

Level of Care Utilization System LOCUS

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Common Elements of **ASAM** and LOCUS

ASAM

LOCUS

The ASAM Criteria

Treatment Criteria for Addictive,
Substance-Related,
and Co-occurring Conditions

Level of Care Utilization System
For Psychiatric and Addiction
Services

American Society of Addiction Medicine (ASAM)

American Association of Community
Psychiatrists

Third Edition, 2013

Adult Version, 2010

Common Elements of ASAM and LOCUS

- Integrated bio-psycho-social profile
- > 6 interactive dimensions of assessment
- Address psychiatric, medical, and addiction variables/ co-occurring disorders
- Emphasis on risk, history, engagement, and support

Dimensional Assessments

- Provide a structure to assess both historical factors as well as current circumstances that can impact treatment effectiveness.
- Allow for on-going assessment to determine if there is a "goodness of fit" between the client's intensity of needs and the level of services provided.
- Informs medical necessity by looking at type, duration, intensity, setting, and clinical appropriateness of the placement and treatment.

Correlation between ASAM and LOCUS

ASAM Dimensions	LOCUS Evaluation Parameters for Assessment of Service Needs
1. Acute Intoxication and/or Withdrawal Potential	I. Risk of Harm III. Medical, Addictive Co-Morbidity
2. Biomedical Conditions and Complications	III. Medical or Addictive Co-Morbidity
3. Emotional/Behavioral/Cognitive Conditions and Complications	I. Risk of Harm III. Psychiatric Co-morbidity
4. Readiness to Change	VI. Engagement
5. Relapse/Continued Use/Continued Problem Potential	V. Treatment and recovery History
6. Recovery Environment	IV A. Level of Stress IV B. Level of Support

CHARACTERISTICS OF LEVELS OF CARE

ASAM

- Setting
- Support Systems
- Co-Occurring Enhanced Programs (Note)
- > Staff
- Therapies
- Assessment/Treatment
 Plan Review
- Documentation
- Admission Criteria

- Care environment
- Clinical services
- Supportive services
- Crisis resolution and preventative services

Common Elements of ASAM and LOCUS

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- Delineate levels of care and services based on intensity of need
- Requires synthesis to make placement recommendations
- Results in placement recommendations

	ASAM Level of Care Placement (3 rd Ed.)	LOCUS-Levels of Care
Level 0.5	Early Intervention	Basic services
Level 1	Outpatient Treatment	Outpatient Treatment
Level 2	2.1 Intensive Outpatient Treatment2.5 Partial Hospitalization	Low Intensity Community Based Services
Level 3	3.1 Clinically Managed Low Intensity Residential 3.3 Clinically Managed Population- Specific High-Intensity Residential 3.5 Clinically Managed High- Intensity Residential 3.7 Medically Monitored Intensive Inpatient	High Intensity Community Based Services
Level 4	Medically Managed Intensive Inpatient	Medically Monitored Non-Residential
	Opioid Treatment Services	Level 5 Medically Monitored Residential
	Withdrawal Management Services	Level 6 Medically Managed Residential

Intensity of Need Global Assessment of Functioning

Intensity of Needs Determination:

A standardized mechanism to determine the intensity of services needed based upon the severity of the recipient's condition.

The intensity of needs determination is to be utilized in conjunction with the clinical judgment of the QMHP and/or trained QMHA. This assessment was previously known as a level of care assessment. Currently, the DHCFP recognizes the Level of Care Utilization System (LOCUS) for adults and the Child and Adolescent Screening Intensity Instrument (CASII) for children and adolescents.

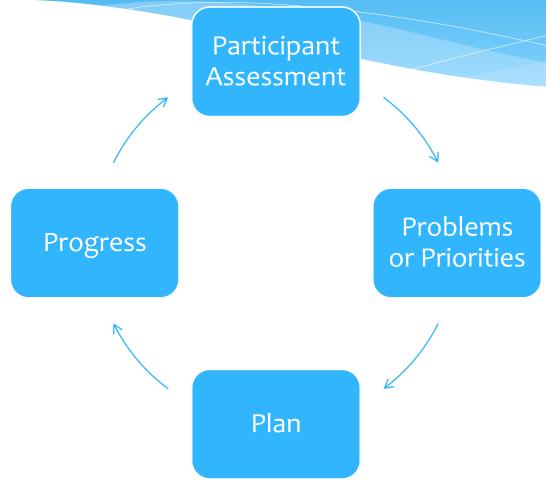
Global Assessment of Functioning (GAF) Scale:

GAF ratings are based on clinical judgment; GAF ratings measure overall psychological functioning and psychiatric disturbances; and are used to collaborate Intensity of Needs Determinations.

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- Delineate levels of care and services based on intensity of need
- > Require synthesis to make placement recommendations
- Results in placement recommendations
- Preserves clinical judgment
- Considered broad, flexible, and adaptable
- Encourage patient-centered planning
- > Facilitates decisions of medical necessity

Ethical Considerations



MEDICAL NECESSITY

Nevada Medicaid 103.1 defines as A health care service or product that is provided for under the Medicaid State Plan and is necessary and consistent with generally accepted professional standards to: diagnose, treat or prevent illness or disease; regain functional capacity; or reduce or ameliorate effects of an illness, injury or disability.

MEDICAL NECESSITY

The determination of medical necessity is made on the basis of the individual case and takes into account:

- a. Type, frequency, extent, and duration of treatment with scientifically based guidelines of national medical or health care coverage organizations or governmental agencies.
- b. Level of service that can be safely and effectively furnished, and for which no equally effective and more conservative or less costly treatment is available.
- c. <u>Services are delivered in the setting that is clinically appropriate</u> to the specific physical and mental/behavioral health care needs of the recipient.
- d. <u>Services are provided for medical or mental/behavioral reasons</u> rather than for the convenience of the recipient, the recipient's caregiver, or the health care provider.

Medical Necessity shall take into account the ability of the service to allow recipients to remain in a community based setting, when such a setting is safe, and there is no less costly, more conservative or more effective setting.

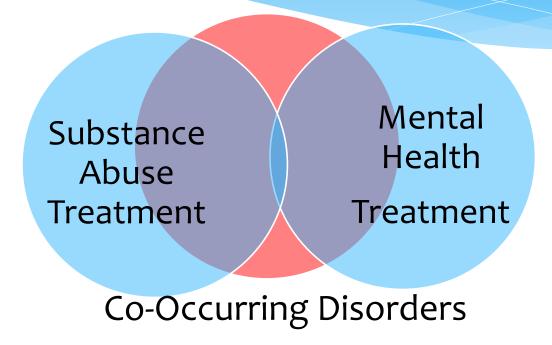
INFORMED CONSENT

- Proposed modalities
- The risks and benefits

- >Appropriate alternative treatment
- > Risks of treatment versus no treatment

Essential component to person-centered care

Overlap and Points of Differentiation





CONTINUED SERVICE, TRANSFER AND DISCHARGE CRITERIA



Continued Service Criteria ASAM

- Making Progress
- Not yet achieved goals articulated in the individual plan
- Capacity to resolve his or her problems
- Actively working toward the goals articulated in the plan
- New problems have been identified that are appropriately treated at the present level of care

TRANSFER/DISCHARGE CRITERIA ASAM

- Client has achieved the goals articulated in his or her individualized treatment plan thus resolving the problem(s) that justified admission to the present level of care
- ➤ Client has been unable to resolve the problem(s) despite amendments to the treatment plan. Treatment to another level of care or type of service therefore is indicated
- ➤ Client has demonstrated a lack of capacity to resolve his or her problem(s) or has developed new problem(s) and can be treated effectively at a more intensive level of service
- ➤ Patient has experienced an intensification of his or her problem(s) or has developed new problems(s) and can be treated only at a more intensive level of care

LOCUS

Level of Care Utilization System for Psychiatric and Addiction Services

LOCUS

Level of Care Utilization System for Psychiatric and Addiction Services

- Developed by the American Association of Community Psychiatrists
 - Assessment of level of care determinations
 - Matching needs with treatment resources
- Use of the LOCUS:
 - Plan resource needs over time
 - To assist with distribution of treatment resources and decisions
 - Immediate service needs
 - Monitor changes in current status and/or placement periodically

Keys to a Valid Assessment

- It is based on the highest level of need in each of the six dimensions
- If dually-diagnosed, you must identify and use the primary presenting condition to complete the evaluation
 - Make note that the co-morbid condition will be evaluated on a separate dimension
- Remember: Patient is assessed at his/her current state
 - Note psychiatric/addiction conditions

An Assessment

- is not meant to dictate program development
- does not develop your treatment plan (it is adjunctive)
- does not replace your clinical judgment

Substantiating data

- Focus on current needs
- ➤ Use data from clinical interview, most recent MSE, self-report, third-party reports, history, observation, clinical judgment etc.
- > LOCUS, like ASAM, can not be completed without some type of assessment. It is not a screening tool.

LOCUS Content

- Six dimensions, each rated along a 5-point scale containing at least one subscale
- > Six levels of care along four variables

Evaluation parameters

- Risk of Harm
- 2. Functional Status
- 3. Medical, Addictive and Psychiatric Co-Morbidity
- 4. Recovery Environment
- 5. Treatment and Recovery History
- 6. Engagement and Recovery Status

1. Risk of harm

- Potential to cause harm to self and/or others
- Assess self-care deficits to the extent that they potentiate danger to self
 - Vulnerable populations
- Assess the behavior, perception, judgment, and thoughts to the extent that may potentiate danger to self/others
- Review history (recent bx should precede remote past bx)
- If risk of harm is significant and imminent, take immediate and appropriate measures to ensure safety
- * The "why" is not being assessed, it is the "extent" that is important

1. Risk of harm

- Minimal Risk
- 2. Low Risk
- 3. Moderate Risk
- 4. Serious Risk* (IP)
- 5. Extreme Risk* (IP)



1. Risk of harm



Risk is a major factor to consider.

Use your clinical judgment.

Imminent danger due to threats of harm to self, others, intoxication, or severe disability must be prioritized in planning.

Behaviors related to substance use considered, not substances themselves.



2. Functional status

- Assessment of ability should be made within the scope of limitations or baseline
- Based on psychiatric and addictive causes for functional deficits
- Chronic deficits with no acute changes default to a rating of 3



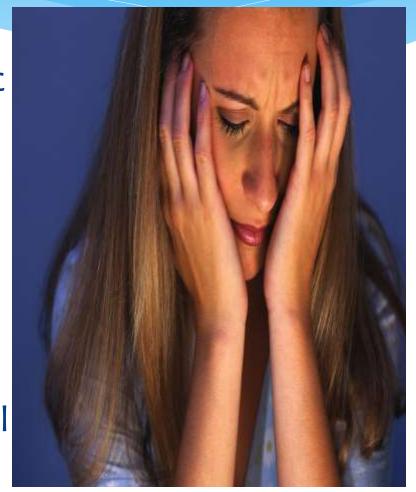
2. Functional status

- 1. Minimal Impairment
- 2. Mild Impairment
- 3. Moderate Impairment
- 4. Serious Impairment* (IP)
- 5. Severe Impairment* (IP)



3. Medical, addictive, psychiatric comorbidity

- Co-existing medical, substance use, or psychiatric condition
- Assess current co-existing and not history unless current circumstance makes reactivation likely
- For substance abuse, physiologic withdrawal should be noted as a medical co-morbidity



3. Medical, addictive, psychiatric comorbidity

- 1. No Co-morbidity
- 2. Minor Co-morbidity
- 3. Significant Co-morbidity
- 4. Major Co-morbidity (IP)
- 5. Severe Co-morbidity (IP)

4. Recovery environment

- Environmental factors that contribute to illness onset and/or maintenance
- Support factors that assist in maintenance of mental health and/or substance abstinence
- If in a restrictive/protected setting, assessment is based upon transition to new or returning environment

4. Recovery environment

- Think about factors that may be impeding successful recovery or treatment
- Consider significant role changes, losses, family conflict, external pressures, living situation etc.
- Consider availability of sources of support: friends, family, co-workers, clergy, teachers, counselors, etc.



4. Recovery environment

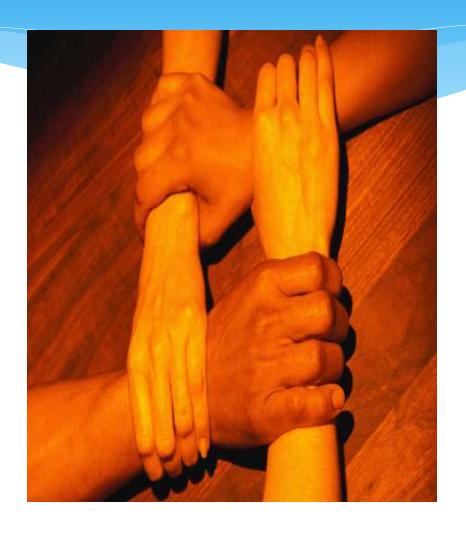
- A) Level of Stress
- Low Stress
- 2. Mildly Stressful
- Moderately Stressful
- 4. Highly Stressful
- 5. Extremely Stressful

- B) Level of Support
- 1. Highly Supportive
- 2. Supportive
- 3. Limited Support
- 4. Minimal Support
- 5. No Support



4. Recovery environment

- When assessing supports, also assess for client's ability to engage in or use such supports
- If client is able to engage in tx, default to a rating of 3
- If client is in ACT, default to a rating of 1



5. Treatment and Recovery History

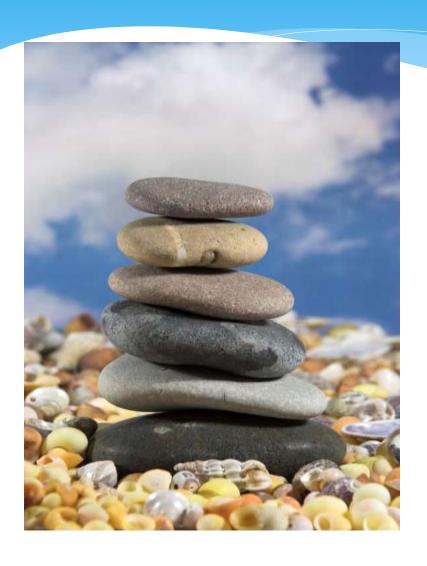
- ➤ Stability
- Symptom control
- ➤ Past experiences with treatment response and recovery management
- Heavier weight on most recent experiences with tx and recovery over remote experiences

5. Treatment and Recovery History

- Fully Responsive
- 2. Significant Response
- 3. Moderate or Equivocal Response
- 4. Poor Response
- 5. Negligible Response



5. Treatment and Recovery History



- Client with no history should default to a rating of 1
- Relevant history is considered



6. Engagement and Recovery Status

- >Assesses understanding of illness and tx
- >Assessing willingness to participate in tx
- Consider: stage of change, openness, acceptance, desire, trust and responsibility
- > Is client self-driven? Shows interest?

6. Engagement and Recovery Status

- 1. Optimal
- 2. Positive
- 3. Limited
- 4. Minimal
- 5. Unengaged

Take note of...

- > The primary more apparent condition
- Include complete data, but place heavier weight on recent over remote past
- Exercise clinical judgment; see if your rating fits
- >Address the specific dimension
- >Acute=3-5; Chronic=1-3
- ➤ Moderate is often 3
- If you waiver between two scores, choose the highest one
- Prevent rating carry-over or contamination effect

LOC Levels of Care Placement

- Recovery Maintenance and Health Management
- 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

Level of Care Placement Variables

Levels of Care are described by:

- > Care environment
- Clinical services
- Supportive services
- Crisis resolution and preventative services

Basic Level of Care

Basic Services

- >Available to all
- > Illness prevention
- Limit morbidity of conditions
- Clinical services: ER care, evaluations, brief tx interventions and outreach services

Level I: Recovery Maintenance and Health Management

- Intensity = Low
- Support = Minimal
 - Patients are independent and typically in need of support and maintenance only
- Basic clinical services are available
 - At least 1 hour/3months (tx programming)
 - Once every 3-4 months (psychiatric review)
- Supervision or frequent contact not required
- Support programs and linkages to community resources are provided
 - Vocational rehab, transportation, housing assistance, child care etc.

Level II: Low Intensity Community Based Services

- Intensity = low
- Ongoing treatment
- Independent living
- Minimal community support
- Intense supervision or very frequent contact not required
- Clinic-based services
 - At least 1 hour/2 weeks (tx programming)
 - Psychiatric review according to need
- Often minor disturbances

Level III: High Intensity Community Based Services

- > Intensive support and tx
- Clients are independent or receive minimal community support
- Daily supervision is not required
- Treatment contact is frequent, consisting of several times per week
- ➤ Clinic-based
- >CM often needed

Level IV: Medically Monitored Non-Residential Services

- > Intensive supports and structures
 - Ex: partial hospital or ACT
- Do not require onsite living situation
- >24 hour clinical supports are available
- Monitored closely
- CM and rehabilitation services are available

Level V: Medically Monitored Residential Services

- Very structured tx setting, but no capacity for secure care, seclusion or restraint
- Custodial care may be warranted
- >24 hour monitoring and on-call available
- Liaison with care providers and CM is important
- ➤ Similar to nursing facility

Level VI: Medically Managed Residential Services

- Secure care (e.g., hospital)
- Conditions are severe
- > Seclusion and restraints are available
- >Admission and tx is voluntary or involuntary
- Medications are managed and dispensed
- ► Intense clinical attention
- Liaison is important for transition to less restrictive services
- ➤ Stabilization is the main goal

LOC Comparisons

- ➤ LOC I, II, III = Community Outpatient
- LOC IV = ACT or Supported Housing
- ➤ LOC V = Nursing Home, Crisis Residential
- ➤ LOC VI = Crisis Residential, Hospital

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6. Recovery Environment	IV A. Level of Stress IV B. Level of Support

LOCUS: AACP Level of Care Determination Grid

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Risk of Harm	2 or less	2 or less	3 or less	3 or less	4**/ 3	5**/ 4
Functional Status	2 or less	2 or less	3 or less	3 or less	4**/ 3	5**/ 4
Co-Morbidity	2 or less	2 or less	3 or less	3 or less	4**/ 3	5**/ 4
Recovery Environment Stress Support	Sum of IVA+IVB is 4 or less	Sum of IVA+IVB is 5 or less	Sum of IVA+IVB is 5 or less	3 or 4 3 or less	4 or more 4 or more	4 or more 4 or more
Tx and Recovery History	2 or less	2 or less	3 or less	3 or 4	3 or more	4 or more
Engagement and Recovery Status	2 or less	2 or less	3 or less	3 or 4	3 or more	4 or more
Composite Rating	10-13	14-16	17-19	20-22	23-27	28 or more

References

Diagnostic and Statistical Manual of Mental Disorders, Fifth Addition, American Psychiatric Association, 2013.

The ASAM Criteria, Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions, Third Edition, 2013.

LOCUS Training Manual, Level of Care Utilization System for Psychiatric and Addiction Services, Adult Version 2010.

Questions?

Thank you for Participating