BASIC SERVICES:
Prevention & Health Maintenance

Definition:

Basic services are designed to prevent the onset of illness or to limit the magnitude of morbidity associated with already established disease processes. These services may be developed for individual or community application, and are generally carried out in a variety of community settings. These services will be available to all members of the community with special focus on children and families. These services are often referred to as crisis resolution and/or emergency services. The expectation that individuals utilizing these services may have complex needs requires that these services should be designed to be welcoming to all individuals and provide preventive, holistic care. They should be capable of providing quality care to those who present with "co-occurring" disorders. This level of care should be available to everyone in the community without obtaining a prior authorization from insurers. Professionals providing services should be appropriately licensed and in good standing. Many support services may be provided by appropriately trained and/or certified paraprofessionals, including peer specialists.

Care Environment :

An easily accessible office and communications equipment. Adequate space for any services provided on-site must be available. Central offices are likely to be most conveniently located in or near a community health center. Most services will be provided in the community, however, in schools, places of employment, community centers, libraries, churches, etc., and transportation capabilities must be available.

Clinical Services:

Twenty-four hour physician and nursing capabilities will be provided for emergency evaluation, brief intervention, and outreach services.

Support Services:

As needed for crisis stabilization, having the capability to mobilize community resources and facilitate linkage to more intense levels of care if needed.

Crisis Stabilization and Prevention Services:

In addition to crisis services already described, prevention programs would be available and promoted for all covered members. These programs would include: 1) Community outreach to special populations such as the homeless, elderly, children, pregnant woman, disrupted or violent families, child protection services, services for victims of domestic violence and criminal offenders; 2) Mental health first aid for victims of trauma or disaster and first responders; 3) Frequent opportunities to screen for high risk members in the community; 4) Health maintenance education (e.g., coping skills, stress management, recreation); 5) Violence prevention education and community organization; 6) Consultation to primary care providers and community groups; 7) Facilitation of mutual support networks and empowerment programs; 8) Environmental evaluation programs identifying mental health toxins; 9) Support of day care and child enrichment programs; and 10) Hot and warm lines for crisis support.

BASIC Services: Placement Criteria:

These Basic Services should be available to all members of the community regardless of their status in the dimensional rating scale.

LEVEL ONE:
Recovery Maintenance & Health Management

Definition:

This level of care provides treatment to clients who are living either independently or with minimal support in the community, and who have achieved significant recovery from past episodes of illness. It is a "step down" level of care, designed to prevent or mitigate future episodes of deterioration. Treatment and service needs do not require supervision or frequent contact. With the expectation that individuals utilizing these services may have complex needs, these services should be designed to be welcoming to individuals who have multiple conditions, and to be able to provide "co-occurring capable" services. This low intensity level of care should not require prior authorization from insurers, and should be available as long as it is needed in much the same way as periodic visits to primary care providers are provided. Professionals providing services should be appropriately licensed or certified. Many support services may be provided by appropriately trained and/or certified paraprofessionals, including peer specialists.

Level One programs must provide the following:

1. Care Environment:

Adequate space should be available to carry out activities required for treatment. Space should be easily accessible, well ventilated and lighted. Access to the facility can be monitored and controlled, but egress cannot be restricted. Services may be provided in community locations or in some cases, in the place of residence.

2. Clinical Services:

Treatment programming (i.e. individual, family and/or group therapy) will be available up to one hour per month, and usually not less than one hour every three months. Psychiatric or physician review and/or contact should take place about once every three to six months. Medication use can be monitored and managed in this setting. Capabilities to provide individual or group supportive therapy should be available in at this level. Coordination with primary care providers should be arranged as appropriate.

3. Supportive Services:

Assistance with arranging financial support, supportive housing, systems management, and transportation may be necessary. Facilitation in linkage with mutual support networks, individual advocacy groups, and with educational or vocational programming will also be available according to client needs. Provision of these services should not require more than 1-2 hours per month on average, though there may be occasional life crises that require additional support for short periods of time.

4. Crisis Stabilization and Prevention Services:

Clients must have access to 24-hour emergency evaluation and brief intervention services including a respite environment. Educational and employment opportunities, and empowerment programs will be available, and access to these services will be facilitated. In addition, all Basic Services (see page 20) will be accessible.

LEVEL ONE: Placement Criteria

1. Risk of Harm:
   Clients with a rating of two or less may step down to this level of care.

2. Functional Status:
   Clients should demonstrate ability to maintain a rating of two or less to be eligible for this level of care.

3. Co-Morbidity:
   A rating of two or less is generally required for this level of care.

4. Recovery Environment:
   A combined rating of no more than four on Scale “A” and “B” should be required for treatment at this level.

5. Treatment and Recovery History:
   A rating of two or less should be required for treatment at this level.

6. Engagement and Recovery Status:
   A rating of two or less should be obtained in this dimension for placement at this level of care.

7. Composite Rating:
   Placement at this level of care implies that the client has successfully completed treatment at a more intensive level of care and primarily needs assistance in maintaining gains realized in the past. A composite rating of more than 10 but less than 14 should generally be obtained for eligibility for this service.

LEVEL TWO:
Low Intensity Community Based Services

Definition:

This level of care provides treatment to clients who need ongoing treatment, but who are living either independently or with minimal support in the community. Treatment and service needs do not require intense supervision or very frequent contact. Programs of this type have traditionally been clinic-based programs. With the expectation that individuals utilizing these services will often have complex needs, these services should be welcoming to individuals who have multiple conditions, and to be able to provide "co-occurring capable" services.

Some payers may require that these services be authorized, but close oversight should not be needed as it would likely incur more expense than savings. Reviews should not be required more often than every four months. Professionals providing services should be appropriately licensed and certified. Many support services may be provided by appropriately trained and/or certified paraprofessionals, including peer specialists.

Level Two programs must provide the following:

1. Care Environment

Adequate space should be available to carry out activities required for treatment. Space should be easily accessible, well ventilated and lighted. Access to the facility can be monitored and controlled, but the way out cannot be restricted. In some cases services may be provided in community locations or in the place of residence.

2. Clinical Services

Treatment programming should be available up to two hours per week, but usually not less than one hour every four weeks. Frequency of contacts may vary in response to fluctuating needs. Psychiatric or physician review and/or contact should be available according to need as indicated by initial and ongoing assessment. Medication use can be monitored and managed in this setting and should be available within a reasonable amount of time. Physical health needs can be met through coordination with primary care, preferably co-located. Capabilities to provide individual, group, and family therapies should be available in these settings.

3. Supportive Services

Case management services will generally not be required at this level of care, but assistance with arranging financial support, supportive housing, systems management, and transportation may be necessary. Liaison with mutual support networks and individual advocacy groups, and coordination with educational or vocational programming will also be available according to client needs. Provision of support services should not average more than 2-3 hours per month.

4. Crisis Stabilization and Prevention Services

Clients must have access to 24-hour emergency evaluation and brief intervention services including a respite environment. Educational and employment opportunities, and empowerment programs will be available, and access to these services will be facilitated. In addition, all other Basic Services (see page 20) will be accessible.

LEVEL TWO: Placement Criteria

1. Risk of Harm:
   A rating of two or less would be most appropriate for this level of care. In some cases, a rating of three could be accommodated if the composite rating falls within guidelines.

2. Functional Status:
   Ratings of three or less could be managed at this level.

3. Co-Morbidity:
   A rating of two or less is required for placement at this level.

4. Recovery Environment:
   A rating of three or less on each scale and a combined score of no more than five on the “A” and “B” scales is required for treatment at this level.

5. Treatment and Recovery History:
   A rating of two or less is generally most appropriate for this level of care. In some cases, a rating of three could be attempted at this level if stepping down from a more intensive level of care and a rating of two or less is obtained on scale “B” of Dimension IV.

6. Engagement and Recovery Status:
   A rating of two or less is generally most appropriate for this level of care. In some cases, a rating of three may be placed at this level if unwilling to participate in treatment at a more intensive level.

7. Composite Rating:
   Placement at this level of care will generally be determined by the interaction of a variety of factors, but will be excluded by a score of four or more on any dimension. A composite score of at least 14 but no more than 16 is required for treatment at this level.

LEVEL THREE:
High Intensity Community Based Services

Definition:
This level of care provides treatment to clients who need intensive support and treatment, but who are living either independently or with minimal support in the community. Service needs do not require daily supervision, but treatment needs require contact several times per week. Programs of this type have traditionally been clinic-based programs. With the expectation that individuals utilizing these services will commonly have complex needs, these services should be welcoming to individuals who have multiple conditions, and should be able to provide "co-occurring capable" services.

Minimal oversight should be required for this level of service and reviews should not be required more often than every two weeks for persons with acute conditions and every two months for those with more slowing evolving conditions. Professionals providing services should be appropriately licensed and certified. Many support services may be provided by appropriately licensed and/or certified paraprofessionals, including peer specialists.

Level Three programs must provide the following:

1. Care Environment
Adequate space should be available to carry out activities required for treatment. Space should be easily accessible, well ventilated and lighted. Access to the facility can be monitored and controlled, but egress cannot be restricted. These services may be provided in community locations in some cases, including the place of residence.

2. Clinical Services
Treatment programming (including group, individual and family therapy) should available about three days per week and about two or three hours per day. Psychiatric/medical staffing should be adequate to provide review and/or contact as needed according to initial and ongoing assessment. On call psychiatric/medical services will generally not be available on a 24-hour basis. Skilled nursing care is usually not required at this level of care, and medication use can be monitored but not administered. Close coordination with primary care should be in place and co-located if possible. Capabilities to provide individual, group, family and rehabilitative therapies should be available in these settings.

3. Supportive Services
Case management or outreach services should be available and integrated with treatment teams. Assistance with providing or arranging financial support, supportive housing, systems management and transportation should be available. Liaison with mutual support networks and individual advocacy groups, facilitation of recreational and social activities, and coordination with educational or vocational programming will also be available according to client needs. Although the need for support services is variable at this level, an average of two hours per week is commonly required.

4. Crisis Stabilization and Prevention Services
Clients must have access to 24-hour emergency evaluation and brief intervention services including a respite environment. Mobile service capability, day care and child enrichment programs, education and employment opportunities, and empowerment programs will be available, and access to these services will be facilitated. All other Basic Services (see page 20) will also be available.

LEVEL THREE: Placement Criteria

1. Risk of Harm:
   A rating of three or less can be managed at this level.

2. Functional Status:
   A rating of three or less is required for this level of care.

3. Co-Morbidity:
   A rating of three or less can be managed at this level of care.

4. Recovery Environment:
   A rating of three or less on each scale and a combined score of no more than five on the “A” and “B” scales is required for treatment at this level.

5. Treatment and Recovery History:
   A rating of two is most appropriate for management at this level of care, but in many cases a rating of three can be accommodated.

6. Engagement and Recovery Status:
   A rating of three or less is required for this level of care.

7. Composite Rating:
   Placement at this level of care will generally be determined by the interaction of a variety of factors, but will be excluded by a score of four or more on any dimension. A composite score of at least 17 and no more than 19 is required for treatment at this level.

LEVEL FOUR:
Medically Monitored Non-residential Services

This level of care refers to services provided to clients capable of living in the community either in supportive or independent settings, but whose treatment needs require intensive management by a multi-disciplinary treatment team. Services, which would be included in this level of care, have traditionally been described as partial hospital programs and as assertive community treatment programs. Individuals utilizing these services will usually have complex needs, so these services should be welcoming to individuals who have multiple conditions, and to be able to provide "co-occurring capable" services.

Payer oversight may be required for this level of service, but reviews should not be required more often than every two weeks for acute care settings such as partial hospital, and no more than every three months for extended care services such as ACT. Professionals providing services should be appropriately licensed and certified and should include a full array of disciplines including rehabilitation, addiction, and medical specialists. Many support services may be provided by appropriately trained and/or certified paraprofessionals, including peer specialists.

Level Four services must be capable of providing the following:

1. Care Environment - Services may be provided within the confines of a clinic setting providing adequate space for provision of services available at this level, or they may in some cases be provided by wrapping services around the client in the community (i.e. ACT team).

2. Clinical Services - Clinical services should be available to clients throughout most of the day on a daily basis. Psychiatric services would be accessible on a daily basis and contact would occur as required by initial and ongoing assessment, usually not less than one hour per month, or more than four hours per month. Psychiatric services would also be available by remote communication on a 24-hour basis. Nursing services should be available about 40 hours per week. Physical assessment and primary care should be provided on-site if possible, preferably integrated into the treatment team. Intensive treatment should be provided at least five days per week and include individual, group, and family therapy depending on client needs. Rehabilitative services will be an integral aspect of the treatment program. Medication can be carefully monitored, but in most cases will be self-administered. Non-psychiatric clinical services generally average 5-16 hours weekly.

3. Supportive Services - Case management services will be integrated with on site treatment teams or mobile treatment teams and will provide assistance with providing or arranging financial support, supportive housing, systems management, transportation and ADL maintenance. Liaison with mutual support networks and individual groups, facilitation of recreational and social activities, and coordination with educational or vocational programming will also be available according to client needs. The need for supportive services will vary, but will usually require an average 5 to 10 hours per week including indirect service time.

4. Crisis Stabilization and Prevention Services - Clients must have access to 24-hour emergency evaluation and brief intervention services including a respite environment. Mobile service capability, day care and child enrichment programs, education and employment opportunities, and empowerment programs will be available, as will other Basic Services.

LEVEL FOUR: Placement Criteria

1. Risk of Harm:
   A rating of three or less is required for placement at this level independent of other variables, and a rating higher than three should not be managed at this level.

2. Functional Status:
   A rating of three is most appropriate for this level of care independent of other variables. In some cases, a rating of four could be managed at this level if placed in conjunction with a rating of one on scale “A” and “B” in Dimension IV. (Availability of Assertive Community Treatment (ACT) would be equivalent to a rating of one on scale “B”. An “A” scale rating of two could generally be managed in conjunction with ACT).

3. Co-Morbidity:
   A rating of three or less is most appropriate for this level of care. In some cases, a rating of four could be managed at this level if placed in conjunction with a rating of one on scale “A” and “B” in Dimension IV. (Availability of Assertive Community Treatment would be equivalent to a rating of one on scale “B”. An “A” scale rating of two could generally be managed in that circumstance).

4. Recovery Environment:
   An “A” scale rating of three or less is most appropriate for this level of care. In some cases, a rating of four could be managed at this level if placed in conjunction with a rating of one on scale “B”. (Availability of Assertive Community Treatment would merit a rating of one on scale “B”). A “B” scale rating of three or less could otherwise generally be managed at this level.

5. Treatment and Recovery History:
   A rating of three or less is most appropriate for this level of care. In some cases, a rating of four could be managed at this level if placed in conjunction with a rating of one on scale “A” and “B” in Dimension IV. (Availability of Assertive Community Treatment would be equivalent to a rating of one on scale “B”. An “A” scale rating of two could generally be managed in conjunction with ACT).

6. Engagement and Recovery Status:
   A rating of three or less is most appropriate for this level of care. In some cases, a rating of four could be managed at this level if placed in conjunction with a rating of one on scale “A” and “B” in Dimension IV. (Availability of Assertive Community Treatment would equivalent to a rating of one on scale “B”. An “A” scale rating of two could generally be managed in conjunction with ACT).

7. Composite Rating:
   In many cases, utilization of this level of care will be determined by the interaction of a variety of factors. A composite rating of 20 requires treatment at this level with or without ACT resources available. (The presence of ACT reduces scores on Dimension IV enabling these criteria to be met even when scores of four are obtained in other dimensions.)

LEVEL FIVE:
Medically Monitored Residential Services

Definition:
This level of care refers to residential treatment provided in a community setting. This level of care has traditionally been provided in non-hospital, free standing residential facilities based in the community. 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. With the expectation that individuals utilizing these services will usually have complex needs, these services should be welcoming to individuals who have multiple conditions, and should be able to provide "co-occurring capable" services.

Payer authorization is often required for this level of service, but reviews should not be more often than every week for sub-acute intensive care settings such as respite or step down facilities, and no more than every three months for extended care services such as nursing facilities. Professionals providing services should be appropriately licensed and certified and should include a full array of disciplines including rehabilitation, addiction, and medical specialists. Many support services may be provided by appropriately trained and/or certified paraprofessionals, including peer specialists.

Level Five services must be capable of providing the following:

1. **Care Environment** - Facilities will provide adequate living space for all residents and be capable of providing reasonable protection of personal safety and property. Physical barriers preventing egress or access to the community may be used at this level of care but facilities of this type will generally not allow the use of seclusion or restraint. Food services must be available or adequate provisions for residents to purchase and prepare their food must be made.

2. **Clinical Capabilities** - Access to clinical care must be available at all times. Psychiatric care should be available either on site or by remote communication 24 hours daily and psychiatric consultation should be available on site at least weekly, but client contact may be required as often as daily. Facilities serving the most acute populations will require 0.5 to 1.0 hours of psychiatric time per client per week. Emergency and ongoing medical care services should be easily and rapidly accessible, preferably available on site and/or integrated with the treatment team. On site nursing care should be available about 40 hours per week if medications are being administered on a frequent basis. On site treatment should be available seven days a week including individual, group and family therapy. Non-psychiatric clinical services generally average 8-20 hours per client weekly. In addition, rehabilitation and educational services must be available either on or off site. Medication is monitored, but does not necessarily need to be administered to residents in this setting.

3. **Supportive Services** - Residents will be provided with supervision of activities of daily living, and custodial care may be provided to designated populations at this level. On site supervision should be available 24 hours daily. Staff will facilitate recreational and social activities and coordinate interface with educational and rehabilitative programming provided off site.

4. **Crisis Resolution and Prevention** - Residential treatment programs must provide services facilitating return to community functioning in a less restrictive setting. These services will include coordination with community case managers, family and community resource mobilization, liaison with community based mutual support networks, and development of transition plan to supportive environment.

LEVEL FIVE: Placement Criteria

1. Risk of Harm:
   A rating of four requires care at this level independently of other parameters.

2. Functional Status:
   A rating of four requires care at this level independently of other dimensional ratings, with the exception of some clients who are rated at one on Dimension IV on both scale “A” and “B” (see Level Three criteria).

3. Co-Morbidity:
   A rating of four requires care at this level independently of other parameters, with the exception of some clients who are rated at one on Dimension IV on both scale “A” and “B” (see Level Three criteria).

4. Recovery Environment:
   A rating of four or higher on the “A” and “B” scale and in conjunction with a rating of at least three on one of the first three dimensions requires care at this level.

5. Treatment and Recovery History:
   A rating of three or higher in conjunction with a rating of at least three on one of the first three dimensions requires treatment at this level.

6. Engagement and Recovery Status:
   A rating of three or higher in conjunction with a rating of at least three on one of the first three dimensions requires treatment at this level.

7. Composite Rating:
   While a client may not meet any of the above independent ratings, in some circumstances, a combination of factors may require treatment in a more structured setting. This would generally be the case for clients who have a composite rating of 24 or higher.

LEVEL SIX:
Medically Managed Residential Services

Definition:
This is the most intense level of care in the continuum. Level Six services have traditionally been provided in hospital settings, but in many cases, they may be provided in freestanding non-hospital settings. With the expectation that individuals utilizing these services will almost always have complex needs, these services should be welcoming to individuals who have multiple conditions, and should be able to provide "co-occurring capable" services.

Payer authorization is usually required for this level of service. Reviews of revised LOCUS assessments should not be more often than every three days for acute intensive care settings such as inpatient psychiatric hospitals, and no more than every month for long term secure care services such state hospitals or community based locked facilities. Professionals providing services should be appropriately licensed and certified and should include a full array of disciplines including rehabilitation, addiction, and medical specialists. Some support services may be provided by paraprofessionals, including peer specialists, who have been trained and/or certified.

Whatever the case may be, Level Six settings must be able to provide the following:

1. **Care Environment** - The facility must be capable of providing secure care, usually meaning that clients should usually be contained within a locked environment (this may not be necessary for services such as detoxification, however) with adequate space to accommodate effective de-escalation techniques and isolation if needed. It should be capable of providing involuntary care when called upon to do so. Facilities must provide adequate space, light, ventilation, and privacy. Food services and other personal care needs must be adequately provided.

2. **Clinical Services** - Clinical services must be available 24 hours a day, seven days a week. Psychiatric, nursing, and medical services must be available on site, or in close enough proximity to provide a rapid response, at all times. Psychiatric/medical contact will generally be made on a daily basis. Treatment will be provided on a daily basis and would include individual, group and family therapy as well as pharmacologic treatment, depending on the client's needs. Intensity of services should be consistent with CMS certification and Joint Commission accreditation requirements.

3. **Supportive Services** - All necessities of living and wellbeing must be provided for clients treated in these settings. When capable, clients will be encouraged to participate in and be supported in efforts to carry out activities of daily living such as hygiene, grooming and maintenance of their immediate environment.

4. **Crisis Resolution and Prevention Services** - These residential settings must provide services designed to reduce the stress related to resuming normal activities in the community. Such services might include coordination with community case managers, family and community resource mobilization, environmental evaluation and coordination with residential services, and coordination with and transfer to less intense levels of care.

LEVEL SIX: Placement Criteria

1. Risk of Harm:
   A rating of five qualifies an admission independently of other parameters.

2. Functional Status:
   A rating of five qualifies placement independently of other variables.

3. Co-Morbidity:
   A rating of five qualifies placement independently of other parameters.

4. Recovery Environment:
   A rating of four or more would be most appropriate for this level, but no rating in this parameter qualifies placement independently at this level, nor would it disqualify placement if otherwise warranted.

5. Treatment and Recovery History:
   A rating of four or more would be most appropriate for this level but, no rating in this dimension qualifies placement independently at this level, nor would it disqualify an otherwise warranted placement.

6. Engagement and Recovery Status:
   A rating of four or more would be most appropriate for this level but no rating in this parameter qualifies or disqualifies placement independently at this level.

7. Composite Rating:
   In some cases, patients not meeting independent criteria in any one category, may still need treatment at this level if ratings in several categories are high, thereby increasing the risk of treatment in a less intensive setting. A composite rating of 28 (an average rating of four or more in each dimension) would indicate the need for treatment at this level.