

Level of Service Inventory for Behavioral Health Residential Treatment Services

To be used **only** for Residential Treatment Home (RTH), Residential Treatment Facility (RTF), or Secure Residential Treatment Facility (SRTF) requests for services provided under procedure code T1020

Assessment/contact information

Assessing agency name:		Assessment date:	
Assessor name and credentials:			
Client name:		Client's Oregon Medicaid ID:	
Program name		Level of Care: <input type="checkbox"/> RTH <input type="checkbox"/> RTF <input type="checkbox"/> SRTF	
Program representative name and title:			

Level of Service inventory

For each domain, please rate the type of support the client requires to perform or practice the skill.

Domain 1: ADL tasks		Assistance and training to perform skill	Support and training to practice skill	Prompts or supervision to practice skill	Practices skill independently (N/A)
1	Maintain personal hygiene	3	2	1	0
2	Self-manage medication	3	2	1	0
3	Use and maintain adaptive or medical devices including catheter (change, clean, empty)	3	2	1	0
4	Feed self	4	3	2	0
5	Ambulate and transfer	5	4	3	0
6	Use toilet and care for bowl and bladder	5	4	3	0
7	Delegated nursing tasks (see OAR 411-034-0010)	5	4	3	0
Subtotal					
Domain 1 Total					

Domain 2: IADL tasks		Assistance and training to perform skill	Support and training to practice skill	Prompts or supervision to practice skill	Practices skill independently (N/A)
8	Manage finances and budget	3	2	1	0
9	Plan and prepare meals	3	2	1	0
10	Clean and maintain residence	3	2	1	0
11	Independently access transportation	3	2	1	0
12	Manage and attend medical or health appointments	3	2	1	0
13	Maintain compliance with court or legal requirements	3	2	1	0
14	Plan and participate in social, recreational or community activities	2	1	1	0
Subtotal					
Domain 2 Total					0

Domain 3: Psychosocial skills		Assistance and training to perform skill	Support and training to practice skill	Prompts or supervision to practice skill	Practices skill independently (N/A)
15	Manage symptoms that pose a physical risk to self	6	5	4	0
16	Manage symptoms that pose a physical risk to others	6	5	3	0
17	Manage symptoms that reduce ability to control impulses	6	5	3	0
18	Manage symptoms of delusional or disorganized thinking	5	4	3	0
19	Manage symptoms of emotional excess	5	4	3	0
20	Communicate effectively with others	3	2	1	0
21	Manage comorbid or co-occurring condition	5	4	3	0
Subtotal					
Domain 3 Total					0

Domain 4: Person-centered services and supports		Number of hours required daily:			
		16-24	8-15	0-7	None
22	Modify physical environment, program routine or staffing pattern	6	4	3	0
23	Provide line of sight supervision in milieu or community	4	3	2	0
24	Provide 1:1 support, supervision and monitoring	6	5	4	0
Subtotal					
Domain 4 Total					0

Level of Service Inventory Composite Score: _____

Signatures

Assessor signature _____
Date

Client signature _____
Date

Program representative signature _____
Date