

## LOCUS: LEVEL OF CARE CHARACTERISTICS

LOC Characteristics	I. Recovery Maintenance and Health Maint. (Usually a step down LOC)	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 hour 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 save living space. Usually no seclusion/restraint but may manage egress. Food services/food prep available.	Secure care; locked environment avail.; seclusion/restraint available; 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 Group supportive therapy	Up to 3 hrs/wk and not < 1 hr q 2 wks Med manage about 1x q 8 weeks Med use can be managed Ind. group & 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 weeks Med use monitored/not administered. No skilled nursing needed. I,G,F and rehabilitative services and therapies.	Services available most of day, 7 days/week. 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 hrs/day; psych contacts daily avail but s/be wkly; on-site nursing if doing med admin.; 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 supportive services.	CM and outreach available and integrated. Assist w/ coordination with supports. Ed and voc coordination. Facilitation of social, recreational.	CM integrated w/ mobile or on-site teams. ADL maint. along with other coordination & 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 intervention, 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.