

LOCUS v. 2000  
LEVELS OF CARE  
FOR  
ADULT CONTINUOUS TREATMENT TEAMS

	<b>Recovery Maintenance and Health Management Level 1</b>	<b>Low Intensity Community Based Services Level 2</b>	<b>High Intensity Community Based Services Level 3</b>	<b>Medically Monitored Non-Residential Services Level 4</b>	<b>Medically Monitored Residential Services Level 5</b>	<b>Medically Managed Residential Services Level 6</b>
<b>Definition</b>	Services are provided to consumers who are living either independently or with minimal support in the community, and who have achieved significant recovery from past episodes of illness. Tx and service needs do not require supervision or frequent contact.	Services are provided to consumers who need ongoing tx, but who are living either independently or with minimal support in the community. Tx needs do not require intensive supervision or very frequent contact.	Services are provided to consumers who need intensive support and tx, but who are living independently or with minimal support in the community. Service needs do not require daily supervision, but tx needs require contact several times per month.	Services at this level are provided to consumers capable of living in the community either in supportive or independent settings, but who's tx needs require intensive management by a multi disciplinary treatment team.	Residential tx provided in a community setting. In some cases, longer-term care for persons with chronic, non-recoverable disability, which has traditionally been provided in nursing homes or similar facilities, may be included at this level.	Services are provided in a hospital setting or freestanding non-hospital setting
<b>Care Environment</b>	Clinic	Community	Community	PHP Program/ ACT Program	Therapeutic RCF/SNF	Hospital Free standing non-hospital setting
<b>Clinical Services</b>						
<b>Psychiatrist</b>	Psychiatric or physician review and/or contact should take place about once every 4-12 weeks.	Psychiatric or physician review and/or contact should take place about once every 4-8 wks.	Psychiatric/medical review and/or contact should take place about every 2-4 weeks, and be available more frequently if required. Access to emergency treatment is available 24 hours/day.	Psychiatric services would be available on a daily basis and contact would be required at appropriate intervals with access to emergency treatment 24 hours/day.	Psychiatric contacts should occur at least weekly, but may occur as often as daily.	Psychiatric/medical contact will generally be made on a daily basis.
<b>Nurse</b>	Skilled nursing care is usually not required at this level of care. Nursing services are available about 40 hours/wk. Access to ongoing primary medical care should be available	Skilled nursing care is usually not required at this level of care. Nursing services are available about 40 hours/wk. Access to ongoing primary medical care should be available	Skilled nursing care is usually not required at this level of care. Nursing services are available about 40 hours/wk. Access to ongoing primary medical care should be available	Nursing services are available about 40 hours/wk. Physical assessment should be provided on site if possible and access to ongoing primary medical care should be available.	On site nursing care is available 40 hours/wk if medications are being administered.	Skilled nursing care as needed.

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<b>Clinical Services</b>  <b>Case Manager/Community Support Worker</b>	<p>Minimum cm/csw contact every 6 months with 1 face-to-face contact per year. Additional contact as clinically appropriate based on individual need.</p> <p>Authorize and monitor services, including consumer satisfaction.</p> <p>Collaboration with other tx providers.</p> <p>Minimal supportive psychotherapy.</p> <p>Psychoeducation with a focus on maintaining stability and recovery by early identification of signs of decompensation and utilization of effective interventions, stress management, and development of relapse plan. Provide ongoing assessment in collaboration with consumer to identify early signs of relapse and decompensation.</p>	<p>Minimum cm/csw contact every 8 weeks with 2 face-to-face contacts per year. Additional contact as clinically appropriate based on individual need.</p> <p>Authorize and monitor services, including consumer satisfaction.</p> <p>Collaboration with other tx providers.</p> <p>Supportive psychotherapy.</p> <p>Psychoeducation to help them accept their illness, manage their symptoms, understand effects and side effects of prescribed medication, and develop coping and problems solving skills. Provide ongoing assessment in collaboration with consumer to identify early signs of relapse and decompensation.</p>	<p>Minimum cm/csw contact every 2 weeks with two face-to-face contacts every 4 weeks. Additional contact as clinically appropriate based on individual need.</p> <p>Minimum weekly contact is expected until a crisis (inpatient hospitalization, suicide attempt, loss of housing, relapse, or "other" crisis situation) is resolved or client's condition is stabilized.</p> <p>Authorize and monitor services, including consumer satisfaction.</p> <p>Regular communication with others providing services and tx.</p> <p>Supportive psychotherapy.</p> <p>Psychoeducation to help them accept their illness, manage their symptoms, understand effects and side effects of prescribed medication, and develop coping and problem solving skills. Provide ongoing assessment in collaboration with consumer to identify early signs of relapse and decompensation.</p>	<p>Minimum cm/csw contact 3 times per week with 2 face-to-face contacts per week. Additional contact as clinically appropriate based on individual need.</p> <p>Authorize and monitor services, including consumer satisfaction.</p> <p>Regular communication with others providing services and tx.</p> <p>Supportive psychotherapy.</p> <p>Psychoeducation to help them accept their illness, manage their symptoms, understand effects and side effects of prescribed medication, and develop coping and problem solving skills. Provide ongoing assessment for the level of risk for consumers who are suicidal, violent, and experiencing serious medical complications.</p>	<p>Minimum cm/csw contact every 2 weeks with face-to-face contact every 4 weeks. Additional contact as clinically appropriate based on individual need.</p> <p>Regular communication with others providing services and tx.</p> <p>Supportive psychotherapy.</p> <p>Psychoeducation to help them accept their illness, manage their symptoms, understand effects and side effects of prescribed medication, and develop coping and problems solving skills. Provide ongoing assessment in collaboration with consumer to identify early signs of relapse and decompensation.</p>	<p>Minimum cm/csw contact once while hospitalized to coordinate discharge planning with face to face visit within 5 days of hospital discharge. Additional contact as clinically appropriate based on individual need.</p> <p>Active participation in discharge planning, which may include but is not limited to: attendance at hospital treatment and discharge meetings, review and/or revision of the ITRP and CIP, contacts with significant others, coordination of community resources, escorts at discharge.</p> <p>To ensure that the consumer is linked with scheduled aftercare appointments, the primary team member or designee meets with the consumer within five (5) days of discharge and helps arrange needed appointments.</p> <p>The primary team member works with the consumer and others involved in his/her life to ensure follow through with the discharge plan and treatment plan.</p>

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<b>Clinical Services Case Manager/ Community Support Worker</b>	Monitor for substance abuse and relapse. Assistance with arranging stage-appropriate substance abuse services (including residential and outpatient). Assistance with providing or arranging relapse prevention and recovery education skills (including but not limited to 12-Step programs).	Monitor for substance abuse and relapse. Assistance with arranging stage-appropriate substance abuse services (including residential and outpatient). Assistance with providing or arranging relapse prevention and recovery education skills (including but not limited to 12-Step programs).	Monitor for substance abuse and relapse. Assistance with arranging stage-appropriate substance abuse services (including residential and outpatient). Assistance with providing or arranging relapse prevention and recovery education skills (including but not limited to 12-Step programs).	Monitor for substance abuse and relapse. Assistance with arranging stage-appropriate substance abuse services (including residential and outpatient). Assistance with providing or arranging relapse prevention and recovery education skills (including but not limited to 12-Step programs).	Monitor for substance abuse and relapse. Assistance with arranging stage-appropriate substance abuse services (including residential and outpatient). Assistance with providing or arranging relapse prevention and recovery education skills (including but not limited to 12-Step programs).	Monitor for substance abuse and relapse. Assistance with arranging stage-appropriate substance abuse services (including residential and outpatient). Assistance with providing or arranging relapse prevention and recovery education skills (including but not limited to 12-Step programs).
<b>Treatment Programming</b>	Capabilities to offer individual or group supportive therapies should be available at this level.	Capabilities to offer individual, group, and family therapies should be available.	Tx programming (including PSRC, self-help programs, group, individual and family therapy) should be offered depending on consumer needs.	Intensive tx programming (including IOP, PHP, PSR, self-help programs, and individual, group, and family therapy) should be offered depending on consumer needs.	On site tx should be available 7 days/wk including individual, group and family therapy.	Tx will be provided on a daily basis and would include individual, group, and family therapy as well as pharmacologic tx, depending on consumer's needs.
<b>Medication</b>	Medication use can be monitored and self-managed in this setting.	Medication use can be monitored and self-managed in this setting.	Medication use can be monitored and self-managed in this setting.	Medication can be carefully monitored (pillbox, Medminder), but in most cases will be self-administered.	Medication will be administered and monitored by RCF/SNF staff.	Medication will be administered and monitored by hospital staff.
<b>Supportive Services</b>	Minimal assistance with arranging: <ul style="list-style-type: none"> <li>financial support,</li> <li>supportive housing,</li> <li>coordination of care,</li> <li>general health care,</li> <li>and transportation may be necessary.</li> </ul>	Moderate assistance with arranging: <ul style="list-style-type: none"> <li>financial support (budgeting, entitlements, payeeship) ,</li> <li>supportive housing,</li> <li>coordination of care,</li> <li>transportation,</li> <li>general health care may be necessary.</li> </ul>	Moderate assistance with providing or arranging <ul style="list-style-type: none"> <li>daily living skills (personal hygiene, food prep, housekeeping, shopping, use of public transportation, money management and community safety skills)</li> </ul>	Significant assistance with providing or arranging: <ul style="list-style-type: none"> <li>daily living skills (personal hygiene, food prep, housekeeping, shopping, use of public transportation, money management and community safety skills)</li> </ul>	Significant assistance with providing or arranging: <ul style="list-style-type: none"> <li>skills training</li> <li>financial support (budgeting, entitlements, payeeship),</li> <li>supportive housing,</li> <li>coordination of care,</li> <li>transportation,</li> <li>ADL maintenance,</li> </ul>	All necessities of living and well being must be provided for consumers. When capable, consumers will be encouraged to participate in and be supported in efforts to carry out ADLs such as hygiene, grooming and maintenance of their immediate environment.

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<b>Supportive Services</b>	<p>Facilitation in linkage with:</p> <ul style="list-style-type: none"> <li>mutual support networks and individual advocacy groups,</li> <li>legal systems (P.O., MH Court, jails, legal aid, Gateway, forensic case monitors),</li> <li>educational or vocational programming will also be available according to consumer needs,</li> <li>Patient Assistance Programs and outside mental health services.</li> </ul>	<p>Liaison with:</p> <ul style="list-style-type: none"> <li>mutual support networks and individual advocacy groups,</li> <li>legal systems (P.O., MH Court, jails, legal aid, Gateway, forensic case monitors),</li> </ul> <p>Coordination with:</p> <ul style="list-style-type: none"> <li>educational or vocational programming will also be available according to consumer needs.</li> </ul>	<p>Liaison with:</p> <ul style="list-style-type: none"> <li>mutual support networks and individual advocacy groups</li> <li>legal systems (P.O.,MH Court, jails, legal aid, Gateway, forensic case monitors),</li> </ul> <p>Linkage with:</p> <ul style="list-style-type: none"> <li>recreational and social activities,</li> </ul> <p>Coordination with:</p> <ul style="list-style-type: none"> <li>educational or vocational programming will also be available according to consumer needs.</li> </ul>	<p>Liaison with:</p> <ul style="list-style-type: none"> <li>mutual support networks and individual groups</li> <li>legal systems (P.O., MH Court, jails, legal aid, Gateway, forensic case monitors),</li> </ul> <p>Linkage with:</p> <ul style="list-style-type: none"> <li>recreational and social activities,</li> </ul> <p>Coordination with:</p> <ul style="list-style-type: none"> <li>educational or vocational programming will also be available according to consumer needs.</li> </ul>	<p>Liaison with:</p> <ul style="list-style-type: none"> <li>mutual support networks and individual groups</li> <li>legal systems (P.O., MH Court, jails, legal aid, Gateway, forensic case monitors).</li> </ul> <p>Linkage with:</p> <ul style="list-style-type: none"> <li>recreational and social activities,</li> </ul> <p>Coordination with:</p> <ul style="list-style-type: none"> <li>educational or vocational programming will also be available according to consumer needs.</li> </ul>	
<b>Crisis Resolution &amp; Prevention Services</b>	During Normal Business Hours: The primary team member provides crisis intervention services. At times cm/csw services will extend beyond normal business hours in	During Normal Business Hours: The primary team member provides crisis intervention services. At times cm/csw services will extend beyond normal business hours in	During Normal Business Hours: The primary team member provides crisis intervention services. At times cm/csw services will extend beyond normal business hours in	During Normal Business Hours: The primary team member provides crisis intervention services. At times cm/csw services will extend beyond normal business hours in	During Normal Business Hours: The primary team member provides crisis intervention services. At times cm/csw services will extend beyond normal business hours in	Setting must provide services designed to reduce the stress related to resuming normal activities in the community. Such services might include coordination with community case

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<b>Crisis Resolution &amp; Prevention Services</b>	order to resolve a crisis or ensure appropriate treatment is secured.  After normal working hours, the BHR Crisis Intervention Counselors respond to all calls.	order to resolve a crisis or ensure appropriate treatment is secured.  After normal working hours, the BHR Crisis Intervention Counselors respond to all calls.	order to resolve a crisis or ensure appropriate treatment is secured.  After normal working hours, the BHR Crisis Intervention Counselors respond to all calls.	order to resolve a crisis or ensure appropriate treatment is secured.  After normal working hours, the BHR Crisis Intervention Counselors respond to all calls.	order to resolve a crisis or ensure appropriate treatment is secured.  After normal working hours, the BHR Crisis Intervention Counselors respond to all calls.	managers, family and community resource mobilization, environmental evaluation and coordination with residential services, and transfer to less intensive levels of care.
<b>Required Documents</b>  Initially all adult consumers determined to need long-term services should have:	<ul style="list-style-type: none"> <li>Annual Assessment Addendum/Treatment Plan (Annual Psychosocial Assessment completed every 5 years)</li> <li>DMH Adult Outcomes if admitted in March or September</li> <li>If SCLP RCF, quarterly review of treatment plan</li> <li>Annual review of medication</li> </ul>	<ul style="list-style-type: none"> <li>Annual Assessment Addendum/Treatment Plan (Annual Psychosocial Assessment completed every 3 years)</li> <li>DMH Adult Outcomes if admitted in March or September</li> <li>Semi-annual review of ITRP with tx team (quarterly if in SCLP RCF)</li> <li>Semi-annual review of WRAP and updated following any incident</li> <li>Semi-annual review of medication</li> </ul>	<ul style="list-style-type: none"> <li>Annual Psychosocial Assessment</li> <li>Addendum completed before annual due date if life circumstances dictate</li> <li>Annually rewritten ITRP</li> <li>DMH Adult Outcomes if admitted in March or September</li> <li>Quarterly review of ITRP with tx team</li> <li>Quarterly review of WRAP and updated following any incident</li> <li>Quarterly review of medication</li> </ul>	<ul style="list-style-type: none"> <li>Annual Psychosocial Assessment</li> <li>Addendum completed before annual due date if life circumstances dictate</li> <li>Annually rewritten ITRP</li> <li>DMH Adult Outcomes if admitted in March or September</li> <li>Quarterly review of ITRP with tx team</li> <li>Quarterly review of WRAP and updated following any incident</li> <li>Monthly review of medication</li> </ul>	<ul style="list-style-type: none"> <li>RCF: Annual Psychosocial Assessment and annually rewritten ITRP</li> <li>SNF: Annual Assessment Addendum/Treatment Plan to address monitoring of SNF treatment (Annual Psychosocial Assessment completed every 3 years)</li> <li>DMH Adult Outcomes if admitted in March or September</li> <li>RCF: Quarterly review of ITRP with tx team</li> <li>SNF: Annual review of ITRP</li> <li>RCF: Review of WRAP and updated following any incident</li> <li>Monthly review of medication</li> </ul>	Clinical staff document all activities related to the hospital discharge plan and follow-up services in the progress note section of the consumer's medical record, including the dates of admission and discharge. Request hospital records.

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<b>Required Documents</b>	<ul style="list-style-type: none"> <li>Semi-annual LOCUS Assessment,</li> <li>Additionally following inpatient hospitalization, suicide attempt, loss of housing, relapse, or "other" crisis situation</li> </ul> <p>When changing level of care based on LOCUS Assessment:</p> <ul style="list-style-type: none"> <li>Revise ITRP to reflect services and supports appropriate to new level of care</li> <li>Document updates to living situation, functioning, supports, and critical factors contributing to change in level on LOCUS Evaluation in Evaluation Notes Section</li> <li>Complete CICF</li> </ul>	<ul style="list-style-type: none"> <li>Annual Health Status Questionnaire if in CPRP Rehab</li> <li>Semi-annual LOCUS Assessment,</li> <li>Additionally following inpatient hospitalization, suicide attempt, loss of housing, relapse, or "other" crisis situation</li> </ul> <p>When changing level of care based on LOCUS Assessment:</p> <ul style="list-style-type: none"> <li>Revise ITRP to reflect services and supports appropriate to new level of care</li> <li>Document updates to living situation, functioning, supports, and critical factors contributing to change in level on LOCUS Evaluation in Evaluation Notes Section</li> <li>Complete CICF</li> </ul>	<ul style="list-style-type: none"> <li>Annual Health Status Questionnaire if in CPRP Rehab</li> <li>Quarterly LOCUS Assessment,</li> <li>Additionally following inpatient hospitalization, suicide attempt, loss of housing, relapse, or "other" crisis situation</li> </ul> <p>When changing level of care based on LOCUS Assessment:</p> <ul style="list-style-type: none"> <li>Revise ITRP to reflect services and supports appropriate to new level of care</li> <li>Document updates to living situation, functioning, supports, and critical factors contributing to change in level on LOCUS Evaluation in Evaluation Notes Section</li> <li>Complete CICF</li> </ul>	<ul style="list-style-type: none"> <li>Annual Health Status Questionnaire if in CPRP Rehab</li> <li>Monthly LOCUS Assessment,</li> <li>Additionally following inpatient hospitalization, suicide attempt, loss of housing, relapse, or "other" crisis situation</li> </ul> <p>When changing level of care based on LOCUS Assessment:</p> <ul style="list-style-type: none"> <li>Revise ITRP to reflect services and supports appropriate to new level of care</li> <li>Document updates to living situation, functioning, supports, and critical factors contributing to change in level on LOCUS Evaluation in Evaluation Notes Section</li> <li>Complete CICF</li> </ul>	<ul style="list-style-type: none"> <li>Annual Health Status Questionnaire if in CPRP Rehab</li> <li>RCF: quarterly LOCUS Assessment</li> <li>Additionally following inpatient hospitalization, suicide attempt, loss of housing, relapse, or "other" crisis situation</li> </ul> <p>When changing level of care based on LOCUS Assessment:</p> <ul style="list-style-type: none"> <li>Revise ITRP to reflect services and supports appropriate to new level of care</li> <li>Document updates to living situation, functioning, supports, and critical factors contributing to change in level on LOCUS Evaluation in Evaluation Notes Section</li> <li>Complete CICF</li> </ul>	<p>When changing level of care based on LOCUS Assessment:</p> <ul style="list-style-type: none"> <li>Revise ITRP to reflect services and supports appropriate to new level of care</li> <li>Document updates to living situation, functioning, supports, and critical factors contributing to change in level on LOCUS Evaluation in Evaluation Notes Section</li> <li>Complete CICF</li> </ul>