

Policy Transmittal

Developmental Disabilities Services

Lilia Leninty		<u>Numb</u>	<u>er</u> : APD-PT-	-16-002
Authorized Signature		Issue da	ite: January	22, 2016
<u>Topic</u> : Developmental Disabilities – ISP Authorization Timeline Worker Guides <u>Transmitting (check the box that best applies)</u> : □ New policy □ Policy change □ Policy clarification □ Executive letter □ Administrative Rule □ Manual update □ Other:				
Applies to (check all that apply): All DHS employees Area Agencies on Aging Aging and People with Disabilities Self Sufficiency Programs County DD Program Managers ODDS Children's Residential Services Child Welfare Programs Child Welfare Programs Area Agencies on Aging Health Services Office of Developmental Disabilities Services(ODDS) ODDS Children's Intensive In Home Services Stabilization and Crisis Unit (SACU) Other (please specify): Support Services Brokerage Directors and Personal Agents, CDDP Service Coordinators				
Policy/rule title:	ISP Authorization	on Timeline Worker G	uides	
Policy/rule number(s):			Release no:	
Effective date:	February 1, 2016		Expiration:	
References:	411-320-0120(4); 411-340-0120(10);	APD-PT-15-0	14
Web address:				

This Policy Transmittal replaces APD-PT-15-014 ISP Authorization Timelines effective 2/1/2016.

Discussion/interpretation:

With the implementation of the new Individual Support Plan (ISP) format, the ISP start date indicates the authorized service period and carries across service settings. It is no longer necessary for the entry date into a service setting to coincide with the start date of the ISP. The ISP is an annual plan and its authorization period remains the same when revisions to the services or service settings are needed.

During the transition from old ISP formats to the new ISP format, the Oregon Office of Developmental Disabilities Services (ODDS) recognizes that there may be times when it is more appropriate to restart the ISP authorization due to the previous ISP format not including the necessary information to deliver services in a new service setting. Until July 1, 2016, ODDS will allow a one-time change to a current ISP authorization period if the individual is entering into a new service setting and the new ISP format is being implemented.

OAR 411-340-0120(10)(e)(D)(iii): "An ISP is authorized when: A designated brokerage representative has reviewed the ISP for compliance with Department rules and policy" will not be enforced for plans authorized after the date of this transmittal.

OAR 411-340-0120(10)(d): Allows for an ISP authorization period to be adjusted with the consent or at the request of the individual if the individual receives case management from a Support Services Brokerage. ODDS is extending this provision to allow for an ISP authorization period to be adjusted with the consent or at the request of the individual if the individual receives case management from a CDDP.

This transmittal clarifies that the ISP authorization period may only be adjusted one time per case management entity. The ISP authorization period may not be extended beyond the original authorization period, only shortened. When an individual receives case management from more than one case management entity within an ISP authorization period the case management entities must coordinate to ensure that annual service limits are not exceeded.

This transmittal addresses:

All new ISPs identified with an ISP start date in February 2016, or later, must follow this policy. Gathering person-centered information, risk identification and planning discussions should begin up to 60 days before the ISP start date to assure adequate time for ISP development.

Three worker guides have been developed to assist Service Coordinators and Personal Agents in determining the correct authorization periods for ISPs:

- Initial ISP Start and End Dates
- Annual ISP Start and End Dates
- Mid-Year ISP Changes

Lapses in ISP authorization periods:

> Administrative Errors:

ISPs that lapse due to an administrative error (meaning the individual or their representative is not at fault) must not have the services ended or interrupted. The ISP authorization timelines should remain as if it were a renewal of an existing ISP. CDDPs and Brokerages requesting that services be paid by ODDS during a period of

administrative error must submit a Funding Review request for General Fund authorizations to ODDS.FundingReview@state.or.us.

Other Situations that Cause an ISP to Lapse:

ISPs that lapse due to reasons other than administrative error or the individual failing to participate in and complete all required activities to authorize an ISP must have ODDS approval to continue services. Request approval by submitting a Funding Review request to ODDS.FundingReview@state.or.us.

Implementation/transition instructions:

This policy should not be used to change the start or end dates of existing ISPs. ISPs should be brought into alignment with this policy at the end of the existing ISP authorization.

ISPs authorized after the effective date of this policy should no longer be ended in the middle of a month. ISP's must end on the last day of the same calendar month of the following year. As ISPs renew annually, the dates of plan authorization must be consistent with this policy.

• Example: The former ISP started on 7/12/2015 and was authorized through 7/11/2016. The renewed ISP should be started on 7/12/2016 and end on 7/31/2017.

As of February 2016, if changes in services or service settings are needed and the new ISP format has been used, those changes will be made by amending the existing ISP without changing the ISP authorization period.

Plan of Care (POC) authorizations can only run for one year. To create an ISP with a start date other than the first of the month create two POC authorization periods.

• Example: In the above example create the first POC running from 7/12/2015 – 7/31/2015 and then a second POC running from 8/1/2015 – 7/31/2016.

The new Oregon ISP forms and tools can be located and downloaded at OregonISP.org.

Training/communication plan:

Training on the new ISP has begun. This policy will be incorporated into ongoing training. Program Managers and Brokerage Directors to review this policy with staff.

Local/branch action required:

Central office action required:

Field/stakeholder review:	oxtimes Yes	☐ No
If yes, reviewed by:	CDDP Prog	gram Managers and Brokerage Directors

Filing instructions:

If you have any questions about this policy, contact:

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Developmental Disabilities Worker's Guide

Office of Developmental Disabilities Services

Topic:	Initial ISP Start and End Dates	
	Date Issued/Updated:	02/01/2016

Overview

Description: The Individual Support Plan (ISP) is a plan developed annually that is the resulting document of the person-centered planning process that outlines the supports, activities, and resources that will meet the desired outcomes, goals and needs of the individual. The ISP is developed by the Service Coordinator or Personal Agent in conjunction with the individual, their legal or designated representative and others invited by the individual. An ISP identifies services, service settings, resources, and providers that will meet needs identified by the functional needs assessment and risk identification tool, along with individual's preferences. An ISP also serves as the documentation of the Medicaid services that are agreed upon by the individual or their legal/designated representative and the Service Coordinator or Personal Agent and approved by the Service Coordinator or Personal Agent.

Purpose/Rationale: This Worker Guide describes the correct authorization period for an initial ISP

Applicability: Service Coordinators and Personal Agents who authorize ISPs.

Procedure(s) that apply:

An ISP is considered authorized when the following conditions are met:

- 1. The agreement and signature of the individual, or as applicable the legal or designated representative of the individual, is present on the ISP or documentation is present explaining the reason an individual who does not have a legal or designated representative may be unable to sign the ISP; and
- 2. The signature of the Personal Agent or Service Coordinator involved in the development of, or revision to, the ISP is present on the ISP.

Initial ISP Year (Year 1) Start Date:

An individual must have an authorized ISP within 90 days of a completed application or becoming financially eligible for ODDS funded services. Due to this timeline the ISP start date may not coincide with the first day of a calendar month. An individual's access to services should not be unnecessarily delayed to align the start date of an ISP with the first day of a calendar month.

• **Example**: The individual's application is completed and the individual is eligible for Community First Choice or Waiver funded services on 4/18/2015 the ISP should be

authorized no later than 7/17/2015. The individual may begin to access services the date the ISP is authorized.

First day of the Month ISP start dates:

When 90 days from completed application or becoming financially eligible for ODDS funded services falls on the first day of the month the ISP may start on that date. ISPs may be started earlier than the 90th day from completed application or becoming financially eligible for ODDS funded services if all necessary steps have been completed to authorize an ISP.

▶ Mid-Month ISP start dates:

ISPs that begin on any date after the first of the month present a situation in which an individual may have a monthly amount of support hours, based on an assessment, which can be utilized in a partial month.

Plan of Care (POC) authorizations can run only for one year. To create an initial ISP with a start date other than the first of a month create two POC authorization periods.

• **Example**: In the above example create the first POC running from 7/17/2015 – 7/31/2015 and then a second from 8/1/2015 – 7/31/2015.

How supports are allocated and utilized during this partial month should be discussed and documented as part of the person-centered planning process. Supports are not pro-rated. However, ODDS would expect to only see services delivered that reflect the needs of the individual as assessed in the needs assessment.

> Service start dates in an ISP:

The start date of an ISP does not have to coincide with the start date of all services.

• **Example**: The individual in the example above prefers for his services to be provided in an Adult Foster Home (AFH). The Adult Foster Home is unable to accept the individual into services in the home until 8/15/2015. The ISP must have a start date of no later than 7/17/2015 with the plan reflecting the 8/15/2015 start date for AFH services. An authorized ISP does not replace the need for Entry meetings as described in service setting Oregon Administrative Rules.

However, the individual is eligible to access services and must be offered the choice of alternative supports and services to meet the identified needs during between 7/17/2015 and 8/14/2015. For example, an In-Home Agency provider of Attendant Care supports may meet the identified needs until the date of entry into Adult Foster Care services.

ISP start dates should not be delayed due to a provider not being identified to provide services in an ISP. Documentation of plan to identify and secure providers for services to meet identified needs that the individual is requesting must be contained in the ISP or progress notes. Identification of potential providers should begin as early as possible in the planning process in order to allow time for providers to be credentialed if needed.

ISP start dates should not be delayed due to a provider being unavailable to sign an ISP.

However, a provider cannot provide or request payment for services until the provider has agreed to provide services in writing demonstrated through a signature on the ISP or supplemental agreement with the provider.

Initial Year ISP End Dates:

An ISP is an annual plan that must be reviewed and renewed each year. An ISP that begins on the first day of the month is effective through the last day of the preceding month of the following year.

• **Example:** The ISP starts on 9/1/2015 and is authorized through 8/31/2016.

If an ISP begins on any date other than the first of a calendar month, it is effective through the last day of the same calendar month of the following year.

• **Example:** The ISP starts on 7/12/2015 and is authorized through 7/31/2016. Plan of Care authorizations can only run for one year. In the first year, create two POC authorizations. Create one to run the length of the partial month (7/12/2015-7/31/2015) and one to run the remainder of the ISP authorization period (8/1/2015-7/31/2016).

Form(s) that apply:

OregonISP.org Forms

Definition(s):

Individual Support Plan: An ISP includes the written details of the supports, activities, and resources required for an individual to achieve and maintain personal goals and health and safety. The ISP is developed at least annually to reflect decisions and agreements made during a person-centered process of planning and information gathering that is driven by the individual. The ISP reflects services and supports that are important for the individual to meet the needs of the individual identified through a functional needs assessment as well as the preferences of the individual for providers, delivery, and frequency of services and supports. The ISP is the plan of care for Medicaid purposes and reflects whether services are provided through a waiver, Community First Choice state plan, natural supports, or alternative resources. The ISP includes the Career Development Plan.

<u>Transition ISP</u>: The ISP describing necessary services and supports for an individual upon entry to a new service setting. The Transition Plan is authorized by a services coordinator or personal agent and includes a summary of the services necessary to facilitate adjustment to the services offered, the supports necessary to ensure health and safety, and the assessments and consultations necessary for further ISP development.

<u>Entry meeting</u>: The meeting with the provider, individual, and Services Coordinator required prior to entry into Adult Foster, 24 Hour Residential, Supported Living or Employment Services provided by an agency.

Frequently Asked Questions:

Q: Which Worker Guide should I use to determine the ISP authorization period? **A:** It depends:

- Has the individual ever had an ISP before? No, use the Initial ISP Start and End Dates Worker Guide
- Yes, the individual had an ISP before. Has there been a break between the end of a
 previous ISP authorization and this ISP authorization where a Notice of Planned
 Action was sent to end all ISP authorized services and the notice period has passed?
 Yes, use the Initial ISP Start and End Dates Worker Guide
- No there has not been a break between the end of a previous ISP authorization and this ISP authorization. Does the current ISP authorization period end on the last day of a calendar month? No, use the Initial ISP Start and End Dates Worker Guide
- Yes, the current ISP authorization period ends on a day other than the last day of a calendar month. Use the Annual ISP Start and End Dates Worker Guide.

Q: Is it considered an Initial ISP when an individual transfers service settings or case management entities?

A: No, it is only considered an Initial ISP if the individual is not currently receiving any services outlined in an ISP. Most frequently, this is individuals who have recently been determined to meet Developmental Disability eligibility criteria or have recently became financially eligible.

Q: If an individual has had all services terminated by a Notice of Planned Action and now wants services again is it considered an Initial ISP?

A: Yes, if there is not a current ISP and all services in a previous ISP have been terminated any new request for services will follow the Initial ISP authorization procedures.

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Developmental Disabilities Worker's Guide

Office of Developmental Disabilities Services

Topic:	Annual ISP Start and End Dates	
	Date Issued/Updated:	02/01/2016

<u>Overview</u>

Description: The Individual Support Plan (ISP) is a plan developed annually that is the resulting document of the person-centered planning process that outlines the supports, activities, and resources that will meet the desired outcomes, goals and needs of the individual. The ISP is developed by the Service Coordinator or Personal Agent in conjunction with the individual, their legal or designated representative and others invited by the individual. An ISP identifies services, service settings, resources, and providers that will meet needs identified by the functional needs assessment and risk identification tool, along with the individual's preferences. An ISP also serves as the documentation of the Medicaid services that are agreed upon by the individual or their legal/designated representative and the Service Coordinator or Personal Agent and approved by the Service Coordinator or Personal Agent.

Purpose/Rationale: This Worker Guide describes the authorization period for an annual ISP

If the procedures outlined in the Initial ISP Start and End Dates Worker Guide were used to establish the Initial ISP authorization period the ISP will end on the last day of a calendar month. If the ISP does not end on the last calendar day of the month use the procedures in the Initial ISP Start and End Dates Worker Guide to establish the ISP authorization period. The procedures in this guide will apply for subsequent years.

Applicability: Service Coordinators and Personal Agents who authorize ISPs.

Procedure(s) that apply:

An ISP is considered authorized when the following conditions are met:

- 1. The agreement and signature of the individual, or as applicable the legal or designated representative of the individual, is present on the ISP or documentation is present explaining the reason an individual who does not have a legal or designated representative may be unable to sign the ISP; and
- 2. The signature of the Personal Agent or Service Coordinator involved in the development of, or revision to, the ISP is present on the ISP.

Service Coordinators (SCs)/Personal Agents (PAs) are encouraged to begin the person-centered-planning process as early as possible in advance of end date of the ISP to prevent any disruption in services. This process can begin up to 60 days before the planned start date of the renewed ISP.

> Second Year ISP Authorization Period:

Initial ISPs that started on the first day of a calendar month during Year 1 should start on the first day of the same calendar month for Year 2.

• **Example**: The initial ISP start date was 9/1/2015. This ISP must be authorized through 8/31/2016. The renewed ISP starts 9/1/2016 and is authorized through 8/31/2017.

Initial ISPs that have started on any day other than the first day of the month during Year 1, should start on the first day of the next calendar month for Year 2. In Year 2, the ISP is authorized through the last day of the preceding calendar month of the following year.

• **Example**: The initial (mid-month) ISP start date was 7/12/2015. In Year 1, this ISP must be authorized through 7/31/2016. The renewed ISP (Year 2) starts 8/1/2016 and is authorized through 7/31/2017.

> Subsequent Year ISP Authorization Periods:

ISPs renewed annually should begin on the first day of the next calendar month after the end date of the preceding ISP. The ISP is authorized through the last day of the preceding calendar month of the following year.

• **Example**: Previous year renewed ISP start date is 8/1/2016. This ISP must be authorized through 7/31/2017. The next renewed ISP starts 8/1/2017 and is authorized through 7/31/2018.

> Service start dates in an ISP:

The start date of an ISP does not have to coincide with the start date of all services.

• Example: The individual in the example above prefers for his services to be provided in an Adult Foster Home. The Adult Foster Home is unable to accept the individual into services in the home until 8/15/2015. The ISP must have a start date of no later than 7/17/2015 with the plan reflecting the 8/15/2015 start date for AFH services. An authorized ISP does not replace the need for Entry meetings as described in service setting Oregon Administrative Rules.

However, the individual is eligible to access services and must be offered the choice of alternative supports and services to meet the identified needs during between 7/17/2015 and 8/14/2015, for example an In-Home Agency provider of Attendant Care supports until the date of entry into Adult Foster Care services.

ISP start dates should not be delayed due to a provider not being identified to provide services in an ISP. Documentation of plan to identify and secure providers for services to meet identified needs that the individual is requesting must be contained in the ISP or progress notes. Identification of potential providers should begin as early as possible in the planning process in order to allow time for providers to be credentialed if needed.

ISP start dates should not be delayed due to a provider being unavailable to sign an ISP. An ISP is effective with the signature of the individual or their legal/designated representative and the authorization of the Service Coordinator or Personal Agent.

However, a provider cannot provide or request payment for services until the provider has agreed to provide services in writing demonstrated through a signature on the ISP or supplemental agreement with the provider.

Changes to an ISP

Within the authorized dates of an ISP, when services or service settings change, the ISP is not restarted. The ISP is amended to reflect the desired changes to the services or the service setting while maintaining the authorized dates of the ISP.

• **Example**: When entering a new service setting such as an Adult Foster Home from In-Home services mid-year, the existing ISP may serve as the transition ISP into the new setting if it contains all required documentation and supports needed for entry into the new service setting. Updates to the person-centered information; risks; and desired outcomes must be amended and authorized within 60 days after entering the new service setting. The ISP authorization period remains the same as the annual period prior to the amendments.

Ending or Extending an ISP:

<u>Issuing a NOPA</u>: ISPs cannot be extended beyond the last day of the ISP authorization period. <u>Notification of Planned Action (NOPA)</u> terminating all paid services, except non-waiver Case Management, must be sent to the individual per <u>OAR 411-318-0020(2)(b)(B)(i)</u> if the individual fails to participate in and complete all required activities to authorize a renewed ISP, including authorization signatures, no later than the 18th day of the last month of the ISP. The effective date identified on the NOPA would be the last day of the currently authorized ISP.

<u>Next steps:</u> Individual is issued a NOPA terminating all paid services and it is passed the effective date of the notice:

- If the individual requests paid services: The individual must participate in the planning process and complete all required activities to authorize an ISP. The ISP should be authorized using the Initial ISP Start and End Dates Worker Guide.
- If the individual wants to continue to receive case management services: an Annual Plan must be developed
- If the individual does not want to continue to receive case management services: a NOPA terminating case management must be sent to the individual.

Form(s) that apply:

OregonISP.org Forms

Definition(s):

<u>Individual Support Plan:</u> An ISP includes the written details of the supports, activities, and resources required for an individual to achieve and maintain personal goals and health and safety. The ISP is developed at least annually to reflect decisions and agreements made during

a person-centered process of planning and information gathering that is driven by the individual. The ISP reflects services and supports that are important for the individual to meet the needs of the individual identified through a functional needs assessment as well as the preferences of the individual for providers, delivery, and frequency of services and supports. The ISP is the plan of care for Medicaid purposes and reflects whether services are provided through a waiver, Community First Choice state plan, natural supports, or alternative resources. The ISP includes the Career Development Plan.

<u>Transition ISP</u>: The ISP describing necessary services and supports for an individual upon entry to a new service setting. The Transition Plan is authorized by a services coordinator or personal agent and includes a summary of the services necessary to facilitate adjustment to the services offered, the supports necessary to ensure health and safety, and the assessments and consultations necessary for further ISP development.

<u>Entry meeting</u>: The meeting with the provider, individual, and Services Coordinator required prior to entry into Adult Foster, 24-Hour Residential, Supported Living or Employment Services provided by an agency.

Frequently Asked Questions:

Q: Which Worker Guide should I use to determine the ISP authorization period? **A:** It depends:

- Has the individual ever had an ISP before? No, use the Initial ISP Start and End Dates Worker Guide
- Yes, the individual had an ISP before. Has there been a break between the end of a
 previous ISP authorization and this ISP authorization where a Notice of Planned
 Action was sent to end all ISP authorized services and the notice period has passed?
 Yes, use the Initial ISP Start and End Dates Worker Guide
- No there has not been a break between the end of a previous ISP authorization and this ISP authorization. Does the current ISP authorization period end on the last day of a calendar month? No, use the Initial ISP Start and End Dates Worker Guide
- Yes, the current ISP authorization period ends on a day other than the last day of a calendar month. Use the Annual ISP Start and End Dates Worker Guide.

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Developmental Disabilities Worker's Guide

Office of Developmental Disabilities Services

Topic:	Mid-Year ISP Changes	
	Date Issued/Updated:	02/01/2016

Overview

Description: The Individual Support Plan (ISP) is the resulting document of the personcentered planning process developed annually that outlines the supports, activities, and resources that will meet the desired outcomes, goals and needs of the individual. The ISP is developed by the Service Coordinator or Personal Agent in conjunction with the individual, their legal or designated representative, and others invited by the individual. An ISP identifies services, service setting, resources, and providers that will meet needs identified by the functional needs assessment and risk identification tool, along with individual's preferences. An ISP also serves as the documentation of the Medicaid services that are agreed upon by the individual or their legal/designated representative and the Service Coordinator or Personal Agent and approved by the Service Coordinator or Personal Agent.

Purpose/Rationale: This Worker Guide describes the procedures for making changes to services, service settings, resources, and/or providers in an existing ISP.

Applicability: Service Coordinators and Personal Agents who develop, revise, and authorize ISPs.

Procedure(s) that apply:

An ISP is considered authorized when the following conditions are met:

- 1. The agreement and signature of the individual, or as applicable the legal or designated representative of the individual, is present on the ISP or documentation is present explaining the reason an individual who does not have a legal or designated representative may be unable to sign the ISP; and
- 2. The signature of the Personal Agent or Service Coordinator involved in the development of, or revision to, the ISP is present on the ISP.

Changes to an existing ISP (mid-plan year changes):

Within the authorized dates of an ISP, when services or service settings change, the ISP is not restarted. The existing ISP is revised to reflect the information to provide the new service or reflect the needs related to the new service setting.

 Example: When entering a new service setting such as an Adult Foster Home from In-Home services mid-year, the existing ISP may serve as the transition ISP into the new setting if it contains all documentation required for entry into that service according to the appropriate OAR and accurately describes the supports needed for entry into the new service setting. The person-centered information; risks; and desired outcomes must be updated and authorized within 60 days after entering the new service setting. The ISP authorization period remains the same as the annual period prior to the change in service settings.

• Example: When transferring to a new case management entity such as CDDP In-Home services from Brokerage Support services mid-year, the existing ISP may serve as the transition ISP into the new service element if it contains all documentation required by OAR and accurately describes the supports needed. The existing Level of Care assessment remains active and a new Functional Needs Assessment is not necessary if there is not a change in the support needs. Updates to the person-centered information; risks; and desired outcomes must be updated and authorized within 60 days after entering the new service setting to ensure that supports are accurately reflected in the ISP. The ISP authorization period remains the same as the annual period prior to the amendments.

Mid-Year Plan changes within 60 days of the end of the ISP authorization period Service Coordinators or Personal Agents can concurrently revise the current ISP while developing the annual ISP:

- if a change to an authorized ISP is needed due to a change in need, service setting, or request by the individual, and
- there are less than 60 days remaining of the current ISP authorization period Both the revision to the current ISP and the annual ISP would need to be authorized as outlined in this worker guide.

Provider Agreement to Provide Services:

Updates to the ISP based on changes in the needs or preferences of the individual should not be delayed due to a provider being unavailable to sign a revised ISP. A revision to an ISP is effective with the signature of the individual or their legal/designated representative and the authorization of the Service Coordinator or Personal Agent.

However, a provider cannot provide or request payment for services in a revised ISP until the provider has agreed to provide services in writing demonstrated through a signature on the ISP or supplemental agreement with the provider.

Form(s) that apply:

OregonISP.org Forms

Definition(s):

Individual Support Plan: An ISP includes the written details of the supports, activities, and resources required for an individual to achieve and maintain personal goals and health and safety. The ISP is developed at least annually to reflect decisions and agreements made during a person-centered process of planning and information gathering that is driven by the individual. The ISP reflects services and supports that are important for the individual to meet the needs of the individual identified through a functional needs assessment as well as the preferences of the individual for providers, delivery, and frequency of services and supports. The ISP is the plan of care for Medicaid purposes and reflects whether services are provided through a waiver, Community First Choice state plan, natural supports, or alternative

resources. The ISP includes the Career Development Plan.

<u>Revision:</u> Changes to the services or service setting authorized in a current ISP after the ISP authorization date and prior to the end of the ISP authorization period.

<u>Transition ISP</u>: The ISP describing necessary services and supports for an individual upon entry to a new service setting. The Transition Plan is authorized by a services coordinator or personal agent and includes a summary of the services necessary to allow adjustment to the services offered, the supports necessary to ensure health and safety, and the assessments and consultations necessary for further ISP development.

<u>Entry meeting</u>: The meeting with the provider, individual, and Services Coordinator required before entry into Adult Foster, 24-Hour Residential, Supported Living or Employment Services provided by an agency.

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