

# Appendix

# 14

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# DEVELOPMENT OF LOUISIANA'S RESOURCE ALLOCATION SYSTEM

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The Louisiana Resource Allocation System has seven levels. The levels start at Level 1A, representing the lowest level of need, and extend to Level 6, representing the highest level of need.

The development of the Louisiana Resource Allocation System occurred over several years. There were two key components in the development of the process:

1. Selection and testing of the needs assessment
2. Linking the needs assessment to resource use.

Section 14.4 provides the framework underlying the system.

Section 14.5 provides the programmatic assumptions for each of the seven levels that guide planning.

Section 14.6 provides the IFS hours allocated to each level.

For participants sharing services, available IFS hours are greater than hours for one person alone.

The last subsection provides a conversion table for support coordinators that translate the IFS and Day Activity hours allocated to each level.

## **14.1 SELECTION AND TESTING OF THE NEEDS ASSESSMENT**

- A. The selection of the Supports Intensity Scale (SIS) and the LA PLUS as the needs assessment for the NOW resulted from several years of development during which OCDD:
1. Formed a Stakeholder Group with broad representation,
  2. Conducted an extensive review of other states' instruments and processes,
  3. Evaluated available instruments,
  4. Selected the Supports Intensity Scale,
  5. Developed a complementary tool – LA PLUS,
  6. Over a two year period field-tested, modified, and refined the needs assessment process,
  7. Completed SIS assessments on more than 2,000 people served under the NOW, private ICF/DD providers, and Public Supports and Service Centers (SSCs),
  8. Conducted reliability testing,
  9. Developed better descriptions for the tool, and
  10. Developed training and certification requirements for support coordinators conducting the SIS/LA PLUS assessments.

B. The SIS assesses Advocacy, Medical Support, and Behavioral Support needs; and the SIS assesses six life activities based on 49 items:

1. Home Living,
2. Community Living,
3. Lifelong Learning,
4. Employment,
5. Health and Safety, and
6. Social Activities.

C. LA PLUS includes supplemental items in a number of areas:

1. Material supports (e.g., powered wheelchair, walker, vehicle modification, etc.),
2. Vision related supports,
3. Hearing related supports,
4. Supports for communicating needs,

5. Positive behavior supports,

6. Physician supports,

7. Professional supports (e.g., registered nurse, psychologists, occupational therapists, physical therapists, speech therapists, etc.),

8. Stress and risk factors,

9. Protective supervision,

10. Summoning help, and

11. Sharing supports.

D. The information on the SIS/LA PLUS is used both in determining the level membership in the Resource Allocation System and in developing support plans for each participant based upon their unique support needs.

E. Additional information on the SIS is available at the official web site <http://www.siswebsite.org/>.

## 14.2 LINKING THE NEEDS ASSESSMENT TO RESOURCE USE

- A. Once the SIS/LA PLUS was selected as the needs assessment tool, the next step in development of the Louisiana Resource Allocation System was linking supports to those needs. During this process, OCDD:
1. Evaluated resource allocation processes in other states, including regression based models,
  2. Conducted regression analyses on a statewide sample of assessments in Louisiana and examined the supports used by participants with different needs,
  3. Established the need levels (originally six and expanded to seven) and SIS scoring that defines membership in each level,
  4. Subjected data to different potential model configurations involving different covariations of general, medical, and behavioral supports to determine best fit with Louisiana citizens' needs profiles,
  5. Analyzed the use and cost of all services for all participants in the NOW for Fiscal Year 2006 and Fiscal Year 2007,
  6. Analyzed the use and cost of services for participants at each of the seven levels of supports (using two data samples – a statewide representative sample of approximately 400 and a capitol area sample of approximately 800),
  7. Conducted a clinical validation of the model, and
  8. Examined outlier cases.

- B. The original proposal was for six levels of need. However, Level 1 was too large and contained people with a broad range of needs. Approximately half of the waiver population fell into Level 1. As a result, Level 1 was split into 1A and 1B to ensure the Levels contained people with comparable needs.
  
- C. These steps resulted in a recommended maximum number of IFS hours for participants living with family and those living independently at each Level of need referred to as the Louisiana Resource Allocation System. The hours are a key component of the “Guidelines for Support Planning;” however, they are not a fixed cap. The hours for each participant is determined based upon individual circumstances and identified need. Additional hours may be requested with justification.

### 14.3 VALIDATION OF THE MODEL

- A. The statistical analyses and model fitting of assessment data gathered during a sampling of NOW waiver participants in 2006 and 2007, and review of services and associated costs for FY 2006 and 2007 for these same participants produced a proposed model of resource allocation.
- B. To guide the development of IFS hours allocated to each level and to evaluate the validity of the levels themselves, OCDD conducted a clinical validation study. The clinical validation of the system was designed to determine whether the levels meaningfully differentiated persons with lower and higher needs and resulted in *within-level* memberships of persons with generally comparable support needs.
- C. The validation process began by selecting participants with both typical and atypical profiles that populated each of the proposed levels. Atypical profiles included persons within a level who had medical or behavioral support needs greater or less than the majority of other persons within that level or had scores that placed them near the boundary between two levels. The process resulted in the selection of nearly 100 (or approximately 25% of the total NOW statewide representative sample) participants for the validation study.
- D. OCDD staff collected the plan of care, psychological evaluations, 90-L, medical notes and provider progress notes for each of the participants selected for the study. A team of experts from various backgrounds and experiences was assembled. Comprising the team were experts in needs-based assessment (the Supports Intensity Scale -SIS and LA PLUS), experts in support coordination, national experts in resource allocation methodology and those with a background in community-based direct service provision to those with intellectual and developmental disabilities.
- E. The team conducted a detailed inspection and study of participants' completed SIS assessments, plans of care, psychological and medical reports, and progress notes. For each participant in the sample, waiver support needs were defined by the clinical expert based on all of the available assessment information independent of the supports historically used. Waiver support needs were defined using the structure below.

1. IFS Day Support Hours
2. IFS Night Support Hours
3. Unsupported Hours
4. Day Program Hours
5. Supported Employment Hours
6. One-Time Supports
7. Other Services
8. Shared Services

F. The clinical validation study found that persons with similar SIS scores have similar support needs and, in most comparisons, persons with the same Level membership have generally comparable support needs. Further, the IFS hours in the Louisiana Resource Allocation System are consistent with the clinical determination of support needs.

G. The clinical validation study underscored the need for mechanisms to allow additional hours for outlier cases. OCDD developed the process for approvals of additional IFS hours (Section 7.3).

H. In conducting the clinical validation, team members also examined the accuracy of the assessor in reflecting the participant's needs. Most SIS assessments had few problems. The most frequent problem was underrating of the participant's medical support needs. To further guard against these errors, OCDD developed:

1. A formal training and certification protocol, and
2. A self-check protocol for assessors.

#### **14.4. FRAMEWORK FOR LOUISIANA'S ALLOCATION OF IFS HOURS**

- A. In allocating IFS hours, OCDD adopted a framework consistent with the planning assumptions introduced in Section 1. The framework has the following principals:
1. People who live with family have different IFS needs than those who live independently and, therefore, IFS hours allocated differ by living situation.
  2. Natural supports are to be used as appropriate and applicable in each person's living circumstances.
  3. Age appropriate school/day programs/work activities are to be assumed in planning as a natural part of a weekly schedule. These hours may be converted to a proportionate number of IFS hours depending on individual need and choice.
  4. IFS hours and IFS shared support hours may be converted one to another proportionately within allocated hours.
  5. Participants who score less than 15 on the General Support factor of the SIS and have minimal or no behavioral or medical challenges are presumed not to need IFS hours. These participants may freely access all other services in the NOW through the planning process. Any proposed need for IFS hours by these participants has to be requested and is considered as an exception by the Guidelines for Planning State Office Review Committee.
  6. Supportive Living services are available only by exception to participants living with their families. Participants who need this service may request it in the planning process. These requests are considered on an individual basis in the OCDD Regional Waiver Office. This service is not available for participants in self-directed services.

#### **14.5 PROGRAMMATIC ASSUMPTIONS FOR EACH OF SEVEN LEVELS**

- A. The resource needs of participants falling into each of the seven levels differ both for participants living at home and participants living independently.
  
- B. As a result, the programmatic assumptions for participants living at home and participants living independently at each level also differ. These differences in programmatic assumptions are a key component in planning for supports.

## LEVEL 1A

### Description:

Members of Level 1A, with regard to our citizens with developmental disabilities, require the least amount of supports. These participants have SIS scores below the 25<sup>th</sup> percentile indicating fewer General Support needs (Home Life, Community, Health and Safety Support Needs) than 75% of the population with developmental disabilities. Support needs tend to be minimal. Most members have mild intellectual disabilities. They are capable of managing many aspects of their lives independently. Teaching supports and monitoring, as well as supports of a more intermittent nature, are frequently what are requested by 1A members.

<b>LIVING AT HOME</b>	<b>LIVING INDEPENDENTLY</b>
<p><b>Programmatic Assumptions</b> for Members of Level 1A <b>living at home</b> include that these participants:</p> <ul style="list-style-type: none"> <li>■ Normally, do not require nighttime supports</li> <li>■ Should participate in school, work, or other day activities that are personally meaningful and meet their needs</li> <li>■ Generally benefit from participation in age-appropriate competitive employment activities</li> <li>■ Can independently meet some or even many of their own needs and can have some or perhaps even a substantial number of unsupported hours</li> </ul>	<p><b>Programmatic Assumptions</b> for Members of Level 1A <b>living independently</b> include that these participants:</p> <ul style="list-style-type: none"> <li>■ Can share supports</li> <li>■ Normally, do not require nighttime supports</li> <li>■ Should participate in school, work, or other day activities that are personally meaningful and meet their goals</li> <li>■ Generally benefit from participation in age-appropriate competitive employment activities</li> <li>■ Can independently meet some or even many of their own needs and can have some or perhaps even a substantial number of unsupported hours</li> </ul>

## LEVEL 1B

### Description:

Members of 1B have General Support Needs that fall from the 25<sup>th</sup> to 50<sup>th</sup> percentile, relative to our citizens with developmental disabilities. Many participants in 1B have mild intellectual disabilities, although broader ranges of intellectual disabilities do occur in this level. Level 1B is the largest level. While these participants require more support than members of Level 1A and may manage fewer personal needs independently, support needs still generally are minimal to limited in a number of life areas.

<b>LIVING AT HOME</b>	<b>LIVING INDEPENDENTLY</b>
<p data-bbox="186 888 750 993"><b>Programmatic Assumptions</b> for Members of Level 1B <b>living at home</b> include that these participants:</p> <ul data-bbox="240 1094 750 1373" style="list-style-type: none"><li data-bbox="240 1094 750 1163">■ Generally benefit from participation in school, work, or day activities</li><li data-bbox="240 1199 750 1268">■ Normally do not require paid night time supports</li><li data-bbox="240 1304 750 1373">■ In some instances could have unsupported hours</li></ul>	<p data-bbox="776 888 1339 993"><b>Programmatic Assumptions</b> for Members of Level 1B <b>living independently</b> include that these participants:</p> <ul data-bbox="829 1094 1339 1520" style="list-style-type: none"><li data-bbox="829 1094 1339 1129">■ Can share supports</li><li data-bbox="829 1165 1339 1234">■ Generally benefit from participation in school, work, or day activities</li><li data-bbox="829 1270 1339 1415">■ In many instances will not require night time supports. Some members with more significant intellectual disabilities may.</li><li data-bbox="829 1451 1339 1520">■ In some instances could have unsupported hours</li></ul>

## Level 2

**Description:**

Members of Level 2 have General Support Needs that place them between the 50<sup>th</sup> and 75<sup>th</sup> percentile relative to other persons with developmental disabilities. These participants have significant support needs relative to tasks of daily living. Most participants in Level 2 have severe or profound intellectual disabilities. For most, behavior and medical support needs are minimal or nonexistent.

<b>LIVING AT HOME</b>	<b>LIVING INDEPENDENTLY</b>
<p><b>Programmatic Assumptions</b> for Members of Level 2 <b>living at home</b> include that these participants:</p> <ul style="list-style-type: none"> <li>■ Normally do not require paid nighttime supports given acuity level. Natural supports are appropriate options at night.</li> <li>■ Generally benefit from participating in day activities</li> <li>■ In most instances could not have unsupported hours</li> <li>■ In the context of acuity of their needs, a balance of natural and paid supports, with some natural supports occurring during the day and natural supports occurring at night, will meet the needs of most participants and families</li> </ul>	<p><b>Programmatic Assumptions</b> for Members of Level 2 <b>living independently</b> include that these participants:</p> <ul style="list-style-type: none"> <li>■ Can share supports</li> <li>■ Do require nighttime supports</li> <li>■ Generally benefit from participating in day activities</li> <li>■ In most instances could not have unsupported hours</li> </ul>

## Level 3

**Description:**

Members of Level 3 include citizens with the most significant General Support Needs in the absence of very extensive medical or behavioral support needs. These participants have greater General Support needs than 75% of the population with developmental disabilities. Most have some medical support needs, although these needs do not reach the significance of the needs of members of Level 5. Many participants in Level 3 have significant physical support needs. For example, many have Cerebral Palsy. Many require full physical supports. Most members have severe or profound intellectual disabilities, although some members may have mild intellectual disabilities with significant physical support needs.

<b>LIVING AT HOME</b>	<b>LIVING INDEPENDENTLY</b>
<p><b>Programmatic Assumptions</b> for Members of Level 3 <b>living at home</b> include that these persons:</p> <ul style="list-style-type: none"> <li>■ Normally do not require paid nighttime supports. Natural supports are appropriate options at night.</li> <li>■ Generally benefit from participating in day activities that can accommodate physical support needs</li> <li>■ Could not have unsupported hours</li> <li>■ Intensity of support needs are such that during awake hours enough paid support hours should be available to exceed the number of natural support hours if participants and families need this.</li> </ul>	<p><b>Programmatic Assumptions</b> for Members of Level 3 <b>living independently</b> include that these persons:</p> <ul style="list-style-type: none"> <li>■ Can share supports.</li> <li>■ Do require paid nighttime supports</li> <li>■ Generally benefit from participating in day activities that can accommodate physical support needs</li> <li>■ Could not have unsupported hours</li> </ul>

## Level 4

**Description:**

Members of Level 4 include persons who have significant behavior support needs but who do not meet the extensive behavior support requirements of participants in Level 6. Most have some level of aggressive behavior. Support profiles of members differ with intellectual disabilities ranging from mild to profound, although the majority of members have General Support Needs that fall below the 50<sup>th</sup> percentile. Some members have mental health challenges or concerns. Some members have autism with significant challenging behaviors. Most members of Level 4 do not have substantial medical support needs.

<b>LIVING AT HOME</b>	<b>LIVING INDEPENDENTLY</b>
<p><b>Programmatic Assumptions</b> for Members of Level 4 <b>living at home</b> include that these participants:</p> <ul style="list-style-type: none"> <li>■ Normally do not require paid nighttime supports. Natural supports are appropriate options at night.</li> <li>■ Are generally good candidates for benefiting from day activities that can accommodate behavior and/or mental health support needs including school and vocational options</li> <li>■ In some instances could have unsupported hours</li> <li>■ Intensity of behavior support needs are such that during awake hours paid support hours may outnumber natural support hours for participants and families who need this.</li> </ul>	<p><b>Programmatic Assumptions</b> for Members of Level 4 <b>living independently</b> include that these participants:</p> <ul style="list-style-type: none"> <li>■ In most but not all cases can share supports</li> <li>■ Do require paid nighttime supports</li> <li>■ Are generally good candidates for benefiting from day activities that can accommodate behavior and/or mental health support needs including school and vocational options</li> <li>■ In some instances could have unsupported hours</li> </ul>

## Level 5

### Descriptions:

Members of Level 5 include persons with the most extensive Medical support needs. Extensive physical support needs, including lifting and positioning support needs, often associated with Cerebral Palsy, are typical. G-tube and other feeding support needs, oxygen therapy or breathing treatment, and/or suctioning are common as well. The need for full physical supports with regard to activities of daily living is common.

<b>LIVING AT HOME</b>	<b>LIVING INDEPENDENTLY</b>
<p><b>Programmatic Assumptions</b> for Members of Level 5 <b>living at home</b> include that these persons:</p> <ul style="list-style-type: none"> <li>■ In most instances, do not require paid nighttime supports, although some participants may. For most persons in Level 5, natural supports are appropriate options at night.</li> <li>■ Should have access to personally meaningful day activities although medical issues may limit day activity attendance. Day activities will need to accommodate their significant medical support needs.</li> <li>■ Could not have unsupported hours</li> <li>■ Intensity of physical and medical support needs are such that during awake hours paid support hours should be available to provide significant assistance to persons and families and minimize the need for natural support hours for participants and families who require this.</li> </ul>	<p><b>Programmatic Assumptions</b> for Members of Level 5 <b>living independently</b> include that these persons:</p> <ul style="list-style-type: none"> <li>■ In most cases can share supports. For some participants, sharing supports might be difficult. For some participants, sharing supports with a ratio of two paid supports per three participants might be a more suitable option than a 1:2 ratio.</li> <li>■ Require nighttime supports</li> <li>■ Should have access to personally meaningful day activities although medical issues may limit day activity attendance. Day activities will need to accommodate their significant medical support needs.</li> <li>■ Could not have unsupported hours</li> </ul>

## Level 6

### Descriptions:

Members of Level 6 include persons with the most significant Behavior Support Needs. Many of these participants require one-to-one supervision. All members of Level 6 have multiple significant behaviors support needs. Mental health conditions with accompanying aggressive or self-injurious behavior are common. Some members may have high rates of challenging behavior in the absence of a mental health condition although this is less common. Some members would pose safety risks to the community or themselves without continuous supervision and support. Most Level 6 members do not have Medical Support Needs and General Support Needs typically fall below the 50<sup>th</sup> percentile.

<b>LIVING AT HOME</b>	<b>LIVING INDEPENDENTLY</b>
<p><b>Programmatic Assumptions</b> for Members of Level 6 <b>living at home</b> include that these persons:</p> <ul style="list-style-type: none"> <li>■ In most instances, do not require paid nighttime supports. Natural supports are typically suitable options.</li> <li>■ Behavior and mental health support needs pose challenges to identifying day activities. Personally meaningful day activities, particularly activities with mental health treatment components or that can at least support mental health needs, should be explored. These activities need to take into consideration the participant's ability to tolerate others, danger to others, and possible psychological fragility.</li> <li>■ Could not have unsupported hours</li> <li>■ Intensity of behavior support needs are such that during awake hours paid support hours should be available to provide significant assistance to persons and families,</li> </ul>	<p><b>Programmatic Assumptions</b> for Members of Level 6 <b>living independently</b> include that these persons:</p> <ul style="list-style-type: none"> <li>■ In most instances could not share supports although this should be explored on an individual basis.</li> <li>■ Require paid nighttime supports.</li> <li>■ Behavior and mental health support needs pose challenges to identifying day activities. Personally meaningful day activities, particularly activities with mental health treatment components or that can at least support mental health needs, should be explored. These activities need to take into consideration the participant's ability to tolerate others, danger to others, and possible psychological fragility.</li> <li>■ Could not have unsupported hours</li> </ul>

<p>minimizing the need for natural support hours if participants and families require this.</p>	
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## 14.6 IFS HOURS ALLOCATED TO EACH LEVEL

- A. *Attachment 14.8.1* and *Attachment 14.8.2* provide the weekly maximum IFS hours that may be accessed without additional approvals for each of the seven levels for participants living with family and participants living independently respectively as well as the expected day activity hours and natural support hours. The IFS hours for a participant at a given level should be included in the support plan unless an exception is approved consistent under Sections 5.7-9 and 7.3.
- B. The seven levels appear across the columns of each table. The rows show day, night and shared IFS hours, total IFS hours highlighted and the assumptions for day programming and natural supports. The final row totals 168, the number of hours in a week (24 hours x 7 days). Consistent with OCDD's assumptions for planning, meaningful day activities and natural supports are a component of the weekly schedule and the allocated IFS hours. Natural supports may include hours when the participant is able to support themselves without assistance. For participants living independently, shared hours for both day and night are included reflecting OCDD's encouragement of shared services.
- C. There are two adjustments to the hours appearing on *Attachment 14.8.1* (Lives with Family). If the participant is less than 18 years of age, maximum IFS hours are reduced by 7 hours for all seven levels. For example, for Level 1A, IFS hours are reduced from 25 to 18 to reflect age appropriate parental support. If the participant is older than 55 years of age, 7 hours are added to maximum IFS hours for each level to reflect additional needs of older participants. In Level 1A, for example, rather than 25 hours of IFS, hours would increase to 32.
- D. For participants living independently, there is also an adjustment to Level 1A and 1B to add 7 hours for those older than 55 years of age. These additional hours reflect the added effort for older participants from natural supports. There is no adjustment to the other five levels for participants living independently because there are no natural support hours included in the weekly schedule.
- E. To use the conversion table (*Attachment 14.8.3*), select the type of hours that must be converted to another type of hour. For example, use the first section to convert from an IFS Day 1 person hour to another type of hour. Using the row for Five IFS Day 1 Person hours and moving across the columns convert to 7 IFS Day 2 person hours. Similarly, ten IFS Day 1 Person hours convert to 20 SE Mobile Crew hours shown in the last column.

- F. If Employment Related Training/Day Habilitation hours need to be converted to IFS or SE Mobile Crew Hours, use the 5<sup>th</sup> section of the conversion table. Five ERT/Day Hab hours convert to 2 IFS Day 1 person hours.

## 14.7 RESOURCE ALLOCATION FOR PARTICIPANTS UNDER 16 YEARS OF AGE

- A. The Louisiana Level System, which includes seven levels of Individual and Family Support hours associated with different volumes and types of support needs described in the “Guidelines for Support Planning,” has undergone additional study since its initial development in 2008. Additional examination of the Levels relative to the support needs of participants provided further indications of the overall validity of the system and indicated applicability for participants under 16 years of age.
  
  - B. For youths under 16 years of age, the recommended number of IFS hours for planning is proposed based on a two step process.
    - 1. First, the Supports Intensity Scale or SIS (minus items not relevant for youths) will be used as the needs-based assessment instrument with the agreement of AAIDD, the developers of the SIS. This adapted version of the SIS, which maintains items relevant to determining general, medical, and behavioral support needs and which does not assess items not relevant for youths (e.g., supports needed for Employment), is currently being used in some other states and has been used for some time pending development of a new youth version of the SIS which OCDD intends to adopt pending the completion of psychometric studies and final development of the new youth instrument. This adapted version of the SIS was also been used by OCDD to assess youths under 16. OCDD further validated the use of the SIS for assessing the need of children for IFS hours by comparing the actual use of IFS hours with the acuity level recommended by their SIS assessment. Both the SIS and LA PLUS will be used for support planning purposes.
  
    - 2. Secondly, OCDD staff currently certified in both SIS and the OCDD Planning process and who currently serve as the quality monitoring entities for NOW CPOC’s will review the SIS, intellectual, and adaptive assessment information and apply professional judgment and experience to assure that the assessment information meets the programmatic assumptions for the recommended level for the participant.
  
  - C. The participant’s team in the planning process may request IFS hours beyond those recommended by the SIS assessment using the process outlined in Section 5.8 of the “Guidelines for Planning.”
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- D. In addition, a participant retains the right to appeal any denial of requested IFS hours by following procedures outlined in Section 10.2 of the "Guidelines for Planning."

**14.8 ATTACHMENTS**

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**Attachment 14.8.1 Recommended IFS and Day Program Hours by Level - Lives with Family**

**LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS**  
**OFFICE FOR CITIZENS WITH DEVELOPMENTAL DISABILITIES**  
**GUIDELINES FOR PLANNING:**  
**RECOMMENDED IFS AND DAY PROGRAM HOURS BY LEVEL**

<b>Lives with Family</b>							
	<b>1A</b>	<b>1B</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
IFS Day	25	32	46	56	62	62	82
IFS Day Shared	0	0	0	0	0	0	0
IFS Night	0	0	0	0	0	0	0
IFS Night Shared	0	0	0	0	0	0	0
Day Program Hours	20	30	30	30	30	30	12
<b>Total Paid Hours</b>	<b>45</b>	<b>62</b>	<b>76</b>	<b>86</b>	<b>92</b>	<b>92</b>	<b>94</b>
Natural Sup Hours	123	106	92	82	76	76	74
<b>Total Hours</b>	<b>168</b>						
<18 years = -7 hrs IFS Day	-7	-7	-7	-7	-7	-7	-7
>55 years add = +7 hrs IFS Day	+7	+7	+7	+7	+7	+7	+7

**Attachment 14.8.2 Recommended IFS and Day Program Hours by Level - Lives Independently**

LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS  
 OFFICE FOR CITIZENS WITH DEVELOPMENTAL DISABILITIES  
**GUIDELINES FOR PLANNING:**  
**RECOMMENDED IFS AND DAY PROGRAM HOURS BY LEVEL**

<b>Lives Independently</b>							
	<b>1A</b>	<b>1B</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
IFS Day	10	10	10	10	14	14	112
IFS Day Shared	35	40	72	72	68	86	0
IFS Night	0	0	0	0	0	0	56
IFS Night Shared	0	40	56	56	56	56	0
Day Program Hours	30	30	30	30	30	12	0
<b>Total Paid Hours</b>	<b>75</b>	<b>120</b>	<b>168</b>	<b>168</b>	<b>168</b>	<b>168</b>	<b>168</b>
Natural Sup Hours	93	48	0	0	0	0	0
<b>Total Hours</b>	<b>168</b>						
>55 years add = +7 hrs IFS Day	+7	+7					

# Attachment 14.8.3 Conversion Table

**LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS**  
**OFFICE FOR CITIZENS WITH DEVELOPMENTAL DISABILITIES**  
**GUIDELINES FOR PLANNING SERVICE HOURS CONVERSION TABLE**  
**EFFECTIVE 9/24/2008**

IFS - DAY 1 PERSON	IFS DAY 1P	IFS DAY 2P	IFS NIGHT 1P	IFS NIGHT 2P	ERT/DAY HAB	SE MOBILE CREW
	CONVERSION	CONVERSION	CONVERSION	CONVERSION	CONVERSION	CONVERSION
1	1	1	2	3	2	2
2	2	3	4	5	5	4
3	3	4	5	8	7	6
4	4	6	7	10	9	8
5	5	7	9	13	11	10
6	6	8	11	15	14	12
7	7	10	12	18	16	14
8	8	11	14	20	18	16
9	9	13	16	23	20	18
10	10	14	18	25	23	20

IFS - DAY 2 PERSONS	IFS DAY 2P	IFS DAY 1P	IFS NIGHT 1P	IFS NIGHT 2P	ERT/DAY HAB	SE MOBILE CREW
	CONVERSION	CONVERSION	CONVERSION	CONVERSION	CONVERSION	CONVERSION
1	1	1	1	2	2	1
2	2	1	3	4	3	3
3	3	2	4	6	5	4
4	4	3	5	7	7	6
5	5	4	6	9	8	7
6	6	4	8	11	10	9
7	7	5	9	13	11	10
8	8	6	10	15	13	12
9	9	6	12	17	15	13
10	10	7	13	18	16	14

IFS - NIGHT 1 PERSON	IFS NIGHT 1P	IFS DAY 1P	IFS DAY 2P	IFS NIGHT 2P	ERT/DAY HAB	SE MOBILE CREW
	CONVERSION	CONVERSION	CONVERSION	CONVERSION	CONVERSION	CONVERSION
1	1	1	1	1	1	1
2	2	1	2	3	3	2
3	3	2	2	4	4	3
4	4	2	3	6	5	5
5	5	3	4	7	6	6
6	6	3	5	9	8	7
7	7	4	5	10	9	8
8	8	5	6	11	10	9
9	9	5	7	13	12	10
10	10	6	8	14	13	11

