management and evaluation services.

## AFH continued stay criteria

OHA will authorize continued stay if documentation indicates that **all** of the following criteria are met. See OAR 410-172-0720 for more information:

- Client continues to meet all basic elements of medical appropriateness.
- Care provided results in measurable outcomes, but the client:
  - Is not sufficiently stabilized or has not yet developed the skills necessary to transition to a less restrictive level of care, or
  - Has developed new or worsening symptoms and/or behaviors that require continued stay in the current level of care.
- A Level of Care redetermination supports continued stay in the current level of care.
- Ongoing re-assessment and any necessary modification to the current plan of care.

## 1915(i) eligibility criteria

These services are for Medicaid-eligible members who, due to their mental health experiences, need daily assistance with at least two activities of daily living that take at least one hour daily to provide.

KEPRO determines client eligibility using the [1915\(i\) benefit referral cover sheet](#).

## Oregon Administrative Rules

[OAR 410 Division 172](#) – Medicaid Payment for Behavioral Health Services. 410-172-0700 - 1915(i) Home and Community Based Services; 410-172-0710 - Residential Personal Care; 410-172-0720 - Prior Authorization and Re-Authorization for Residential Treatment; 410-172-0730 - Payment Limitations for Behavioral Health Services.

[OAR 309 Division 40](#) – Adult Foster Homes

[OAR 309 Division 19](#) – Outpatient Services

## Prior authorization

All AFH services require prior authorization. KEPRO is the Independent and Qualified Agent (IQA) that reviews and approves all AFH service authorizations for OHA.

KEPRO will only authorize services that are:

- For the type of service or level of care that meets the member's medical need;
- Medically appropriate; and
- Supported by required documentation submitted to OHA.

KEPRO review will include, but not be limited to, the following:

- Appropriateness of the recommended length of stay;
- Appropriateness of the recommended level of service;
- Appropriateness of the licensed setting selected for service delivery;
- A documented Level of Care determination.

### How to submit AFH authorization requests

Contact the local [community mental health program](#). The client's case manager will submit the request and required documentation to KEPRO.

- Please give KEPRO 10 business days to process your request.
- You can also check for authorization status on the [Plan of Care panel](#) of the Provider Web Portal at <https://www.or-medicaid.gov>.

### Required documents for AFH authorization

A complete AFH authorization request will contain:

- A cover sheet ([Plan of Care Request for Behavioral Health Residential or Personal Care Services](#)) that lists:
  - Relevant provider and client Medicaid numbers
  - Requested dates of service
  - Procedure code and amount of service or units requested
  - LOCUS<sup>®</sup> level of care determination score
- A behavioral health assessment and service plan as required by, and described in, OAR 309-019-0135 through 309-019-0140

- A signed LOCUS<sup>®</sup> assessment
- A signed [Level of Service inventory](#)
- Any additional supporting clinical information

KEPRO may request additional information to determine appropriateness of the service, length of stay, or care setting.

### Level of Service inventory

The Level of Service inventory (LSI) determines the type, frequency and duration of a service an individual will receive, which allows OHA to more accurately assign a rate of payment based on the type and level of service provided to AFH clients. The LSI determines:

- The type and frequency of personal care or habilitation services needed by the individual, and
- A payment rate appropriate for the type and level of service.

For details about LSI domains, service items, and scoring, see the Appendix.

Once scoring is completed, the assessor will determine a total score, called the **LSI Composite Score**. This determines the client's Level of Service.

- The score will be between 0 and 100.
- OHA will use this score to determine the rate paid to the provider, based on the rate table contained within the SEIU Collective Bargaining Agreement (CBA).

### Supporting clinical documentation requirements

LSI scores submitted for the purpose of payment must be supported by clinical documentation. Each domain score and assessed need to services or supports must be clearly documented in a clinical record and annotated by a qualified mental health provider. Examples of appropriate supporting clinical documentation include:

- Behavioral health assessment
- Behavioral Health Treatment Plan
- Residential or Hospital progress notes
- Nursing assessment
- LOCUS<sup>®</sup>

## Authorization notices

If the request is approved, you will receive an authorization notice from OHA. It will show services approved at “system rate,” with an authorization end date. You can bill for services only through the end date listed on the notice.

## To continue authorizations

Contact your CMHP about a month before the current authorization ends. The member's case manager will contact KEPRO to submit a new plan of care request.

## If you have questions about prior authorization

Please review this guide and notices you receive from OHA. If you still have questions, call KEPRO.

## Billing OHA

### Eligibility and enrollment

Please verify the member’s OHP eligibility and enrollment prior to rendering service or billing. Prior authorization is not a guarantee of OHP eligibility or payment. Go to the [OHP Eligibility Verification page](#) to learn more about how to verify eligibility and enrollment.

### Billing and coding

The following HCPCS codes are used to report adult foster care on a monthly or daily basis:

- S5140 – Adult foster care, per diem
- S5141 – Adult foster care, per month

Use modifier HW for Personal Care services, and modifier HK for 1915(i) habilitation services. You can only bill for services authorized under a current plan of care.

### Rate determination

KEPRO determines the rate you may bill, based on the LSI Composite Score and the CBA rate table (copied below).

- Procedure code S5141 with modifier HK or HW will **only** pay up to the amounts listed in this table.
- A score of 5 in any item will result in an add-on “rate increase” as indicated in the CBA rate table.

| LSI Score   | Base Rate       | LSI Score    | Base Rate       | LSI Score     | Base Rate       |
|-------------|-----------------|--------------|-----------------|---------------|-----------------|
| <b>0-34</b> | <b>\$ 1,750</b> | <b>35-79</b> | <b>\$ 2,200</b> | <b>80-100</b> | <b>\$ 2,800</b> |
| ADD ON 1    | \$ 1,794        | ADD ON 1     | \$ 2,277        | ADD ON 1      | \$ 2,926        |
| ADD ON 2    | \$ 1,839        | ADD ON 2     | \$ 2,357        | ADD ON 2      | \$ 3,058        |
| ADD ON 3    | \$ 1,885        | ADD ON 3     | \$ 2,439        | ADD ON 3      | \$ 3,195        |
| ADD ON 4    | \$ 1,932        | ADD ON 4     | \$ 2,525        | ADD ON 4      | \$ 3,339        |
| ADD ON 5    | \$ 1,980        | ADD ON 5     | \$ 2,613        | ADD ON 5      | \$ 3,489        |
| ADD ON 6    | \$ 2,029        | ADD ON 6     | \$ 2,704        | ADD ON 6      | \$ 3,646        |
|             |                 | ADD ON 7     | \$ 2,799        | ADD ON 7      | \$ 3,810        |

## How to determine the rates you will bill OHA

To determine base and add-on rates:

1. Total the domain scores for the resident's LSI composite score. Use this number to find the base rate in the 2016-20 rate table.
2. Count the number of LSI items that have a score of 5. (Only items 6, 7, 8, 9, 10, 18, and 19 have a possible score of 5.) Use this number to find the correct add-on level under the base rate in the 2016-20 rate table.

For example, an LSI composite score of 36 means the base rate is \$2,200. If the resident scored 5 on three items (7-9), this means the add-on rate is Add-On 3 under the \$2,200 base rate (for a total monthly rate of \$2,439).

If you need to bill more than \$3,810 per month for a resident, you will need the amount authorized under a different procedure code. Contact KEPRO to find out how to do this.

## If you have billing questions or concerns

Please review this guide, notices received from OHA, the [Plan of Care billing instructions](#), and the [OHP Billing Tips page](#). If you still have questions or concerns, call the Provider Services Unit at 1-800-336-6016. Provider Services staff can answer questions about billing, appeals and requests for claim reconsideration.

# Appendix

## Level of service inventory domains and service items

The Level of Service inventory is divided into four domains. Within each domain, each service item is rated on a scale between 0 and 5.

- Not all items in all domains are rated up to a score of 5. Some items are rated higher (weighted) with a score of 5 due to the level of difficulty required to provide the service. For example, assistance with a catheter is weighted higher than assisting with recreation due to the difficulty of the task and skill required to provide the service.
- Some items are rated up to 5 in order to capture the cost associated with providing the service or supported. For example, one to one staffing is more costly than providing assistance with hygiene.
- It is also for this reason; the ranges in the rating scale of some items skip a number.

### Domain 1: Level of assistance to complete ADL tasks

Items in this domain are scored on a scale of 0 = Independent to 5 = Full Assistance.

- **Independent:** Recipient can adequately and safely perform task or skill independently without assistance, prompting or supervision.
- **Minimal Assistance:** Recipient, when prompted, reminded, supervised or instructed can adequately and safely perform the task or skill.
- **Partial Assistance:** Recipient, when provided assistance, set up, demonstration can adequately and safely perform the task or skill.
- **Full Assistance:** Recipient cannot adequately or safely perform the task, has not yet developed the skills to complete the majority portions of each task and needs a caregiver to perform the task or skill for them.

**ITEM 1 Personal Hygiene:** This item refers to the ability of the individual to independently perform daily hygiene activities such as bathing, grooming and dressing.

**ITEM 2 Meal Planning and Preparation:** This item refers to the ability of the individual to independently plan and prepare meals. This includes menu planning, shopping, meal preparation and clean up. Education about healthy food, food safety and kitchen safety are included.

**ITEM 3 Clean and Maintain Residence:** This item refers to the ability of the individual to independently clean and maintain their immediate living area or to participate in shared household or program maintenance and cleaning.

**ITEM 4 Manage / Dispense Medication:** This item refers to the ability of the individual to independently adhere to prescribed medication and medical orders.

**ITEM 5 Use and Maintain Adaptive or Medical Devices:** This item refers to the level of assistance or skills training an individual needs to independently use and maintain prescribed adaptive medical devices such as a CPAP machine or wheelchair.

**ITEM 6 Assist with Catheter (cleaning, changing, emptying):** This item rates the level of assistance an individual needs to independently clean, change or empty a catheter.

**ITEM 7 Delegated nursing tasks OAR 411-034-0010:** This item rates the services delegated by a registered nurse that are performed by the provider.

**ITEM 8 Feeding:** This item rates the level of assistance an individual needs to eat prepared meals and snacks. Implementation of choking or PICA protocols are included.

**ITEM 9 Mobility, transfers, or repositioning:** This item rates the level of assistance an individual needs to transfer from one location to another, including into and out of bed, into and out of a sitting position, into or out of the shower or on or off the commode.

**ITEM 10 Toileting, bowel, or bladder care:** This item rates the level of assistance an individual needs to toilet themselves, including after toilet hygiene, diapering and assistance with feminine products.

## **Domain 2: Frequency of assistance to complete Instrumental Activities of Daily Living (IADL) tasks**

Items in this domain are scored on a scale of 0 = Never to 4 = Daily

- **Never:** The recipient never needs assistance to adequately and safely complete the task or demonstrate the skill.
- **Monthly:** The recipient needs prompting, supervision, demonstration or assistance to complete a task or demonstrate a skill at least one time a month.
- **Weekly:** The recipient needs prompting, supervision, demonstration or assistance to complete a task or demonstrate a skill at least one time a week.
- **Daily:** The recipient needs prompting, supervision, demonstration or assistance to complete a task or demonstrate a skill at least one time a day.

**ITEM 11 Managing Finances:** This item rates the level of assistance an individual needs to manage personal finances and funds. Including banking, check writing, budgeting, spending, identifying costs and contacting or communicating with funding sources such as DHS or SSA.

**ITEM 12 Access Transportation:** This item rates the level of assistance an individual needs to access transportation. This includes identifying modes of transportation, purchasing tickets, using taxi, arranging medical transportation, using public transportation, identifying routes and communicating with transporters.

**ITEM 13 Manage and Attend Medical or Health Appointments:** This item rates the level of assistance an individual needs to schedule, attend and follow through with medical or health appointments. This includes managing prescriptions and working with an insurance company.

**ITEM 14 Comply with Court or Legal Requirements:** This item rates the level of assistance an individual needs to comply with court or legal requirements such as attending court dates, meeting the conditions of

probation, civil commitment and adhering to legal requirements such as child support or protective orders.

**ITEM 15 Attend Educational or Training Activities:** This item rates the level of assistance an individual needs to attend school or job training activities. This includes time management, scheduling, arranging transportation and readying for activities. This does not include planning or developing employment and job activities.

### Domain 3: Hours of program supportive services per day:

Items in this domain are scored on a scale of 0 = Never to 5 = up to 24 hours daily.

- **Never:** The program has not been required to modify the program schedule, the program staffing pattern, provide individualized behavior or symptom supports or modify the physical environment of the program to meet an individual's health and safety needs.
- **0-7 hours per day:** The program is required to modify the program schedule, the program staffing pattern, provide individualized behavior or symptom support or modify the physical environment of the program to meet an individual's health and safety needs between 8 and 11 hours each day.
- **8-11 hours per day:** The program is required to modify the program schedule, the program staffing pattern, provide individualized behavior or symptom support or modify the physical environment of the program to meet an individual's health and safety needs between 8 and 11 hours each day.
- **12-24 hours per day:** The program is required to modify the program schedule, the program staffing pattern, provide individualized behavior or symptom support or modify the physical environment of the program to meet an individual's health and safety needs between 8 and 11 hours each day.

**ITEM 16 Program required to modify physical environment, program routine or staffing pattern:** This item rates the modifications a provider has been required to make to the home, furniture, yard, automobile, schedule, routine or staffing pattern in the home or program to support the individual's treatment outcomes or maintain safety and health within the home or community.

**ITEM 17 Recipient requires Vocal, Visual, gestural, positional, physical prompts to maintain safety:** This item rates the planned interventions the provider is required to use in order to maintain health and safety within the home and community. This includes verbally prompting resident to maintain health or safety, redirecting behavior using voice, gestures or physical movement. These interventions must be indicated in the individual's treatment or care plan as necessary and are often used as part of an individually developed behavior support plan.

**ITEM 18 Recipient requires line of sight supervision in milieu or community:** This item measures the amount of time staff of the home is required to maintain line of sight supervision of the individual when in the home or community for the purpose of maintaining health and safety for the individual or others.

**ITEM 19 Recipient requires 1:1 Supervision, Support and monitoring:** This measures the amount of time a program is required to have a staff supervise or work one on one with an individual for the purpose of maintaining health or safety in the home or community. This refers to a staff that is assigned to work individual with the recipient and does not provide services to other recipients at the same time.

### Domain 4: Frequency of habilitative services:

Items in this domain are scored on a scale of 0 = Never to 3 = Daily.

- **Never:** The program or program staff are never required to provide assistance to a recipient to complete the task or demonstrate the skill.
- **Monthly:** The program or program staff are required to provide assistance to a recipient to complete the task or demonstrate the skill at least one time a month.

- **Weekly:** The program or program staff are required to provide assistance to a recipient to complete the task or demonstrate the skill at least one time a week.
- **Daily:** The program or program staff are required to provide assistance to a recipient to complete the task or demonstrate the skill at least one time a day.

**ITEM 20 Assist to plan and participate in recreational activities:** This measures the frequency in which a staff assists an individual to plan and participate in recreational activities. This can include researching and arranging for recreation, participating in recreation and assistance to maintain health and safety when participating in recreation.

**ITEM 21 Assist to plan and participate in social activities:** This measures the frequency in which a staff assists an individual to plan and participate in social activities. This can include researching and arranging for socialization, participating in social activities and assistance to maintain health and safety when participating in social activities.

**ITEM 22 Provide transportation into the community:** This measures the frequency in which a staff is required to transport an individual to achieve treatment outcomes or maintain health and safety.

**ITEM 23 Staff provides Communication Skills training:** This measures the frequency in which a staff assists an individual to communicate. This includes prompting, assisting, clarifying and mediating.

**ITEM 24 Assist to Develop and Maintain Appropriate Boundaries:** This measures the frequency in which a staff assists an individual to maintain appropriate boundaries in the home and community. This includes prompting, modeling, cueing, training and suggesting.

**ITEM 25 Assist to Establish/ Maintain Appropriate Relationships:** This measures the frequency in which a staff assists an individual to maintain appropriate relationships in the home and community. This includes prompting, modeling, cueing, training and suggesting.

**ITEM 26 Assist to Participate in approved physical Activities:** This measures the frequency in which a staff assists an individual needs to plan and participate in physical activities such as exercise. This can include researching and arranging for exercise, participating in exercise activities and assistance to maintain health and safety when participating in exercise activities.

**ITEM 27 Support for approved healthy food and diet choices:** This measures the frequency in which a staff assists an individual to adhere to ordered or special diets. Provider cannot restrict food choices without physician orders.

## Scoring the Level of Service inventory

A clinician (QMHA or QMHP) is required to lead administration of the inventory.

- The inventory is administered through a face to face interview with the recipient and the primary provider from the AFH.
- Information used to score *Domains 1 and 2* should come primarily from the recipient.
- Information used to score *Domains 3 and 4* should come primarily from the provider.

### Rating domain areas 1 and 2

The clinician will ask the respondent to identify their ability, skill or comfort level completing each item in accordance with the descriptive measures contained in each domain. **For example:**

- **Clinician rating item 1:** *Do you need help to get ready in the morning?*
- **Recipient:** *I can brush my teeth, pick out my clothing etc., but I need assistance getting in and out of the shower.*

The information from the response will be used to rate the level of service the individual needs for the item. In this example, the individual likely needs partial assistance with personal hygiene resulting in a score of 3 for item 1.

### Rating domain areas 3 and 4

The clinician will ask the respondent to identify the items or supports provided to the individual and the reason the item or support is necessary. The response is rated in accordance with the descriptive measures contained in each domain. **For example:**

- **Clinician rating item 16:** *Has your home been required to provide any additional support to manage symptoms that place your resident's health or safety at risk?*
- **Respondent:** *Yes, frequently the individual will become disoriented and leave the home without identification or appropriate clothing. This has required me to hire an additional staff during the day to assist with monitoring.*

The information from the response will be used to rate the level of service the individual needs for the item. In this example, the provider has had to assign an additional staff for up to 8 hours a day, resulting in a score of 3 for item 16.

## How to resolve disagreements about the LSI

If the client, AFH provider or assessor does not agree with the results of an LSI, please follow these steps:

1. Attempt to resolve the issue among the current parties. *If not resolved, then move to Step 2.*
2. Seek consultation and resolution from the assessor's clinical supervisor. *If not resolved, then move to Step 3.*
3. Request a review by KEPRO.