

LOCUS: LEVEL OF CARE CHARACTERISTICS

| LOC Characteristics | I. Recovery Maintenance and Health Mainten. <i>(Usually a step down LOC)</i> | II. Low Intensity Community Based Services | III. High Intensity Community Based Services | IV. Medically Monitored Non-Residential Services | V. Medically Monitored Residential Services | VI. Medically Managed Residential Services |
|-------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| Client Living situation | Independent with minimal support | Independent with minimal support | Independent OR with support | Independent or with support | Residential setting, community-based. Some Board and Care and LT Resi also. | Traditionally hospital but could be in free-standing facilities. |
| Recovery History | Achieved significant recovery from past episodes | Clients generally need on-going support. | Intensive support and treatment needed. | Intensive support and treatment needed. | Acute and chronic situations depending on client. | Acute situations primarily. |
| Supervision and Contact Needed | Minimal for both | Do not require intensive management | Daily not required but usually several times per week | At least several times per week by a multi-disciplinary team. | 24 supervision | 24 hour monitoring and supervision. |
| Other | Some community or home-based services. | Traditionally clinic but can do community – based. | Traditionally clinic but can do community – based. | Facility or community: services are partial hospital or ACT | In some cases, intensive supportive housing may meet criteria | |
| I. Care Environment | Access can be monitored; egress not controlled. | Access can be monitored; egress not controlled. | Access can be monitored; egress not controlled. | Services may need to be mobile depending on client needs. | Adequate and safe living space. Usually no seclusion/ restraint but may manage egress. Food services/food prep avail. | Secure care; locked environment avail.; seclusion/restraint avail; Can do involuntary care. |
| II. Clinical Services | Up to 2 hrs/mo and not < 1 hr/3 months Med manage at least q 1-4 months Med use can be managed Ind or Grp supportive therapy | Up to 3 hours/wk and not < 1 hr q 2 wks Med manage about 1 x q 8 weeks Med use can be managed Ind, grp and family (I,G,F) therapies. | Tx (I,G, F)available at least 3 days/wk and 2-3 hrs/day. Med manage about q 2 wks Med use monitored/not administered. No skilled nursing needed. I,G, F and rehabilitative services and therapies | Services available most of day, 7 days/wk. Med manage avail. daily/ contacts usually at designated intervals. 24 hr by remote. Nursing available > 40hr/wk. Physical assess avail and accessed. Intensive Tx (I,G,F) 5 days/wk. Rehab services integrated. Meds monitored usually not administered. | Access to care: psych = 24 hours/day; psych contacts daily avail but s/be wklly; on-site nursing if doing med administration; on-site Tx (I,G, F) plus rehab and educational services either on or off-site. | Treatment available 24/7 on site or in close proximity. Psychiatric or medical contact daily. TX daily and pharmacological management. |
| III. Supportive Services | Yes | CM not usually required, may need help accessing certain services. Assist w/ coordination with support services. | CM and outreach available and integrated. Assist w/ coordination with supports. Ed and voc coordination. Facilitation of social, recreational. | CM integrated with mobile or on-site teams. ADL maintenance along with other coordination and supports, transport, systems management. Ed and voc coordination. Facilitation of social, recreational. | Supervision of ADL or may be custodial care. Staff facilitate social and recreational; staff coordinate interface w/ rehab and educational services if provided off-site | Total care available; client encouraged to do what they can. |
| IV. Crisis Stabilization and Prevention* | Basic see * | Basic see * | Mobile services, day care and child enrichment programs added to basic. | Mobile services, day care and child enrichment programs added to basic. | Services s/be directed to return to lower LOC in community. Develop transition plan, coord. w/ community resources and family. | Designed to reduce stress related to resuming normal community place. Develop transition plan |

* Includes at least access to 24/7 availability of crisis evals, brief interventions, and respite; vocational and educational and empowerment services. And, all basic services must be available as well: prevention programs that are population based and crisis management and evaluation services.