

PerformCARE[®]

Instructional Guide to the Level of Care Index – 2R for Substance Use Providers

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I. Introduction

In order to understand the Level of Care Index (LOCI-2R), there must be an understanding of the American Society of Addiction Medicine Placement Criteria (ASAM PPC-2R). The ASAM PPC-2R is the criteria that is the most widely used, and accepted inclusive set of guidelines for placement, continued stay and discharge for individuals with addictive disorders, and is required in over 30 states. The ASAM PPC-2R criteria represent an organized method for the array of services and service settings required to meet the needs identified in a multidimensional assessment. It has both adult and adolescent sections and it applies to both the private and public sector; we will currently only be utilizing the adolescent section. The ASAM PPC-2R levels of care reflect a spectrum of treatment options representing differences in settings, types and ranges of services and intensity of service delivery. The goal of treatment is to provide the services needed by each individual, at the appropriate level of intensity, within the appropriate setting.

ASAM levels are:

Level 0.5: Early Intervention / Prevention: Early intervention programs service individuals with problems related to substance use where no similar disorder can be diagnosed, and/or with problems or risk factors that could develop into a substance use related diagnosis. This level of care can be delivered in a variety of settings. It explores issues and risk factors that appear to be related to substance use. Level 0.5 helps the individual recognize the harmful effects of their inappropriate or continued substance use.

Level I: Outpatient Treatment: A structured non-residential treatment service or an office practice with designated substance use professionals and clinicians providing professionally directed substance use disorder treatment. Treatment occurs in regularly scheduled sessions. Treatment can include weekly or twice weekly individual therapy, weekly group therapy or a combination of the two, along with participation in self-help groups. The time frame associated with Level I treatment is 9 hours or less per week for adults and 6 hours or less per week for adolescents.

Level II: Intensive Outpatient Treatment: (broken down to sublevels 2.1(IOP) and 2.5(PHP)) A planned service in which substance use professionals and clinicians provide several treatment service components to individuals. Examples can include day or evening programs in which individuals attend a full spectrum of treatment programming but live at home, or special residences. The time frame associated with Level 2.1 treatment is 9 or more hours per week of structured treatment for adults and 6 or more hours per week for adolescents. The time frame for Level 2.5 treatment is 20 or more hours of service per week for both adults as well as adolescents.

Level III : Medically Monitored Intensive Inpatient Treatment: (sublevels 3.1, 3.5, 3.7) An organized service conducted by substance use professionals and clinicians who provide a planned regimen of around the clock professionally directed evaluation, care and treatment in an inpatient setting. Within level III there are intensity levels ranging from low- intensity to medically monitored inpatient treatment. All sublevels in Level III are 24 hour care.

Level IV: Medically Managed Intensive Inpatient Treatment: An structured service conducted by substance use professionals and clinicians who provide a planned regimen of 24 hour medically directed evaluation, care and treatment in an acute care inpatient setting. Individuals at this level generally have severe withdrawal or medical, emotional or behavioral problems that require primary medical and nursing services. This level is also 24 hour care.

II. Accessing CYBER

Users must first log into CYBER with their Username and Password. CYBER can be accessed via the PerformCare website – www.performcarenj.org. The link is available at the top and bottom of the main page.



Each provider organization has at least one CYBER Security Administrator, and your agency's CYBER Security Administrator can set up a login for you.

Your access will be based on your login type and security levels.

Before you log in, keep in mind...

- There is no 'back button' use in CYBER!
- Most areas/buttons are single-click – do not double-click on a button!
- Every time you launch CYBER, **you will be required to enter your Username and Password and click the LOGIN button to continue.**

Below the log in area is a statement that, as a CYBER user, you acknowledge your responsibility to protect the privacy of, and to guard against, the inappropriate use of the Protected Health Information (PHI) contained within the system.

This statement will appear each time you log in.

Please also check the **Providers** section on the PerformCare website for the most up-to-date technical requirements (such as browser compatibility and operating systems) that a user would need to access CYBER.

CYBER LOGIN

As a CYBER User I understand that my work will involve access to Protected Health Information (PHI) as defined by HIPAA (The Health Insurance Portability and Accountability Act) for the purpose of providing or arranging treatment, payment or other health care operations. I also acknowledge that I am engaged by a covered entity. I further acknowledge my responsibility to protect the privacy of and to guard against inappropriate use or disclosure of this PHI by logging in as a CYBER User.

This is in compliance with The Health Insurance Portability and Accountability Act (HIPAA) of 1996 and its implementation regulations. For more information on HIPAA please go to <http://www.hhs.gov/ocr/hipaa/>

CYBER contains substance abuse diagnosis and treatment information that is protected by federal confidentiality rules (42 CFR Part 2). CYBER users are not permitted access to that information without a valid written consent that meets the requirements of 42 CFR Part 2. Users that access such confidential information pursuant to a valid written consent are prohibited from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

Please CLEAR your browser Cache before using this new version of CYBER

Username

Password

LOGIN

III. Information about the Level of Care Index – 2R (LOCI)

The LOCI-2R is a comprehensive means for guiding assessments and documenting treatment placement and planning information for the six assessment dimensions of the ASAM PPC-2R (see [Introduction](#)). The LOCI-2R takes the 6 dimensions and separates the levels of care under each dimension, allowing the clinician to place the individual in the most appropriate level per clinical information and clinical skill and impression.

The LOCI-2R is designed for use in the initial assessment, subsequent continued service reassessments, and transfer or discharge assessments. LOCI-2R is designed to provide documentation of why specific decisions are made. All levels of care defined by the ASAM PPC-2R are covered in the LOCI-2R. It provides comprehensive documentation for clinical decisions to support reimbursement, and can clarify communication between clinicians and utilization review.

Note: It is imperative that decisions regarding levels of care be made by qualified substance use disorder treatment professionals. The levels of care established by the ASAM PPC-2R dictate that decisions should be made based on professional providers of substance use disorder treatment services and not based upon the short term cost of treatment.

IV. Accessing the Level of Care Index – 2R (LOCI)

The LOCI-2R can be utilized to make a determination of the appropriate level of care for Substance Use treatment for youth. Users must first locate the correct record for the youth. Users can utilize any of the following options to locate and go to a youth's record:

- On the Welcome Page, enter partial information on the Quick Search function
- On the Welcome Page accordion grids, click a Youth/Child ID hyperlink
- In YouthLink, click the 'Face Sheet' button on the Provider Queue and Census tabs
- Click the 'My Active Youth' button on the left-side button bar

The screenshot displays the PerformCARE web application interface. At the top, there is a 'Quick Search' section with input fields for 'Cyber ID', 'First Name', 'Last Name', 'DOB', and 'SSN'. The header includes the 'NJ Children's System of Care' logo, a 'Logout' button, and the text 'Welcome to CYBER' with 'VERSION=1.44.8.0-05'. A 'Refresh Total' button is also present. The main content area is titled 'Service Plans/Assessments - In Progress' and features a table with columns: Youth/Child ID, First Name, Last Name, Child Family Team Date, Create Date, Author, Status, and a partially visible 'P' column. A 'Select a User' dropdown and a 'Print' button are located above the table. On the right side, there is a sidebar menu with options: 'Service Plans/Assessments', 'In Progress()', 'Submitted()', 'Approved()', 'Returned()', 'Authorization', 'Claims', and 'YouthLink View'. The left sidebar contains a 'System Admin' menu with links for 'Administrator Name', 'Phone', 'FAQ's', 'Cyber Updates', 'Help', 'Service Desk Form', and 'Training Information', along with a vertical stack of buttons: 'Youth / Child Search', 'My Active Youth', 'Out Of Home', 'Provider Details', 'System Functions', 'Historical Access', and 'Reporting'.

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- Click the Youth/Child Search button from the Welcome Page, and then click the Active Agency Youth button or the search function above the record screen.



First Name	Last Name	MI	Gender	DOB	Age	SSN	Youth/Child ID	Opened	Program	Read O
			F		17			11/24/2018		
			M		16			11/13/2018		
			M		16			11/9/2018		
			M		17			11/8/2018		
			M		18			10/31/2018		
			F		17			10/26/2018		
			M		17			10/26/2018		
			M		16			10/24/2018		
			F		15			10/19/2018		
			M		17			10/18/2018		
			M		15			10/4/2018		
			M		15			10/4/2018		
			M		14			10/1/2018		

Once the youth is identified, double click the row and view the Face Sheet.

Youth Specific Information

Legal Name: [Text Box] Current Address: [Text Box]
Address Type: [Text Box] Languages Spoken: [Text Box]
Preferred Name: [Text Box] Youth Primary Phone: [Text Box] Youth Marital Status: [Text Box]
Date of Birth: [Text Box] Youth Secondary Phone: [Text Box] Active YL: [Text Box]
Age: [Text Box] Youth Email: [Text Box]
Gender: [Text Box]
Race: [Text Box]
Ethnicity: [Text Box]

Flags for Special Occurrences
No Flags are identified this time.

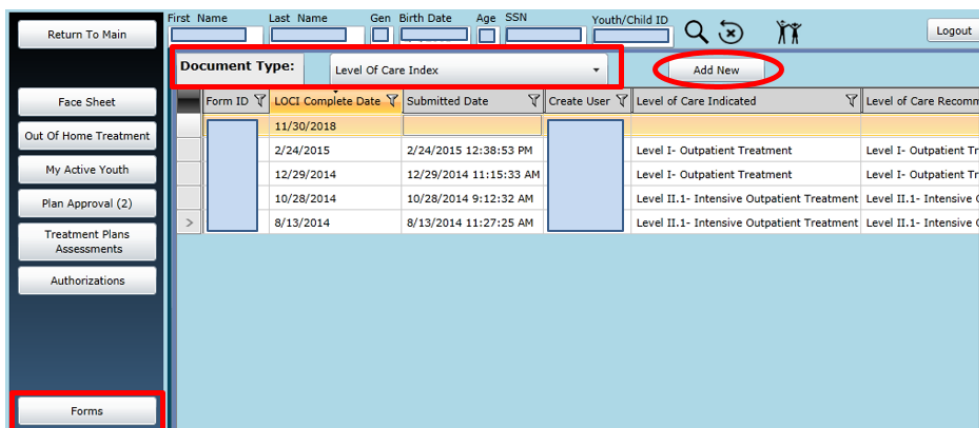
Parent/Caregiver **Eligibility:**

Next, the user can select the “Forms” button at the bottom left to open the Document Type window which appears as “Level of Care Index”. The information displayed in this grid is sorted by Submitted Date, from the most recent submitted forms at the top of the grid to the oldest submitted forms displayed at the bottom of the grid.

Any unsubmitted LOCI forms display at the top of the grid above any submitted forms sorted in order by Created Date, with the most recently created LOCI forms displaying at the top.

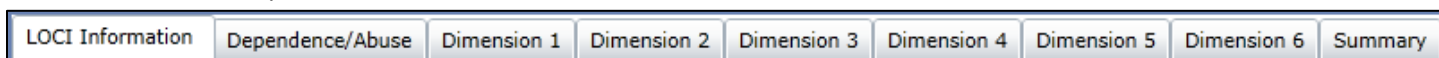
Clicking the “Add New” button opens the LOCI-2R form below.

Note: When completing the LOCI-2R in support of an SAB Treatment plan the LOCI must be completed no more than 30 days prior to the treatment plan submission, it must support the services being requested and it must be associated with the treatment plan being submitted.



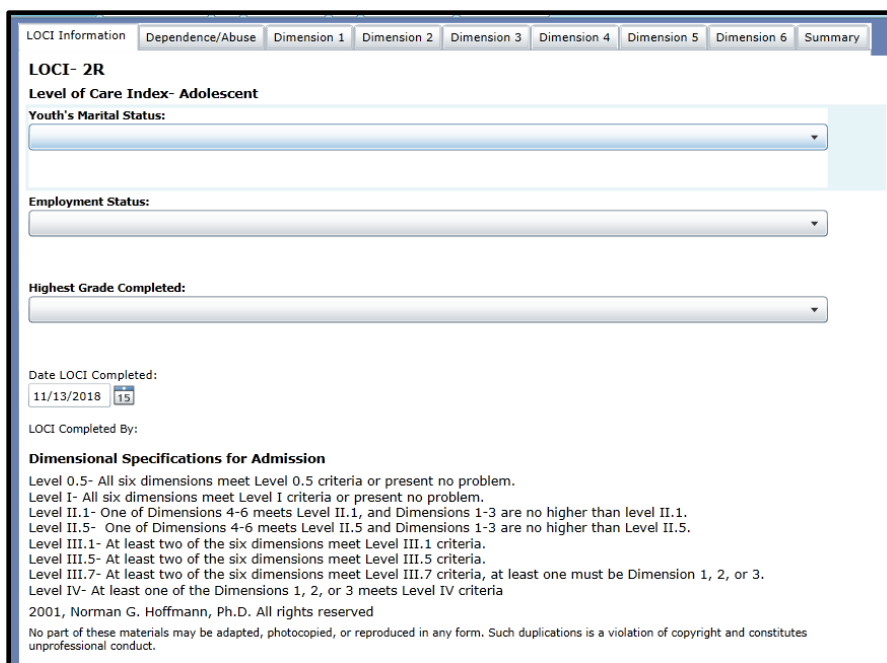
V. Completing the LOCI-2R

The LOCI-2R is separated into 9 Tabs. Each tab must be completed in order to submit the form. The first tab that opens, by default, is the LOCI information tab. This tab includes information about the youth's employment and educational status, as well as the specification for admission into each level of care.



Tab 1 - LOCI Information

- Youth's Marital Status - user can select one of the following: Never Married, Married, Widowed, Separated or Divorced
- Employment Status – user can select one of the following: Full time, Part time, Student, Homemaker, Retired, Disabled, Unemployed or Not working by choice
- Highest Grade Completed - user can select one value from a range of 1 – 16
- Date LOCI Completed – this field defaults to the current date, but may be back dated
- LOCI Completed by – the ID of the individual who completes the form will appear after submission
- Dimensional Specifications for Admission – Informational break-down of each level of care and the dimensional criteria that need to be met in order to qualify for that level of care.



LOCI Information tab

Tab 2 - Dependence/Abuse Tab

Used to document if the youth is dependent upon or abusing certain substances:

1. **Key** – breakdown of diagnostic options, including the four categories of Abuse (A1-A4) and the seven categories of Dependence (D1-D7).
2. **Client is not diagnosed check-box** – this is to be utilized if youth has no documented Substance Use Disorder diagnosis.
3. **Diagnostic Indication Grid** - each diagnosable category of substances in rows. There are columns D1-D7 for Dependence and A1-A4 for abuse (use Key above). Based upon youth’s diagnosis, each of the correlating boxes should be checked.

1

2

3

LOCI Information | Dependence/Abuse | Dimension 1 | Dimension 2 | Dimension 3 | Dimension 4 | Dimension 5 | Dimension 6 | Summary

Key

Abuse (A1-A4):
 A1 = Role obligations
 A2 = Hazardous use
 A3 = Legal problems
 A4 = Social problems

Dependence (D1-D7)
 D1 = Tolerance
 D2 = Withdrawal
 D3 = Excessive use
 D4 = Desire/Attempts to stop
 D5 = Time spent using
 D6 = Sacrificing activities to use
 D7 = Physical/Psychological Consequences

Client is not diagnosed

Substance	Dependence							Abuse			
	D1	D2	D3	D4	D5	D6	D7	A1	A2	A3	A4
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marijuana-Hashish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opioids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amphetamine (or) Methamphetamines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sedatives/Hypnotic/Anxiolytic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hallucinogens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PCP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inhalants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poly/Unspecified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Club Drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steroids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tobacco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Dependence/Abuse tab

Tab 3 - Dimension 1: Acute Intoxication/Withdrawal

Current intoxication should be evaluated as well as withdrawal potential to determine the need for ambulatory, social, or medical detoxification. Or is there any need for, or no indication of need for detoxification?

- **Option A or B** – Initial check box option of “A. There is no recent use.” or “B. No indication of acute intoxication or withdrawal problems.”
 - If one of the options is accurate select the corresponding check box and move on to Dimension 2.
 - If neither of the options are accurate follow the below instructions to complete Dimension 1.

LOCI Information | Dependence/Abuse | Dimension 1 | Dimension 2 | Dimension 3 | Dimension 4 | Dimension 5 | Dimension 6 | Summary

Dimension 1: Acute Intoxication/Withdrawal

If A or B is selected, proceed to Dimension 2: Biomedical Conditions/Complications. Otherwise, continue with Dimension 1: Acute Intoxication/Withdrawal.

A. There is no recent use; OR

B. No indication of acute intoxication or withdrawal problems.

Acute Toxicification/Withdrawal

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Each level of care (see below) from the “Dimensional Specifications for Admission” of the LOCI-2R Information tab is listed. Each level has several options with descriptions. Users can choose the option that indicates the highest level of need that the youth is currently displaying. For example, if the youth’s needs indicate that the highest level is Level III.7 option B., then that would be the only option chosen.

Dimension 1: Acute Intoxication/Withdrawal

- Score Summary - This auto-populates based upon the Level of Care options chosen above.
- Recommended Level of Care - This drop-down lists all levels of care. Users can choose the appropriate level of care. **This field is required in order to submit the form.**
- Clinician Observation – User (Assessor) must provide a comment in this section or they will not be able to submit the LOCI. If there are no comments to report “N/A” can be entered here.

Tab 4 - Dimension 2: Biomedical Conditions/Complications

Are there any bio- medical conditions that are stable, require attention, or need any type of monitoring or management? Are biomedical conditions already being managed or is there a need for more medically managed or inpatient care?

- Option A – Initial check box option of “A. There are no biomedical problems requiring attention.”
 - If this option is accurate select the corresponding check box and move on to Dimension 3.
 - If this option is not accurate follow the below instructions to complete Dimension 2.

LOCI Information	Dependence/Abuse	Dimension 1	Dimension 2	Dimension 3	Dimension 4	Dimension 5	Dimension 6	Summary
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Dimension 2: Biomedical Conditions/Complications

If the below checkbox is selected, proceed to Dimension 3: Emotional, Behavioral, or Cognitive Conditions and complications. Otherwise, continue with Dimension 2: Bio-Medical Conditions/Complications.

A. There are no biomedical problems requiring attention.

Each level of care from the “Dimensional Specifications for Admission” of the LOCI Information tab is listed. Each level has several options with descriptions. User should choose the option that indicates the highest level of need that the youth is currently displaying. For example, if the youth’s needs indicate that the highest level is Level III.7 option B., then that would be the only option chosen.

- Score Summary - This auto-populates based upon the Level of Care options chosen above.
- Recommended Level of Care - This drop-down lists all levels of care. Users can choose the appropriate level of care. **This field is required in order to submit the form.**
- Clinician Observation – User (Assessor) must provide a comment in this section or they will not be able to submit the LOCI. If there are no comments to report “N/A” can be entered here.

LOCI Information	Dependence/Abuse	Dimension 1	Dimension 2	Dimension 3	Dimension 4	Dimension 5	Dimension 6	Summary
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Level 0.5- Early Intervention and Level 1- Outpatient Services

Status characterized by A:

A. Biomedical conditions, if present, are stable enough to permit outpatient treatment.

Level II.1- Intensive Outpatient Treatment

Status characterized by A or B:

A. Biomedical conditions, if present, are stable or being concurrently addressed to permit treatment at this level of care; OR

B. Biomedical conditions would distract from recovery and treatment at a less intensive level.

Level II.5- Partial Hospitalization

Status characterized by A or B:

A. Biomedical conditions, if present, are stable enough to permit treatment at this level of care; OR

B. Biomedical conditions would distract from recovery and treatment at a less intensive level.

Level III.1- Clinically Managed Low-Intensity Residential Treatment

Status characterized by A and either B or C:

A. Is capable of self-administering any prescribed medications or procedures with available supervision; AND

B. Biomedical conditions distract from recovery efforts and require limited residential supervision; OR

C. Continued substance use would pose risk of serious damage to physical health.

Level III.5- Clinically Managed Medium-Intensity Residential Treatment

Status characterized by A and either B, C, or D:

A. Is capable of self-administering any prescribed medications or procedures with available supervision; AND

B. Biomedical conditions distract from recovery efforts and require residential supervision; OR

C. Medium-intensity residential treatment is required to provide support to overcome the distraction cause by the biomedical condition; OR

D. Continued substance use would pose risk of serious damage to physical health.

Level III.7- Medically Monitored High-Intensity Inpatient Treatment

Status characterized by A or B:

A. Biomedical condition required active nursing or medical monitoring, but does not require the resources of an acute care hospital; OR

B. Continued use of alcohol or other drugs poses an imminent risk of serious damage to physical health.

Level IV- Medically Managed Intensive Inpatient Services

Status characterized by A, B, or C:

A. Biomedical complications of use require medical management and skilled nursing care; OR

B. Biomedical illness or other condition, such as pregnancy, requires stabilization and intensive medical management; OR

C. Concurrent biomedical condition is so severe that continued drinking or drug use poses an imminent danger to life or severe danger to health (including pregnancy).

Dimension 2: Biomedical Conditions/Complications- Score Summary

Level 0.5- Early Intervention

Level 1- Outpatient Treatment

Level II.1- Intensive Outpatient Treatment

Level II.5- Partial Hospitalization

Level III.1- Clinically Managed Low-Intensity Residential Treatment

Level III.5- Clinically Managed Medium-Intensity Residential Treatment

Level III.7- Medically Monitored High-Intensity Inpatient Treatment

Level IV- Medically Managed Intensive Inpatient Services

Recommended Level of Care for Dimension 2

Clinician Observation for Dimension 2:

Dimension 2: Biomedical Conditions/Complications

Tab 5 - Dimension 3: Emotional, Behavioral, or Cognitive Conditions and Complications

Are there no indications of co-occurring mental health conditions or if problems are present, are they mild, not requiring further services? Are there any major emotional or behavioral problems that are already being appropriately managed, or do they pose challenge to the effective delivery of care?

- Option A or B – Initial check box option of “A. No indication of co-occurring mental health disorders.” or “B. Emotional, behavioral or cognitive problems are very mild and do not require further assessment, services, monitoring or management.”
 - If one of the options is accurate select the corresponding check box and move on to Dimension 4.
 - If neither of the options are accurate follow the below instructions to complete Dimension 3.

LOCI Information	Dependence/Abuse	Dimension 1	Dimension 2	Dimension 3	Dimension 4	Dimension 5	Dimension 6	Summary
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Dimension 3: Emotional, Behavioral, or Cognitive Conditions and Complications
If A or B are selected, proceed to Dimension 4: Readiness to Change. Otherwise, continue with Dimensions 3: Emotional, Behavioral, or Cognitive Conditions and Complications

A. No Indication of co-occurring mental health disorders; OR

B. Emotional, behavioral or cognitive problems are very mild and do not require further assessment, services, monitoring or management.

Each level of care from the “Dimensional Specifications for Admission” of the LOCI-2R Information tab is listed. Each level has several options with descriptions. Please choose the option that indicates the highest level of need that the youth is currently displaying. For example, if the youth’s needs indicate that the highest level is Level III.7 option B. then that would be the only option chosen.

<p>Level 0.5- Early Intervention</p> <p>Status characterized by A:</p> <p><input type="checkbox"/> A. Emotional, behavioral, or cognitive problems, if present, are being addressed and will not interfere with therapeutic interventions.</p> <hr/> <p>Level I- Outpatient Treatment</p> <p>Status characterized by all of the following:</p> <p><input type="checkbox"/> A. Dangerousness/Lethality: Assessed as not posing a risk of harm to self or others; AND</p> <p>B. Interference with Recovery Efforts: Symptoms, if present, are either related to substance use or, if due to a co-occurring condition, are being addressed so that both of the following are met:</p> <p><input type="checkbox"/> 1. Can understand materials presented; AND</p> <p><input type="checkbox"/> 2. Can participate in treatment at this level; AND</p> <p>C. Social Functioning: Relationships and social functioning are impaired but not endangered, as indicated by the following:</p> <p><input type="checkbox"/> 1. Ability to meet personal responsibilities; AND</p> <p><input type="checkbox"/> 2. Ability to maintain stable, meaningful relationships despite mild symptoms; AND</p> <p>D. Ability for Self-Care: Is able to manage the activities of daily living, as evidenced by:</p> <p><input type="checkbox"/> 1. Adequate resources and skills to cope, given some assistance; AND</p> <p><input type="checkbox"/> 2. Has support of a stable environment; AND</p> <p><input type="checkbox"/> E. Course of Illness: Manifests only mild signs and symptoms, if any, since any acute problems have been stabilized, and any chronic conditions do not pose a risk of vulnerability.</p> <hr/> <p>Level II.1- Intensive Outpatient</p> <p>Status characterized by one or more of the following:</p> <p><input type="checkbox"/> A. Dangerousness/Lethality: mild risk of behaviors endangering self, others, or property requires frequent, but not daily, monitoring to assure safety between intensive outpatient sessions; OR</p> <p><input type="checkbox"/> B. Interference with Recovery Efforts: Emotional, behavioral, or cognitive problems interfere with recovery efforts, requiring frequent contact to support treatment participation and compliance; OR</p> <p><input type="checkbox"/> C. Social Functioning: Symptoms are causing mild to moderate difficulty in social functioning, but do not preclude managing activities of daily living; OR</p> <p><input type="checkbox"/> D. Ability for Self-Care: mild to moderate impairment in ability to manage activities of daily living; OR</p> <p><input type="checkbox"/> E. Course of Illness: Emotional, behavioral, or cognitive condition is likely to become unstable without frequent monitoring and maintenance services.</p> <hr/> <p>Level II.5- Partial Hospitalization</p> <p>Status characterized by one or more of the following:</p> <p><input type="checkbox"/> A. Dangerousness/Lethality: Mild risk of behaviors endangering self, others, or property requires near-daily monitoring, but is not so severe as to require 24-hour supervision; OR</p> <p><input type="checkbox"/> B. Interference with Recovery Efforts: Emotional, behavioral, or cognitive problems cause moderate interference with recovery efforts requiring near-daily contact to support treatment participation/compliance; OR</p> <p><input type="checkbox"/> C. Social Functioning: Symptoms are causing mild to moderate difficulty in social functioning, requiring frequent treatment contact; OR</p> <p><input type="checkbox"/> D. Ability for Self-Care: Moderate impairment in ability to manage activities of daily living required near-daily monitoring and treatment interventions; OR</p> <p><input type="checkbox"/> E. Course of Illness: Emotional, behavioral, or cognitive condition would become unstable without daily or near-daily monitoring and maintenance services.</p>

*Dimension 3: Emotional, Behavioral, or Cognitive Conditions and Complications
 Level 0.5 to Level II.5*

- **Score Summary** - This auto-populates based upon the Level of Care options chosen above.
- **Recommended Level of Care** - This drop-down lists all levels of care. Users can choose the appropriate level of care. **This field is required in order to submit the form.**
- **Clinician Observation** – User (Assessor) must provide a comment in this section or they will not be able to submit the LOCI. If there are no comments to report “N/A” can be entered here.

Dim 3: Recommended Level of Care drop down

No Level of Care is Indicated

Level 0.5- Early Intervention

Level I- Outpatient Treatment

Level II.1- Intensive Outpatient Treatment

Level II.5- Partial Hospitalization

Level III.1- Clinically Managed Low-Intensity Residential Treatment

Level III.5- Clinically Managed Medium-Intensity Residential Treatment

Level III.7- Medically Monitored High-Intensity Inpatient Treatment

Level IV- Medically Managed Intensive Inpatient

Level OMT- OPIOID Maintenance Therapy (OP/IOP)

Level I-D- Ambulatory Detox

Level II-D Ambulatory Detox with Extended On-Site Monitoring

Level III.2-D- Clinically Managed Residential Detox

Level III.7-D- Medically Monitored Inpatient Detox

Level IV-D- Medically Managed Intensive Inpatient Detox

Level III.1- Clinically Managed Low-Intensity Residential Treatment
Status is characterized by one or more of the following:

A. Dangerousness/Lethality: Is at risk for dangerous consequences due to lack of a stable living environment required for protection; OR

B. Interference with Recovery Efforts: Requires a stable living environment to promote a sustained focus on recovery tasks; OR

C. Social Functioning: Emotional, behavioral, or cognitive problem impair social functioning and require limited 24-hour supervision; OR

D. Ability for Self-Care: Moderate impairments in ability to manage the activities of daily living require 24-hour supervision; OR

E. Course of Illness: Emotional, behavioral, or cognitive condition would become unstable without 24-hour supervision; OR

F. Condition suggests need for low-intensity and/or longer-term reinforcement and practice of recovery skills in a controlled environment.

Level III.5- Clinically Managed Medium-Intensity Residential Treatment
Status is characterized by one or more of the following:

A. Dangerousness/Lethality: Moderate but stable risk of harm to self or others requiring medium-intensity 24-hour monitoring and/or treatment; OR

B. Interference with Recovery Efforts: Emotional, behavioral, or cognitive problems negatively affect recovery efforts in significant and distracting ways, thus requiring 24-hour structure and milieu to promote sustained focus on recovery tasks; OR

C. Social Functioning: Moderate to severe symptoms seriously impair social functioning and cannot be managed in a less intensive level of care; OR

D. Ability for Self-Care: Moderate impairment in ability to manage activities of daily living requiring 24-hour supervision and staff assistance; OR

E. Course of Illness: Condition would become unstable without 24-hour supervision and medium-intensity structured programmatic milieu.

Level III.7- Medically Monitored High-Intensity Inpatient Treatment
Status is characterized by one or more of the following:

A. Dangerousness/Lethality: Moderate or unpredictable risk of imminent harm to self or others; OR

B. Unstable emotional, behavioral, or cognitive problems negatively affect recovery efforts requiring 24-hour structure and high-intensity programmatic milieu to stabilize condition; OR

C. Social Functioning: Significant impairments in social functioning with severe emotional, behavioral, or cognitive symptoms that cannot be managed in a less intensive level of care; OR

D. Ability for Self-Care: Moderate to severe impairment in ability to manage activities of daily living and lack of personal resources require 24-hour supervision and significant staff assistance, including nursing or medical services.

Level IV- Medically Managed Inpatient Services
Status is characterized by one or more of the following:

A. Dangerousness/Lethality: Presents an imminent risk of suicidal, homicidal, or other violent behavior; OR

B. Is at risk for a psychosis with unpredictable or other behavior that could endanger self or others; OR

C. Interference with Recovery Efforts: Unstable or overwhelming psychiatric problems preclude ability to focus on recovery; OR

D. Social Functioning: Severely impaired ability to function or inability to cope due to an overwhelming mental health problem; OR

E. Ability for Self-Care: Requires daily medical and nursing care due to insufficient resources and skills to maintain an adequate level of functioning; OR

F. Course of Illness: The absence of medical management would result in the condition becoming unstable with imminent and dangerous consequences.

Dimension 3: Emotional, Behavioral, or Cognitive Conditions and Complications- Score Summary

Level 0.5- Early Intervention

Level 1- Outpatient Treatment

Level II.1- Intensive Outpatient Treatment

Level II.5- Partial Hospitalization

Level III.1- Clinically Managed Low-Intensity Residential Treatment

Level III.5- Clinically Managed Medium-Intensity Residential Treatment

Level III.7- Medically Monitored High-Intensity Inpatient Treatment

Level IV- Medically Managed Intensive Inpatient Services

Recommended Level of Care for Dimension 3

Level III.1 through Score Summary

Clinician Observation for Dimension 3:

Tab 6 - Dimension 4: Readiness to Change

What is the extent to which the individual is internally and/or externally motivated to go into treatment and change their substance use, as well as issues that might make it difficult (regardless of motivation) for the individual to do so? Outpatient treatment assumes the individual is sufficiently motivated and able to manage their participation and attendance, though they might need encouragement and support. IOP programs assume that more support and structure is needed in order for the participant to successfully participate. Inpatient treatment is indicated if there is increasing resistance or poor impulse control.

Each level of care from the “Dimensional Specifications for Admission” from the LOCI-2R Information tab is listed. Each level has several options with descriptions. Please choose the option that indicates the highest level of need that the youth is currently displaying. For example if the youth’s needs indicate that the highest level is Level III.7 option B, then that would be the only option chosen.

- Score Summary - This auto-populates based upon the Level of Care options chosen above.
- Recommended Level of Care - This drop-down lists all levels of care. Users can choose the appropriate level of care. **This field is required in order to submit the form.**
- Clinician Observation – User (Assessor) must provide a comment in this section or they will not be able to submit the LOCI. If there are no comments to report “N/A” can be entered here.

Level IV- Medically Managed Inpatient Services
Problems in Dimension 4 are not sufficient for placement into Level IV treatment.

Dimension 4: Readiness to Change- Score Summary

Level 0.5- Early Intervention

Level I- Outpatient Treatment

Level II.1- Intensive Outpatient Treatment

Level II.5- Partial Hospitalization

Level III.1- Clinically Managed Low-Intensity Residential Treatment

Level III.5- Clinically Managed Medium-Intensity Residential Treatment

Level III.7- Medically Monitored High-Intensity Inpatient Treatment

Level IV- Medically Managed Intensive Inpatient Services

Recommended Level of Care for Dimension 4

Clinician Observation for Dimension 4:

LOCI Information | Dependence/Abuse | Dimension 1 | Dimension 2 | Dimension 3 | Dimension 4 | Dimension 5 | Dimension 6 | Summary

Dimension 4: Readiness to Change

Level 0.5- Early Intervention
 Status characterized by A:
 A. Expresses willingness to gain an understanding of how substance use may be harmful or detrimental to goals.

Level I- Outpatient Treatment
 Status is characterized by A and one or more of B or C or D:
 A. Is willing to cooperate with the treatment plan and attend all scheduled activities; AND
 B. Acknowledges substance use problems and wants help to change but ambivalence about recovery requires motivating strategies; OR
 C. Has a co-occurring mental and substance-related disorders with resistance to acknowledging either or both problem areas; OR
 D. Admits a substance use problem, but is more interested in avoiding negative consequences than in recovery effort.

Level II.1- Intensive Outpatient Treatment
 Status characterized by A and either B or C:
 A. Motivational enhancement to make progress through stages of change can be achieved at this level, but not at a lower intensity of care; AND
 B. Requires structured therapy and programmatic milieu to promote progress through states of change as evidenced by behaviors such as: OR
 1. Verbally compliant, but behaviorally inconsistent; OR
 2. Passive involvement; OR
 3. Variable compliance with attendance; OR
 C. Perspective inhibits ability to make progress as evidenced by issues, such as: OR
 1. Unrealistic expectations; OR
 2. Does not recognize the need for continued assistance with substance-related problems.

Level II.5- Partial Hospitalization
 Status characterized by A and either B or C:
 A. Motivational enhancement to make progress through stages of change can be achieved at this level, but not at a lower intensity of care; AND
 B. Requires intensive structured therapy and programmatic milieu to promote progress through stages of change, as evidenced by such behaviors as:
 1. Verbal or behavioral opposition to treatment; OR
 2. Minimal involvement in treatment; OR
 3. Poor compliance with attendance; OR
 4. Substance use is escalating; OR
 C. Perspective and lack of impulse control inhibits ability to make progress through the stages of change, as evidenced by such issues as:
 1. Attributing substance related problems to other persons or events; OR
 2. Fails to realize any need for continued assistance with substance-related problems.

Level III.1- Clinically Managed Low-Intensity Residential Treatment
 Status characterized by A and B:
 A. Open to recovery, but requires limited 24-hour supervision to promote or sustain progress; AND
 B. Cooperative and likely to engage in treatment at this level.

Level III.5- Clinically Managed Medium-Intensity Residential Treatment
 Status characterized by A, B, or C:
 A. Requires 24-hour supervision and structured programmatic milieu to promote progress through states of change, as indicated by such issues as:
 1. Lack of previous treatment engagement; OR
 2. Extensive functional impairment; OR
 3. Failure at a lower level of care; OR
 B. Does not recognize any substance-related problems or need to change; thus, needs intensive motivating strategies available only in a setting with 24-hour supervision and medium-intensity milieu; OR
 C. Despite serious consequences, does not believe that there is any problem in daily substance use.

Level III.7- Medically Monitored High-Intensity Inpatient Treatment
 Status characterized by A or B:
 A. Has not related problems to substance use; OR
 B. Has not accepted any need to change; OR
 B. Requires intensive case management and preparation of family or others to implement a plan to sustain treatment engagement at a less intensive level of care.

Dimension 4: Readiness to Change

Dimension 4: Readiness to Change- Score Summary

Tab 7 - Dimension 5: Relapse, Continued Use or Continued Problem Potential

Who may need more intensive levels of care due to their risk of relapse? Is the probability of relapse minimal? Is close monitoring needed? Or is there imminent danger for the individual that is high risk for relapse?

Each level of care from the “Dimensional Specifications for Admission” from the LOCI-2R Information tab is listed. Each level has several options with descriptions. Please choose the option that indicates the highest level of need that the youth is currently displaying. For example if the youth’s needs indicate that the highest level is Level III.7 option B. then that would be the only option chosen.

- **Score Summary** - This auto-populates based upon the Level of Care options chosen above.
- **Recommended Level of Care** - This drop-down lists all levels of care. Users can choose the appropriate level of care. **This field is required in order to submit the form.**
- **Clinician Observation** – User (Assessor) must provide a comment in this section or they will not be able to submit the LOCI. If there are no comments to report “N/A” can be entered here.

LOCI Information	Dependence/Abuse	Dimension 1	Dimension 2	Dimension 3	Dimension 4	Dimension 5	Dimension 6	Summary
Dimension 5: Relapse, Continued Use or Continued Problem Potential								
Level 0.5- Early Intervention								
Status characterized by A or B:								
<input type="checkbox"/> A. Does not understand or accept the need to alter the current substance use; OR								
<input type="checkbox"/> B. Needs to acquire specific skills needed to change current patterns of use.								
Level I- Outpatient Treatment								
Status characterized by A and B:								
<input type="checkbox"/> A. Assessed as being able to reduce use of achieve/maintain abstinence with minimal support; AND								
<input type="checkbox"/> B. Needs regular therapeutic contact to deal with substance-related issues.								
Level II.1- Intensive Outpatient Treatment								
Status is characterized by A or B:								
<input type="checkbox"/> A. Is at significant risk for relapse or continued use or deterioration in level of functioning without frequent monitoring and therapeutic services; OR								
<input type="checkbox"/> B. Demonstrates impaired recognition and understanding of relapse issues, thus requiring moderate treatment support.								
Level II.5- Partial Hospitalization								
Status characterized by A or B:								
A. High risk of relapse or continued use without almost daily outpatient monitoring and structured therapeutic service are require due to:								
<input type="checkbox"/> 1. Less intensive care has been attempted without success; OR								
<input type="checkbox"/> 2. A lower level of care is judged to be insufficient to stabilize the condition; OR								
<input type="checkbox"/> B. Impaired recognition and understanding of relapse issues in conjunction with poor coping skills require near-daily structure.								
Level III.1- Clinically Managed Low-Intensity Residential Treatment								
Status characterized by A or B or C:								
<input type="checkbox"/> A. Lack of monitoring between outpatient treatment sessions has been a barrier to abstinence; OR								
<input type="checkbox"/> B. Recovery skills are not yet sufficient to overcome environmental triggers; OR								
<input type="checkbox"/> C. History of chronic use, repeated relapse, or treatment resistance indicates need for residential containment.								
Level III.5- Clinically Managed Medium-Intensity Residential Treatment								
Status characterized by A and either B, C, or D:								
<input type="checkbox"/> A. Relapse or continued use potential poses high risk of serious impairments in the absence of 24-hour monitoring and structured support; AND								
<input type="checkbox"/> B. Lack of monitoring between treatment encounters at a less intensive level of care has resulted in failure to achieve or maintain abstinence; OR								
<input type="checkbox"/> C. Requires residential containment and structured programmatic milieu to develop recovery skills to address internal and/or external relapse triggers; OR								
<input type="checkbox"/> D. Residential treatment with a structured programmatic milieu is indicated by the history or chronic use, repeated relapse, and/or resistance to treatment.								
<input type="checkbox"/> D. Residential treatment with a structured programmatic milieu is indicated by the history or chronic use, repeated relapse, and/or resistance to treatment.								
Level III.7- Medically Monitored High-Intensity Inpatient Treatment								
Status characterized by A, B, or C:								
<input type="checkbox"/> A. Inability to interrupt a high frequency/severity pattern of use with imminent risk of dangerous consequences; OR								
<input type="checkbox"/> B. Therapies involving medications such as antagonist, agonist, or aversion medications require this level of care; OR								
<input type="checkbox"/> C. This level of monitoring, case management, and documentation is required prior to arranging a less intensive level of care or other treatment resources.								
Level IV- Medically Managed Inpatient Treatment								
Problems on Dimension 5 are not sufficient for placement into Level IV treatment.								
Dimension 5: Relapse, Continued User, or Continued Problem Potential- Score Summary								
Level 0.5- Early Intervention								
Level I- Outpatient Treatment								
Level II.1- Intensive Outpatient Treatment								
Level II.5- Partial Hospitalization								
Level III.1- Clinically Managed Low-Intensity Residential Treatment								
Level III.5- Clinically Managed Medium-Intensity Residential Treatment								
Level III.7- Medically Monitored High-Intensity Inpatient Treatment								
Level IV- Medically Managed Intensive Inpatient Services								
Recommended Level of Care for Dimension 5								
<input type="text" value=""/>								
Clinician Observation for Dimension 5:								
<input type="text" value=""/>								
<input type="button" value="Save"/> <input type="button" value="Save & Close"/> <input type="button" value="Cancel"/> <input type="button" value="Submit"/> <input type="button" value="Delete"/> <input type="button" value="Print"/>								

Dimension 5: Relapse, Continued Use or Continued Problem Potential

Tab 8 - Dimension 6: Recovery Environment

What is the extent of support that the individual will get attending outpatient treatment? Is a more structured or controlled environment required? What is the risk from the individuals living environment, examples: work, and school, social; are these hostile recovery environments? The less support the environment presents often requires more treatment and re (habilitation) into a new environment and lifestyle, over a longer period of time.

Each level of care from the “Dimensional Specifications for Admission” from the LOCI-2R Information tab is listed. Each level has several options with descriptions. Please choose the option that indicates the highest level of need that the youth is currently displaying. For example if the youth’s needs indicate that the highest level is Level III.7 option B. then that would be the only option chosen.

- Score Summary - This auto-populates based upon the Level of Care options chosen above.
- Recommended Level of Care - This drop-down lists all levels of care. Users can choose the appropriate level of care. **This field is required in order to submit the form.**
- Clinician Observation – User (Assessor) must provide a comment in this section or they will not be able to submit the LOCI. If there are no comments to report “N/A” can be entered here.

LOCI Information | Dependence/Abuse | Dimension 1 | Dimension 2 | Dimension 3 | Dimension 4 | Dimension 5 | Dimension 6 | Summary

Dimension 6: Recovery Environment

Level 0.5- Early Intervention

A significant member of the family or social support system does one or more of the following:

- A. Manifests a pattern of substance use that precludes meeting obligations; OR
- B. Abuses alcohol or other drugs; OR
- C. Expresses values concerning alcohol or other drugs that pose a risk of initiating worsening use by the adolescents; OR
- D. Condone or encourages use of alcohol or other drugs.

Level I- Outpatient Treatment

Status characterized by A, B, or C:

- A. Psychosocial environment is sufficiently supportive to make outpatient treatment feasible; OR
- B. Environment is not ideal, but has demonstrated adequate motivation to obtain sufficient support, and such efforts are feasible; OR
- C. Family or significant others are supportive but require professional assistance in addressing recovery needs.

Level II.1- Intensive Outpatient Treatment

Status characterized by A and either B, C, or D:

- A. Is able to maintain an adequate level of functioning between sessions; AND
- B. Continued exposure to current environment plus insufficient resources and skills preclude ability to maintain adequate functioning without intensive outpatient services; OR
- C. Lack of appropriate social contacts or few non-using friends or peers jeopardizes recovery without intensive outpatient services; OR
- D. Family or caretakers are supportive of recovery, but conflicts or dysfunctions impede recovery efforts.

Level II.5- Partial Hospitalization

Status characterized by A, and either B, C, or D:

- A. Is able to maintain an adequate level of functioning between near-daily sessions; AND
- B. Continued exposure to current environment makes recovery unlikely without near-daily treatment contacts; OR
- C. Lack of appropriate social contacts plus severely limited resources and skills jeopardized recovery requiring near-daily therapeutic contacts; OR
- D. Family member or persons living with the adolescent are not supportive of recovery efforts and/or are passively opposed to treatment; thus, time away from the home environment may be needed to remain focused on treatment.

Level III.1- Clinically Managed Low-Intensity Residential Treatment

Status characterized by need for residential containment and support based on one or more of the following:

- A. High risk of neglect or abuse (physical, sexual, or emotional); OR
- B. Family or other household member has an active substance use disorder, or substance use is endemic to home or social network; OR
- C. Home environment or social network is too chaotic or ineffective to support or sustain treatment goals without residential support; OR
- D. Logistical impediments preclude participation in treatment at a less intensive level of care.

Level III.5- Clinically Managed Medium-Intensity Residential Treatment

Status is characterized by need for residential treatment and structure based on A, B, C, or D:

- A. Environmental risks for neglect and abuse of the adolescent make recovery improbable without residential treatment; OR
- B. Recovery is assessed as unachievable without residential treatment due to active substance disorders of household members or endemic nature of use in the broader social network; OR
- C. Chaotic or ineffectual family or social network and/or support for antisocial or counterproductive norms and values make recovery improbable without residential treatment; OR
- D. Logistical impediments preclude participation in treatment at a less intensive level of care.

Level III.7- Medically Monitored High-Intensity Inpatient Treatment

Status characterized by A and either B or C:

- A. This level of care is required for stabilization and transitioning to a less intensive level of care; AND
- B. Living environment is toxic or unable to support recovery, as indicated by one or more of the following:
 - 1. Family or significant others undermine recovery efforts; OR
 - 2. Family member(s) have active substance use disorder(s) and provide access to substances; OR
 - 3. Home environment is dangerously chaotic or abusive; OR
 - 4. Family or caregivers cannot sustain treatment attendance, implement needed behavior management plan, or adequately supervise medications in the home; OR
- C. Logistical impediments preclude participation in treatment at a less intensive level of care adequate to meet the needs of the adolescent.

Level IV- Medically Managed Inpatient Treatment

Problems on Dimensions 6 are not sufficient for placement into Level IV treatment.

Dimension 6: Recovery Environment- Score Summary

Level 0.5- Early Intervention

Level I- Outpatient Treatment

Level II.1- Intensive Outpatient Treatment

Level II.5- Partial Hospitalization

Level III.1- Clinically Managed Low-Intensity Residential Treatment

Level III.5- Clinically Managed Medium-Intensity Residential Treatment

Level III.7- Medically Monitored High-Intensity Inpatient Treatment

Level IV- Medically Managed Intensive Inpatient Services

Recommended Level of Care for Dimension 6:

Clinician Observation for Dimension 6:

Save Save & Close Cancel Submit Delete Print

Tab 9 - Summary

- **Highest Level of Care indicated on each Dimension – Level of Care for this Evaluation**
 - Dimensions 1-6 are listed. All dimensions auto-populate based on the response to the drop down selection “Recommended Level of Care Recommended/Received” in the correlated tab previously completed.

The screenshot shows the 'Summary' tab of the PerformCARE application. The main heading is 'Highest Level of Care indicated on each Dimension'. Below this is a sub-heading 'Level of Care for this Evaluation'. There are six dimensions listed, each with a dropdown menu for 'Level of Care Indicated' and a dropdown menu for 'Level of Care Recommended/Received'. The first dimension, 'Acute Intoxication and/or Withdrawal Potential', has 'Level IV- Medically Managed Intensive Inpatient' selected. The second dimension, 'Biomedical Conditions and Problems', has 'No Level of Care is Indicated' selected. Dimensions 3 through 6 have empty dropdown menus. Below the dimensions are two more dropdown menus for 'Level of Care Indicated:' and 'Level of Care Recommended/Received:'. At the bottom, there is a 'Recommendations:' text area and a small 'ABC' logo with a green checkmark.

- Level of Care Indicated - This **required** field lists all Level of Care Indicated. The level of care chosen will be based upon noting the level of care indicated in the “Highest Level of Care indicated on each Dimension – Level of Care for this Evaluation” above for each dimension and checking these responses against the “Dimensional Specifications for Admission” listed in the LOCI-2R Information tab. This will indicate the highest level of care that the youth is currently in need of and that level of care will be chosen from the drop-down list. **The user must select one of the options listed in order to submit the form.**

This screenshot shows the 'Level of Care Indicated' dropdown menu. The list includes: No Level of Care is Indicated, Level 0.5- Early Intervention, Level I- Outpatient Treatment, Level II.1- Intensive Outpatient Treatment, Level II.5- Partial Hospitalization, Level III.1- Clinically Managed Low-Intensity Residential Treatment, Level III.5- Clinically Managed Medium-Intensity Residential Treatment, Level III.7- Medically Monitored High-Intensity Inpatient Treatment, Level IV- Medically Managed Intensive Inpatient, Level OMT- OPIOID Maintenance Therapy (OP/IOP), Level I-D- Ambulatory Detox, Level II-D Ambulatory Detox with Extended On-Site Monitoring, Level III.2-D- Clinically Managed Residential Detox, Level III.7-D- Medically Monitored Inpatient Detox, and Level IV-D- Medically Managed Intensive Inpatient Detox.

- Level of Care Recommended/Received - This **required** field lists all level of care recommended or received. This will represent the actual level of care the youth has been given based upon clinical determination and availability. **The user must select one of the options listed in order to submit the form.**

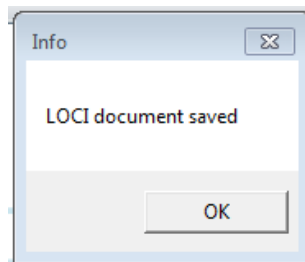
This screenshot shows the 'Level of Care Recommended/Received' dropdown menu. The list includes: No Level of Care is Indicated, Level 0.5- Early Intervention, Level I- Outpatient Treatment, Level II.1- Intensive Outpatient Treatment, Level II.5- Partial Hospitalization, Level III.1- Clinically Managed Low-Intensity Residential Treatment, Level III.5- Clinically Managed Medium-Intensity Residential Treatment, Level III.7- Medically Monitored High-Intensity Inpatient Treatment, Level IV- Medically Managed Intensive Inpatient, Level OMT- OPIOID Maintenance Therapy (OP/IOP), Level I-D- Ambulatory Detox, Level II-D Ambulatory Detox with Extended On-Site Monitoring, Level III.2-D- Clinically Managed Residential Detox, Level III.7-D- Medically Monitored Inpatient Detox, and Level IV-D- Medically Managed Intensive Inpatient Detox.

VI. LOCI Action Buttons



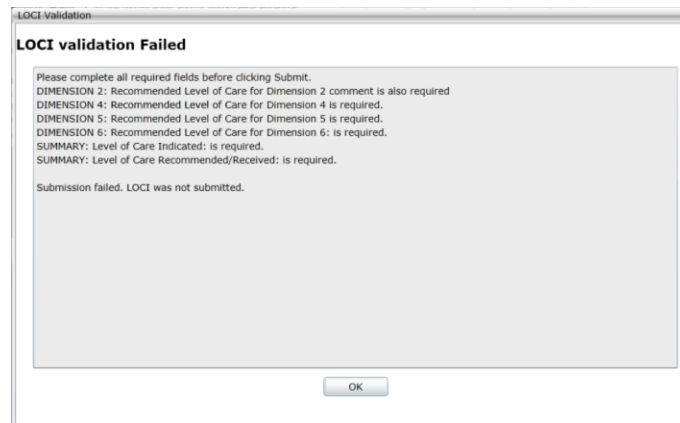
The user is able to save, submit, and delete LOCI forms which have not yet been submitted. The push buttons at the bottom of the form are described as follows:

Save button - When the user selects the Save button the LOCI form is saved to the youth's record. If the LOCI form was not previously saved, it will be added as a new LOCI form record in the youth's record.



Save & Close button – Saves and closes the LOCI form returning the user to the Treatment Plans / Assessments grid.

Submit button – When the user selects this button, all required fields in the form are validated. If the user has not completed all of the required fields, the user will receive a **LOCI Validation Failed** message advising them of the fields that need to be completed. The user will also receive a prompt asking them if they are sure they would like to submit the LOCI form. If the user has completed all of the required fields and the user selects “OK”, the LOCI form is submitted and the user is no longer able to make any changes to or delete the submitted form.



When the LOCI form is submitted the “LOCI Completed By:” field in the LOCI information tab is populated by the user ID of the user who submitted the LOCI form.

Delete button – When the user selects this button, the LOCI form is deleted and is no longer accessible; the form is no longer listed in the forms grid in the youth's record.

Print button – When the user selects this button the system opens a print view of the LOCI form giving the user the option to print.

Cancel button - When the user selects this button, the LOCI form is closed and no changes made by the user are saved.

VII. References

Link to the Substance Use trainings: <http://www.performcarenj.org/provider/training.aspx#su>

Additional trainings may be found on the PerformCare Website Training page:

<http://www.performcarenj.org/provider/training.aspx>

PerformCare Service Desk is available 24/7/365:

Phone: **1-877-652-7624**

Customer Service Request Form: www.performcarenj.org/ServiceDesk