

Adult Foster Home Guide



HEALTH SYSTEMS DIVISION

Provider guide for Medicaid
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 and assistance to meet an individual's 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.

Behavioral Health Medicaid is the primary funding source for Behavioral Health consumers enrolled and receiving services from the 1915(i) / Home and Community Based Services (HCBS) program. Providers who are rendering 1915(i) / HCBS services to consumers in their home are required to follow the Behavioral Health Oregon Administrative Rules (BH OARs). BH OARs can be located through the following links:

- Behavioral Health Oregon Administrative Rule – Chapter 309 Division 40:
<https://secure.sos.state.or.us/oard/displayChapterRules.action?selectedChapter=88>
- Behavioral Health Oregon Administrative Rule – Chapter 410 Division 172:
<https://secure.sos.state.or.us/oard/displayChapterRules.action?selectedChapter=87>

The Behavioral Health Oregon Administrative Rules provide detailed guidance to the standardized documentation requirements all providers must meet when rendering services to Behavioral Health consumers in their programs / facilities. It is strongly advised the provider understands and follows the BH OARs as the 1915(i) assessment and intensive services requests are required to meet the BH OAR standardized documentation rules.

- This also applies to APD and I/DD providers that are rendering 1915(i) / HCBS services to behavioral health consumers at their facilities and/or AFHs.

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/HSD/OHP/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 licensed by OHA to operate 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.

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 the Independent Qualified Agent (IQA) 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
- Assisting the person with maintaining a residence in the least restrictive and most integrated 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
- Needs assistance with at least two IADLs

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.

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 community setting or;
 - Has developed new or worsening symptoms and/or behaviors that require continued stay in the current level of care.
- The 1915(i) re-assessment supports the continued stay at the current placement
- 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 independent activities of daily living that take at least one hour daily to provide.

The Independent and Qualifying Agent (IQA) determines the consumer's eligibility for the 1915(i) program. For non-Medicaid consumers residing in an AFH, the IQA can conduct an assessment to establish a rate for funding purposes. Contact the current IQA to request the related authorization request forms. If the current IQA contact information is unknown, please contact FFS BH email FFS.BH@dhsosha.state.or.us for IQA contact information.

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

Prior Authorization

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

The IQA 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.

The IQA 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;

How to submit AFH authorization requests

Contact the local [Community Mental Health Program \(CMHP\)](#). The client's case manager will submit the request and required documentation to the IQA.

- The IQA will complete a preliminary review and contact the CMHP and the provider within five (5) business days if there is documentation missing for the request. For initial requests or for consumers new to the Behavioral Health system, the IQA will conduct the 1915(i) assessment (including the LSi) within 30 days after the preliminary documentation review. For annual or re-determination request, the IQA will conduct the reassessment no earlier than 60 days prior to the consumer's annual eligibility redetermination / reassessment date or the expiration date of the most recent Plan of Care (POC) in MMIS.
- 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 to the IQA 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
- A behavioral health assessment completed by the CMHP and the service plan as required by, and described in, **OAR 309-019-0135 (3)(b-e) and OAR 309-040-0390 (5)(b-e)**
- Any additional supporting clinical information
- * *The IQA 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) assesses 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.

Once scoring is completed, the IQA 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 103.
- 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) and posted on the OHP Fee-for-Service Fee Schedule: <https://www.oregon.gov/oha/HSD/OHP/Pages/Fee-Schedule.aspx>

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 provide services and/or supports must be clearly documented in a clinical record and annotated by a qualified mental health provider. It is expected that the AFH owner to work with the CMHP in meeting the 1915(i) documentation requirements. Examples of appropriate supporting clinical documentation include:

- Mental Health Assessment or Behavioral Health Assessment
- Behavioral Health Treatment Plan / Residential Care Plan
- Residential or Hospital progress / clinical notes
- Nursing assessment
- Behavior Plan
- Consumer protocols (falls, choke, wandering...etc)
- Daily consumer activity logs
- Assessments conducted by a licensed medical professional.
- Incident reports

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 no later than 60 days before the current authorization ends. The member's case manager will contact the IQA 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 the IQA.

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

The IQA determines the rate you may bill, based on the LSi Composite Score and the rate table in the CBA and found at OHP Fee-for-Service Fee Schedule: <https://www.oregon.gov/oha/HSD/OHP/Pages/Fee-Schedule.aspx>

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

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 rate table.
2. Count the number of LSi items that have a score of 5. (Only items 4, 5, 6, 7, 8, 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 rate table.

For example, an LSi composite score of 67 is the base rate. If the resident scored 5 on three items (6-8), this means an Add-On of 3.

If an intensive rate is required for health and safety of the client, then submit a request to the Rate Review Committee (RRC) for a request describing the client need through documentation and how 1:1 services will be provided to meet that client need. Refer to these instructions. The required documentation list is included on the RRC request form and is also listed in the CBA.

<https://www.oregon.gov/oha/HSD/OHP/Tools/Adult%20Mental%20Health%20Residential%20FAQ.pdf>

If you have billing Medicaid 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

It is important to note that AFH providers can only bill for Habilitative (personal care) services only. Rehabilitative (Behavioral Health) services are required to be rendered by a licensed mental health professional. The context of the following case examples is within Habilitative services rendered to the consumer and are scored on the LSi.

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 in the community can be 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.

- **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. Assistance is given more than 50% of the time.
- **Partial Assistance:** Recipient, when provided assistance, set up, demonstration can adequately and safely perform the task or skill. Assistance is given less than 50% of the time but more than 25% of the time.
- **Minimal Assistance:** Recipient, when prompted, reminded, supervised or instructed can adequately and safely perform the task or skill. Assistance is given less than 25% of the time.
- **None or Independent:** Recipient can adequately and safely perform task or skill independently without assistance, prompting or supervision. No assistance is needed.

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.

- Example: Taking a shower
 - Undressing and placing in hamper, use of robe, adjusting the water, using safety devices, using curtain / door, getting completely wet, using the correct amount of shampoo and soap, washing all body parts, rinsing all body parts, drying, dressing in clean clothes, leaving the shower ready for the next time
 - Score of 4: Needing more than 50% education / cuing / redirection / resistance
 - Score of 3: Need less than 50% but more than 25% for cuing / problem solving / refinement of skills or resistance
 - Score of 2: Need less than 25% cuing or resistance
 - Score of 0: No cuing required to begin, end or do the task

ITEM 2 Manage / Dispense Medication: This item refers to the ability of the individual to independently adhere to prescribed medication and medical orders.

- Example: Medication management skill
 - Identify the time each medication should be taken, identify the time for each medication when it's needing to be taken, select the medication for the time, select the proper dose / amount according to prescription, take the medication according to prescription, return the medication to it's proper location
 - Score of 4: Needing more than 50% education / cuing / redirection / assistance
 - Score of 3: Need less than 50% but more than 25% for cuing / problem solving / refinement of skills or assistance
 - Score of 2: Need less than 25% cuing or assistance
 - Score of 0: No cuing required to begin, end or do the task

ITEM 3 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, wheelchair, or Glucose management.

- Example: Glucose management
 - Schedule timing of glucose measurements, wash hands before beginning blood check, test for glucose levels, estimate amount of insulin, prepare injection, clean site of injection, conduct injection, treat injection site, dispose of needle or pen appropriately, monitor injection sites for infection
 - Score of 4: Needing more than 50% education / cuing / redirection / assistance
 - Score of 3: Need less than 50% but more than 25% for cuing / problem solving / refinement of skills or assistance
 - Score of 2: Need less than 25% cuing or assistance
 - Score of 0: No cuing required to begin, end or do the task

ITEM 4 Assist with Catheter (cleaning, changing, emptying): This item rates the level of assistance an individual needs to independently clean, change or empty a catheter. This could also apply to assistance needed due to chronic bedwetting or incontinence challenges.

- Example: Chronic bedwetting
 - Individual either willful, or by accident, urinates or defecates on self or in bed creating the need to change and launder bed sheets/clothing and if needed, assist individual in cleaning themselves.
 - Score of 5: Needing more than 50% education / cuing / redirection / assistance
 - Score of 4: Need less than 50% but more than 25% for cuing / problem solving / refinement of skills or assistance
 - Score of 3: Need less than 25% cuing or assistance
 - Score of 0: No cuing required to begin, end or do the task

ITEM 5 Delegated nursing tasks OAR 411-034-0010: This item rates the services delegated by a registered nurse that are performed by the provider.

- Example: Staff facilitating the delivery of glucose management
 - Schedule timing of glucose measurements, wash hands before beginning blood check, cooperating for testing for glucose levels, allowing the prepare injection / cleaning / receiving injection, treat injection site, dispose of needle or pen appropriately.
- Additional examples:
 - Monitor injection sites for infection, cleansing and dressing a deep or infected wound, care of a chest tube, flushing an intravenous access device, removing sutures
 - Score of 5: Needing more than 50% education / cuing / redirection / assistance
 - Score of 4: Need less than 50% but more than 25% for cuing / problem solving / refinement of skills or assistance
 - Score of 3: Need less than 25% cuing or assistance
 - Score of 0: No cuing required to begin, end or do the task

ITEM 6 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.

- Example: Use of utensils
 - Identify and select when to use specific utensils (fork, spoon, knife), cut food into appropriate bite-sized pieces, coordinate movement to safely use utensils for self and others, chew food in appropriate quantities without choking or spitting, appropriately carry utensils for setup and cleanup.
- Additional examples:
 - Individual refuses to eat at the table and needs alternative setting as an accommodation.
 - Score of 5: Needing more than 50% education / cuing / redirection / assistance
 - Score of 4: Need less than 50% but more than 25% for cuing / problem solving / refinement of skills or assistance
 - Score of 3: Need less than 25% cuing or assistance
 - Score of 0: No cuing required to begin, end or do the task

ITEM 7 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.

- Example: Ambulate with walker or cane
 - Have walking aids close at hand in a safe manner and accessible for use, prepare walking aid position to safely transfer from sitting to standing or standing to sitting, use walking aid safely when walking by moving body and aid at times that provide stabilization while walking, pace walking at an appropriate speed, taking breaks when necessary, navigating obstacles such as doorways / furniture / people in a safe and measured manner
 - Score of 5: Needing more than 50% education / cuing / redirection / assistance
 - Score of 4: Need less than 50% but more than 25% for cuing / problem solving / refinement of skills or assistance
 - Score of 3: Need less than 25% cuing or resistance
 - Score of 0: No cuing required to begin, end or do the task

ITEM 8 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.

- Example: Urination
 - Identify when urination needs to occur that is appropriate to the situation, identify an available bathroom, use appropriate privacy by shutting door, prepare the toilet by lifting or raising set, disrobe appropriately to urinate, use the toilet appropriately or according to preference (standing or sitting), urinate and use toilet paper appropriately, dress, clean toilet and surrounding area appropriately, flush, wash hands.
 - Score of 5: Needing more than 50% education / cuing / redirection / assistance
 - Score of 4: Need less than 50% but more than 25% for cuing / problem solving / refinement of skills or assistance
 - Score of 3: Need less than 25% cuing or assistance
 - Score of 0: No cuing required to begin, end or do the task

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

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

ITEM 9 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.

- Example: Budget
 - Total all income, identify all regular expenses, identify savings needs and amount, identify other items or services desired, give an amount that can be spent on each item or service per month / week / day, spend within limits of budget
- Additional examples: Individual needs assistance to manage Personal Incidental Funds (PIF) so they have funds available throughout the month based on the individuals desire, or direction by guardian. Also may need assistance to pay room and board.
 - Score of 3: Needing more than 50% education / cuing / redirection / assistance
 - Score of 2: Need less than 50% but more than 25% for cuing / problem solving / refinement of skills or assistance
 - Score of 1: Need less than 25% cuing or assistance
 - Score of 0: No cuing required to begin, end or do the task

ITEM 10 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.

- Example: Make lunch (sandwich)
 - Plan a menu, identify what is needed for each meal, shop for and acquire the needed ingredients, wash hands, take out needed utensils for food preparation, takeout food and condiments, assemble sandwich, appropriately place ingredients back into refrigerator and/or cupboard, clean kitchen area used for making lunch
 - Score of 4: Needing more than 50% education / cuing / redirection / assistance
 - Score of 3: Need less than 50% but more than 25% for cuing / problem solving / refinement of skills or assistance
 - Score of 2: Need less than 25% cuing or assistance
 - Score of 0: No cuing required to begin, end or do the task

ITEM 11 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.

- Example: Vacuum
 - Develop and follow a schedule or occasion for vacuuming, pick up floor to prepare for vacuuming, get out vacuum, turn vacuum on and run back and forth over the entire designated area in a safe manner, replace bag or empty container as needed, place vacuum back into storage
 - Score of 4: Needing more than 50% education / cuing / redirection / assistance
 - Score of 3: Need less than 50% but more than 25% for cuing / problem solving / refinement of skills or assistance
 - Score of 3: Need less than 25% cuing or assistance
 - Score of 0: No cuing required to begin, end or do the task

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.

- Example: Bus to community center
 - Plan for event, identify the day and time of event, identify bus route(s) and transfer(s) to take to the event, calculate the time needed to get to the event and come back on time, identify the time to take bus at specific bus stop(s), prepare for the trip (clothes, event items, money), get to bus stop early, take bus and transfers to event and get off at location, return trip
 - Score of 3: Needing more than 50% education / cuing / redirection / assistance
 - Score of 2: Need less than 50% but more than 25% for cuing / problem solving / refinement of skills or assistance
 - Score of 1: Need less than 25% cuing or assistance
 - Score of 0: No cuing required to begin, end or do the task

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.

- Example: Primary care appointment
 - Identify need for appt, call office to schedule appt, arrange for medical transport or plan for bus route, arrive to appt early and check in, attend appt, describe concerns, listen to medical treatment, ask clarification questions, consent to treatment or not, take informational materials / prescription, schedule return visit, return from appt, communicate results and decisions from appt to supports
 - Score of 4: Needing more than 50% education / cuing / redirection / assistance
 - Score of 3: Need less than 50% but more than 25% for cuing / problem solving / refinement of skills or assistance
 - Score of 2: Need less than 25% cuing or assistance
 - Score of 0: No cuing required to begin, end or do the task

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.

- Example: Probation appointment
 - Identify schedule for appt, schedule appt, arrange transport or plan for bus route, arrive to appt early and check in, attend appt, discuss requirements / goals / treatment, listen to instructions, ask clarification questions, collect any informational materials, schedule next appt, record any court dates, return from appt, communicate results and decisions from appt to supports
 - Score of 4: Needing more than 50% education / cuing / redirection / assistance
 - Score of 3: Need less than 50% but more than 25% for cuing / problem solving / refinement of skills or assistance
 - Score of 2: Need less than 25% cuing or assistance
 - Score of 0: No cuing required to begin, end or do the task

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.

- Example: Community center event
 - Identify event of interest, schedule event, collect any materials needed for event, plan for any skills needed during the event and practice those skills, schedule for transportation or plan bus route to be on time, arrive for event and attend, participate in the event, return from event, debrief successes and challenges with supports
 - Score of 3: Needing more than 50% education / cuing / redirection / assistance
 - Score of 2: Need less than 50% but more than 25% for cuing / problem solving / refinement of skills or assistance
 - Score of 1: Need less than 25% cuing or assistance
 - Score of 0: No cuing required to begin, end or do the task

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.

- 24-12 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 12 and 24 hours each day.
- 11-8 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.
- 7-1 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 1 and 7 hours each day.
- None:** 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.

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.

- Example: Need for program / staff pattern change for transfers
 - Due to client's sleeping pattern, client wakes up late and needs help transferring from bed to wheelchair and bathroom transfers while lunch is also being facilitated, requiring staff to be spread out during a busy time of the day
 - Score of 4: Needing 24-12 hours of physical modifications, staff time or modification of program routine
 - Score of 3: Needing 11-8 hours of physical modifications, staff time or modification of program routine
 - Score of 2: Needing 7-1 hours of physical modifications, staff time or modification of program routine
 - Score of 0: None

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.

- Example: Washing laundry
 - Store dirty laundry in a hamper, sort laundry into types (whites, pants, shirts, etc), estimate size of current load, select machine settings that is appropriate for the load size and temperature, place laundry load into washer, add detergent and any additives, close lid, begin wash cycle. Set time to return to the washer, once washing cycle is finished then move the laundry into dryer (removing any items that should not be placed in the dryer and hang them in an appropriate place) place any additives into the dryer (dryer sheet, static management, etc), begin cycle of drying, set time to return to check on drying cycle, check to see if clothes are dry and add more time if necessary. Take clothes out of the dryer and fold each piece, place in appropriate drawer or closet. Set time to return to handing laundry and put away when dry. Staff supports should vary as needed from demonstrating skill and order, talk the client through the task, pointing to what comes next or asking what comes next, staying in the area until the operational part of the task is complete. Combined verbal and gestural is the highest guidance, verbal is next, then gestural, then positional.

- Score of 3: Needing 24-12 hours of physical modifications, staff time or modification of program routine
- Score of 2: Needing 11-8 hours of physical modifications, staff time or modification of program routine
- Score of 1: Needing 7-1 hours of physical modifications, staff time or modification of program routine
- Score of 0: None

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.

- Example: Supervision of impulsive client
 - Due to client’s impulse control difficulties and accounting for frequency of interventions and intensity of behaviors or reactions to interventions, staff needs to supervise client during specific periods of time to prevent negative consequences to the client themselves or other clients. (Note: This is not a one to one staffing.)
 - Score of 5: Needing 12-24 hours of physical modifications, staff time or modification of program routine
 - Score of 4: Needing 11-8 hours of physical modifications, staff time or modification of program routine
 - Score of 3: Needing 7-1 hours of physical modifications, staff time or modification of program routine
 - Score of 0: None

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 individually with the recipient and does not provide services to other recipients at the same time.

- Example: Supervision around the use of cleaning chemicals
 - Due to client’s history of ingesting cleaning chemicals, direct and individual supervision of cleaning with chemicals is required, even after replacing harsh cleaners with more biodegradable ones due to continued ingestion hazards.
 - Score of 5: Needing 24-12 hours of physical modifications, staff time or modification of program routine
 - Score of 4: Needing 11-8 hours of physical modifications, staff time or modification of program routine
 - Score of 3: Needing 7-1 hours of physical modifications, staff time or modification of program routine
 - Score of 0: None

Domain 4: Frequency of habilitative services:

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

- 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.
- 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.
- 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.

- **Never:** The program or program staff are never required to provide assistance to a recipient to complete the task or demonstrate the skill.

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 that are in addition to the activities required by licensing. This can include researching and arranging for recreation, participating in recreation and assistance to maintain health and safety when participating in recreation.

- Example: Consumer would like to walk to the park and/or store
 - Due to consumer's tendency to wander staff needs to supervise client during specific periods of time to prevent negative consequences to the consumer and/or others in the community.
 - Score of 3: Needing 24-12 hours of physical modifications, staff time or modification of program routine
 - Score of 2: Needing 11-8 hours of physical modifications, staff time or modification of program routine
 - Score of 1: Needing 7-1 hours of physical modifications, staff time or modification of program routine
 - Score of 0: None

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.

- Example: Consumer would like to attend a religious activity
 - Due to consumer's tendency to wander and/or poor boundary maintenance staff needs to supervise client during specific periods of time to prevent negative consequences to the consumer and/or others in the community.
 - Score of 3: Needing 24-12 hours of physical modifications, staff time or modification of program routine
 - Score of 2: Needing 11-8 hours of physical modifications, staff time or modification of program routine
 - Score of 1: Needing 7-1 hours of physical modifications, staff time or modification of program routine
 - Score of 0: None

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

- Example: Transportation to routine scheduled outings
 - Plan for event, identify the day and time of event, identify bus route(s) and transfer(s) to take to the event, calculate the time needed to get to the event and come back on time, identify the time to take bus at specific bus stop(s), prepare for the trip (clothes, event items, money), get to bus stop early, take bus and transfers to event and get off at location, return trip
 - Score of 3: Needing 24-12 hours of physical modifications, staff time or modification of program routine
 - Score of 2: Needing 11-8 hours of physical modifications, staff time or modification of program routine
 - Score of 1: Needing 7-1 hours of physical modifications, staff time or modification of program routine
 - Score of 0: None

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.

- Example: self-report during a medical appointment
 - Verbally communicate historical timeline when reporting an medical issue; verbally describe emotional and/or physical issues/side effects; ask relevant questions related to care; communicate availability when scheduling appointments
 - Score of 3: Needing 24-12 hours of physical modifications, staff time or modification of program routine
 - Score of 2: Needing 11-8 hours of physical modifications, staff time or modification of program routine
 - Score of 1: Needing 7-1 hours of physical modifications, staff time or modification of program routine
 - Score of 0: None

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.

- Example: Boundaries in the living room
 - Discuss rules of physical boundaries and space with the client and how this is a communication skill, post rules for reminders as needed, increase interventions from positional, to gesturing to verbal to combined to help remind client of boundaries. Debrief episodes of crossing boundaries through solution-focused, nonjudgmental discussions about what worked and what did not work, how others interpreted the client's behavior and clarify how to communicate more clearly through boundaries.
 - Score of 3: Needing 24-12 hours of physical modifications, staff time or modification of program routine
 - Score of 2: Needing 11-8 hours of physical modifications, staff time or modification of program routine
 - Score of 1: Needing 7-1 hours of physical modifications, staff time or modification of program routine
 - Score of 0: None

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.

- Example: Selecting and attending an activity
 - Client will choose an activity that they are interested in, identify a possible person to attend with them, then ask that person if they would like to attend the activity with them, set a day and time for the activity. Learn how to remind people of an upcoming activity in an appropriate, supportive manner, and ask if they need any help to prepare for the activity. Arrive a little early to get the person to begin the activity or transportation to the activity. Enjoy the activity together by checking in with each other during the activity, problem solve any issues or discomfort that comes up from the activity. Return together from the activity. Debrief the activity to see if the other person enjoyed it, identify ways to improve the enjoyment, offer times to reexperience the activity if desired. Learn communication skills to support sharing the activity, role model to demonstrate skills or role play situations to practice skills, debrief with staff about the activity and sharing it with another person.
 - Score of 3: Needing 24-12 hours of physical modifications, staff time or modification of program routine

- Score of 2: Needing 11-8 hours of physical modifications, staff time or modification of program routine
- Score of 1: Needing 7-1 hours of physical modifications, staff time or modification of program routine
- Score of 0: None

ITEM 26 Assist to Participate in approved physical Activities: This measures the frequency in which a staff assists an individual 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.

- Example: Going for a walk
 - Prepare going for a walk by scheduling it or as time permits between obligations, identify required clothes to match the weather as well as clothes needed after returning, let someone know that you are going for a walk and the general path and timing, assure any bathroom necessities are completed before leaving, go for the walk obeying traffic laws as well as safety. When returned, check in with the person the plan was shared with so that they know you're back, change clothes if needed.
 - Score of 3: Needing 24-12 hours of physical modifications, staff time or modification of program routine
 - Score of 2: Needing 11-8 hours of physical modifications, staff time or modification of program routine
 - Score of 1: Needing 7-1 hours of physical modifications, staff time or modification of program routine
 - Score of 0: None

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.

- Example: Diabetic consumer
 - Time rendered assisting consumer choosing appropriate food items at grocery store; diabetic meal development and food preparation; developing meal schedule; healthy snack options in between meals.
 - Score of 3: Needing 24-12 hours of physical modifications, staff time or modification of program routine
 - Score of 2: Needing 11-8 hours of physical modifications, staff time or modification of program routine
 - Score of 1: Needing 7-1 hours of physical modifications, staff time or modification of program routine
 - Score of 0: None

Scoring the Level of Service inventory

The LSi administered and completed by the IQA is the official LSi of record. Only the IQA LSi will be used to assist with establishing the standardized rate assigned to the provider.

- 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 resident, AFH provider or CMHP does not agree with the results of an LSi, please follow these steps:

1. A request to review the LSi with the IQA QA. Any request for review of an LSi score must be facilitated by the provider within 10 business days of initial reporting of the scores to the provider by the IQA. Further documentation to demonstrate consumer's needs must be provided to the IQA within this 10-business day period. After that time, LSi scores are final until the annual needs reassessment. However, providers may request a review if there is a change in the consumer's functioning that lasts more than 30 days. Any change in need must be documented in the Person-Centered Service Plan (PCSP) and agreed to by the consumer in accordance with OAR 410-173-0025.