

# Oregon Medicaid Prior Authorization Request



**Form KF-008:** Level of Service Inventory- Oregon Health Authority for Adult Foster Care Behavioral Health Services

### Assessment Contact Information

Assessing agency name:	Assessment Date:
Assessor name and credentials:	
Member name:	Member's Oregon Medicaid ID:

### Assessing Agency Name:

### Assessment Date:

Domain 1: <i>Level of assistance to complete ADL tasks</i>	Full	Partial	Minimal	None
1 Personal hygiene	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>
2 Meal planning and preparation	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>
3 Clean and maintain residence	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>
4 Manage/dispense medication	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>
5 Use and maintain adaptive or medical devices	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>
6 Assist with catheter ( <i>cleaning, changing, emptying</i> )	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>
7 Delegated nursing tasks ( <i>see OAR 411-034-0010</i> )	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>
8 Feeding	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>
9 Mobility, transfers, or repositioning	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>
10 Toileting, bowel, or bladder care	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>
<b>Subtotal</b>				
<b>Domain 1 Total</b>				

Domain 2: <i>Frequency of assistance to complete IADL tasks</i>	Daily	Weekly	Monthly	Never
11 Managing finances	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
12 Access transportation	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
13 Manage and attend medical or health appointments	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>
14 Comply with court or legal requirements	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>
15 Attend educational or training activities	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
<b>Subtotal</b>				
<b>Domain 2 Total</b>				

Domain 3: <i>Hours of program supportive services per day</i>	24-12	11-8	0-7	None
16 Modify physical environment, program routine or staffing pattern	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>
17 Vocal, visual, gestural, positional, physical prompts to maintain safety	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
18 Line of sight supervision in milieu or community	5 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>
19 1:1 supervision, support and monitoring	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>
<b>Subtotal</b>				
<b>Domain 3 Total</b>				

Domain 4: <i>Frequency of habilitative services</i>	Daily	Weekly	Monthly	Never
20 Assist to plan and participate in recreational activities	2 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
21 Assist to plan and participate in social activities	2 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
22 Provide transportation into the community	2 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
23 Staff provides communication skills training	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
24 Assist to develop and maintain appropriate boundaries	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
25 Assist to establish and maintain appropriate relationships	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
26 Assist to participate in approved physical activities	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
27 Support for approved healthy food and diet choices	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
<b>Subtotal</b>				
<b>Domain 4 Total</b>				

<b>Level of Service Inventory - Oregon Health Authority Composite Score:</b>	
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### SIGNATURES

_____	_____	_____
Assessor Signature	Assessor name and title	Date
_____	_____	_____
Member Signature	Member name	Date
_____	_____	_____
Provider representative signature	Representative name and title	Date