



OASAS

NEW YORK STATE OFFICE OF ALCOHOLISM
AND SUBSTANCE ABUSE SERVICES

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Guidelines For Level of Care Determination

LOCADTR 2.0

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Guidelines For Level of Care Determination

LOCADTR 2.0

LOCADTR (Level of Care for Alcohol and Drug Treatment Referral) is a patient placement criteria system designed for use in making level of care decisions in New York State. This document defines LOCADTR which is referenced in OASAS chemical dependence operating regulations, Sections 816, 818, 819, 821, and 822.. The LOCADTR criteria specified in this document apply only to the placement of adult clients, age 18 and older.

LEVEL OF CARE DETERMINATION

Level of care determination is a clinical procedure provided by OASAS-certified alcoholism and substance abuse treatment services or by qualified health professionals as defined in OASAS chemical dependence regulation.

The purpose of the level of care determination procedure is to assure that a client in need of chemical dependence services is placed in the least restrictive, but most clinically appropriate level of care available. It is the responsibility of the provider to make an appropriate placement.

Under OASAS chemical dependence regulations, treatment providers are required to complete a level of care determination prior to admission for treatment, except in the case of inpatient and residential services, if necessary, the level of care determination may be completed after admission. If the client is referred directly from another OASAS-certified service, or is readmitted to the same service within sixty days of discharge, the existing level of care determination may be used, provided that documentation is maintained demonstrating a review and update. A level of care determination performed within an OASAS-certified treatment service shall be completed by a clinical staff member who shall be provided clinical oversight by a qualified health professional (as defined in OASAS regulation).

Any service certified or funded by OASAS which makes a level of care determination must maintain appropriate records of the service. Information from those records may only be disclosed in conformity with 42 Code of Federal Regulations Part 2, the Public Health Law, and other applicable law. Level of care determinations must be made based on the OASAS Level of Care for Alcohol and Drug Treatment Referral (LOCADTR), the American Society of Addiction Medicine (ASAM) Patient Placement Criteria (PPC), or another OASAS-approved system.

APPLICATION OF LOCADTR

LOCADTR is a patient placement criteria system. As such it consists of

- Defined levels of care and
- Criteria for placement to each level.

The levels of care are based on service categories in the OASAS chemical dependence regulations. Figure 1 provides a crosswalk between the LOCADTR levels of care and the program categories under the old alcoholism and substance abuse regulations.

The LOCADTR placement criteria are based on the admission criteria in the chemical dependence regulations. Admission criteria determine who can be admitted to a specific type of service. As such, admission criteria must be broad enough to allow a client to be admitted when a more appropriate service is not available. Placement criteria are used within a clinical process that must also take into account unique client needs as well as the availability of actual placements. Achieving the most appropriate placement requires knowledge of the chemical dependence and other services available in the community.

Within the level-of-care categories described below, many programs employ specific clinical approaches designed to address the needs of special populations (e.g., pregnant or perinatal women, youth, the mentally ill, the developmentally disabled, criminal justice populations). When placing an individual with special needs, consideration should be given to a program's ability to address those needs. Among the factors to be considered are:

- geographic preference
- education and vocational needs
- primary language
- gender
- HIV/AIDS services
- legal issues
- child care
- cultural appropriateness

These and other individual characteristics and issues may influence an informed recommendation concerning the most appropriate treatment setting within the determined level of care.

Once the most appropriate program setting within the determined level of care is identified, other services may need to be engaged. Clients may need to receive motivational counseling, assistance in making and completing the referral, dealing with situational issues, family member or significant other engagement, and support with addiction and other system linkages. The client may require a full range of intervention skills including: presenting the findings to the client; working through the client's denial, resistance, shame, fear and/or feelings of hopelessness; helping the client to understand the negative consequences of alcohol and substance use, and to recognize the prognosis for the future and the value of treatment; and assisting the client with development of a plan of action based on this recognition.

LEVELS OF CARE

(a) Crisis Services, including detoxification and withdrawal services, are designed for individuals who (i) are at risk of severe, moderate or mild withdrawal symptoms that are

sufficient to interfere with engagement in treatment, (ii) are incapacitated by substances, (iii) have a chemical dependence condition and require acute care for physical or mental conditions, (iv) are intoxicated and are experiencing a situational crisis related to homelessness, potential domestic violence or abuse, disorderly conduct, or other conditions requiring immediate placement in a short-term controlled residential or inpatient setting, or (v) have a history of alcohol or substance dependence and are unable to abstain without admission to a supervised setting. Minimum services include monitoring of withdrawal symptoms and vital signs, motivational counseling, assessment and placement. There are four levels of crisis services:

- (1) Medically Managed Detoxification;
- (2) Inpatient/Residential Medically Supervised Withdrawal;
- (3) Outpatient Medically Supervised Withdrawal; and
- (4) Medically Monitored Withdrawal.

(b) Outpatient services are the central integrating component of the alcoholism and substance treatment system. Outpatient providers routinely provide assessment and placement services. Outpatient treatment is designed for individuals who have a dependence or abuse condition, but who are able to participate in treatment and comply with treatment outside a 24-hour treatment setting. Outpatient services are part of the continuum of care. Utilizing community residential services concurrently often enables an individual to be treated on an outpatient basis rather than requiring inpatient or intensive residential rehabilitation. In addition, outpatient units may provide treatment to significant others experiencing documented adverse effects of a close relationship with a person who has a substance dependence or abuse condition to the extent that this relationship interferes with the ability to function normally, when treatment services can be expected to establish or restore normal functioning. There are four levels of outpatient services:

- (1) Outpatient Services (non-intensive);
- (2) Intensive Outpatient Services;¹
- (3) Outpatient Rehabilitation Services; and
- (4) Methadone Treatment Services.

(c) Inpatient Rehabilitation services are designed to initiate the treatment and recovery process for individuals who are unable to participate in or comply with treatment outside a 24-hour structured treatment setting. These medically supervised services may be provided in general hospitals, psychiatric hospitals, and free-standing facilities. Inpatient treatment includes the management of physical or mental complications or comorbidities which may be present. Nursing services are available on a 24-hour per day basis.

(d) Residential services include three levels of care: intensive residential rehabilitation, community residential services, and supportive living services.

- (1) Intensive Residential Rehabilitation is designed for individuals who are unable to participate in or comply with treatment outside a 24-hour structured treatment setting and

¹ A substantial number of individuals appropriate for outpatient care, but not in need of outpatient rehabilitation, may nevertheless require intensive application of regular outpatient services, i.e., three or more visits per week for at least the initial month of treatment.

who have substantial deficits in functional skills. These services seek to enhance the social and functional skills of individuals who may be isolated from conventional social relations, engage in inappropriate social behaviors, have poor personal care skills and/or have difficulties with activities of daily living.

(2) Community Residential Services are designed to provide a safe, alcohol and drug-free therapeutic domestic environment for persons who are homeless or whose home environment does not support treatment and recovery. These services are provided in conjunction with outpatient treatment services and other services as indicated in the treatment plan.

(3) Supportive Living Services provide independent living with limited supervision for individuals who are referred from other OASAS-certified services, who need an alcohol and drug-free residence with peer support, but who exhibit skills and strengths necessary to maintain abstinence and readapt to independent living in the community.

The Figure 1 lists the levels of care and their relationship to the old alcoholism and substance abuse regulatory categories.

Figure 1

LEVELS OF CARE	CHEMICAL DEPENDENCE REGULATION	OLD ALCOHOLISM AND SUBSTANCE ABUSE REGULATORY CATEGORIES
I. CRISIS SERVICES		
• Medically Managed Detoxification	816	Acute Care Alcoholism Hospital-Based Substance Abuse Detoxification
• Inpatient/Residential Medically Supervised Withdrawal	816	Alcoholism Primary Care in Alcoholism Inpatient Facilities Non-hospital Substance Abuse Detoxification
• Outpatient Medically Supervised Withdrawal	816	This service was not defined in alcoholism or substance abuse regulations*
• Medically Monitored Withdrawal	816	Alcohol Crisis Centers
II. OUTPATIENT SERVICES		
• Outpatient (non-intensive)	821, 822	Alcoholism Outpatient Clinic Medically Supervised Ambulatory Substance Abuse Drug-Free Ambulatory
• Intensive Outpatient	**	Alcoholism Outpatient Clinic Medically Supervised Ambulatory Substance Abuse
• Outpatient Rehabilitation	822	Alcoholism Outpatient Rehabilitation Medically Supervised Ambulatory Substance Abuse Drug-Free Ambulatory
• Methadone Treatment Services	828	Methadone Treatment Clinic
III. INPATIENT REHABILITATION SERVICES	818	Alcoholism Inpatient Rehabilitation Inpatient Substance Abuse Treatment and Rehabilitation
IV. RESIDENTIAL SERVICES		
• Intensive Residential Rehabilitation	819	Drug-Free Residential Alcoholism Recovery Home
• Community Residential	819	Alcoholism Halfway House
• Supportive Living	819	Alcoholism Supportive Living

**This level of care is not separately distinguished in the Chemical Dependence Outpatient Services regulations. However, it is included as a level of care in order to recognize that a substantial number of individuals appropriate for outpatient care, but not in need of outpatient rehabilitation, may nevertheless require intensive application of regular outpatient services, i.e., three or more visits per week for at least the initial month of treatment.

PLACEMENT CRITERIA

There are separate placement criteria for crisis services and non-crisis services. Appendix C provides decision trees for making level of care determinations. It may be useful to follow the decision trees while reading this text.

1. Chemical Dependence Crisis Services

The technical terms used in the criteria below are *italicized*. Definitions of these terms are

provided in Appendix A.

(a) **Medically Managed Detoxification** services are indicated when the individual is (1) *at risk of severe withdrawal*; (2) *at significant risk due to complications or comorbidities*; or (3) *incapacitated by substances* and there is *substantial risk of physical harm to the individual or others*.

(b) **Inpatient/Residential Medically Supervised Withdrawal** services are indicated when the individual is *at risk of moderate withdrawal* and there is *lack of support for early abstinence*.

(c) **Outpatient Medically Supervised Withdrawal** services are indicated when the individual is *at risk of moderate withdrawal* and lack of support for early abstinence is not a problem.

(d) **Medically Monitored Withdrawal** services are indicated when the individual is (1) *intoxicated* and is experiencing a *situational crisis*, or (2) *unable to abstain without admission to a supervised setting*.

2. Adult Non-Crisis Chemical Dependence Services

The technical terms used in the criteria below are *italicized*. Definitions of these terms are provided in Appendix B.

(a) **Non-crisis chemical dependence treatment services** are indicated only (i) when the client has a substance dependence or abuse condition as defined in the current edition of the *Diagnostic and Statistical Manual of Mental Disorders* of the American Psychiatric Association or (ii) when the client is a significant other who does not have a substance dependence or abuse condition requiring treatment, but is experiencing documented adverse effects of a close relationship with a person who has a substance dependence or abuse condition to the extent that this relationship interferes with the significant other's ability to function normally. (Such a significant other may be admitted to outpatient treatment for purposes of establishing or restoring normal functioning.)

(b) **Inpatient Rehabilitation Services** are indicated when (i) the client is *unable to participate in and comply with treatment outside a 24-hour structured treatment setting* or there is an *imminent health risk from continued AOD use*, and (ii) there are *complications or comorbidities requiring medical management/monitoring daily* or the client does not have substantial deficits in functional skills requiring longer term rehabilitation.

(c) **Intensive Residential Rehabilitation Services** are indicated when (i) the client is *unable to participate in and comply with treatment outside a 24-hour structured treatment setting* or there is an *imminent health risk from continued AOD use*, and (ii) there are **no** complications or comorbidities requiring medical management/monitoring daily, but the client does have *substantial deficits in functional skills* requiring longer term rehabilitation, including deficits in one or more of the following functional areas: activities of daily living, interpersonal skills, vocational/educational, or maladaptive social behavior.

(d) **Outpatient Methadone Treatment Services** are indicated when (i) the client does not meet the criteria for inpatient rehabilitation or intensive residential rehabilitation, and (ii) the client has an *established opiate dependence condition*, and (iii) the client *chooses to participate in methadone treatment*.

(e) **Outpatient Rehabilitation Services** are indicated when (i) the client does not meet the criteria for inpatient rehabilitation, intensive residential rehabilitation, or methadone treatment services, and (ii) the client has an *inadequate social support system* to provide the emotional and social support necessary for recovery, and (iii) the client has *physical health care needs* that require attention or monitoring, or the client has *substantial deficits in functional skills* requiring longer term rehabilitation, including deficits in one or more of the following functional areas: activities of daily living, interpersonal skills, vocational/educational, or maladaptive social behavior.

(f) **Intensive Outpatient Services** are indicated when (i) the client does not meet the criteria for inpatient rehabilitation, intensive residential rehabilitation, methadone treatment services, or outpatient rehabilitation and (ii) the client has a *moderate to severe dependence condition* or there is a *substantial risk of relapse*.

(g) **Outpatient Services (non-intensive)** are indicated when the client does not meet the criteria for inpatient rehabilitation, intensive residential rehabilitation, methadone treatment services, outpatient rehabilitation, or intensive outpatient services.

(h) **Community Residential Services** are indicated when the client is enrolled in an outpatient treatment program or other support services (such as vocational or educational services), but has an *inadequate living environment* due to homelessness or lack of support for recovery from household members or the community.

(i) **Supportive Living Services** are indicated for clients referred from other OASAS-certified services who have an *inadequate living environment*, but who exhibit the skills and strengths necessary to maintain abstinence and readapt to independent living in the community with minimal clinical and peer support. (When clinically appropriate, clients may be referred directly to supportive living from OASAS-certified inpatient and residential rehabilitation upon discharge.)

APPENDICES

- A. CRISIS SERVICES LEVEL OF CARE
DETERMINATION FACTORS**
- B. NON-CRISIS SERVICES LEVEL OF CARE
DETERMINATION FACTORS**
- C. LEVEL OF CARE DETERMINATION CRITERIA --
DECISION TREES**

APPENDIX A

CRISIS SERVICES LEVEL OF CARE DETERMINATION FACTORS

Definitions

(a) Incapacitated by substances means the individual, as a result of alcohol or other drug use, is unconscious or has his or her judgment so impaired that he or she is incapable of realizing and making a rational decision with respect to his or her need for treatment.

(b) Substantial risk of physical harm means that the individual has made threats of, or attempts at, suicide or serious bodily harm, or engaged in other conduct demonstrating that the person is dangerous to himself or herself, or that the individual has engaged in violent behavior by which others are placed in reasonable fear of serious physical harm.

(c) Risk of severe withdrawal means the presence of severe withdrawal symptoms or the reasonable expectation of severe withdrawal symptoms, based on history of duration and pattern of use, quantity of recent use, current status of withdrawal, and prior withdrawal experience. (Symptoms and risk indications are substance specific.)

(d) Risk of moderate withdrawal means a clinically significant risk of withdrawal symptoms sufficient to affect early engagement in treatment and short term abstinence, based on history of duration and pattern of use, quantity of recent use, current status of withdrawal, and prior withdrawal experience. (Symptoms and risk indications are substance specific.)

(e) Significant risk due to complications or comorbidities means the presence or risk of comorbid physical and/or psychiatric disorders requiring a medically managed level of care, or the presence of a physical condition requiring a medically managed level of care for alcohol and/or substance withdrawal, including, but not limited to, pregnancy.

(f) Lack of support for early abstinence means an absence of physical and social support that would enable the client to participate in ambulatory withdrawal services including, but not limited to, the ability to engage a significant other to assist in monitoring progress, a stable domicile, and daily transportation to the outpatient facility.

(g) Intoxicated means that the individual has recently used alcohol and/or other drugs and exhibits symptoms of intoxication not attributable solely to another physical or mental condition.

(h) Situational crisis means the individual is homeless, is a potential perpetrator or victim of domestic violence or abuse, may be subject to arrest for disorderly conduct, or is experiencing other conditions which, in combination with an alcohol or substance condition, require immediate placement in a short-term controlled residential or inpatient setting.

(i) Unable to abstain without admission to a supervised setting means the individual has a history of alcohol or substance dependence and is likely to resume use of alcohol and/or another drug outside of a supervised setting.

APPENDIX B

NON-CRISIS SERVICES LEVEL OF CARE DETERMINATION FACTORS

Definitions

(a) Abuse Condition means the individual has an alcohol or substance abuse condition as determined in accordance with the procedures and criteria of the current edition of the *Diagnostic and Statistical Manual of Mental Disorders* of the American Psychiatric Association.

(b) Dependence Condition means the individual has an alcohol or substance dependence condition as determined in accordance with the procedures and criteria of the current edition of the *Diagnostic and Statistical Manual of Mental Disorders* of the American Psychiatric Association.

(c) Moderate to Severe Dependence Condition means the individual requires a variety of intensive services due to the severity of dependence. For instance, the individual meets 4 or more of the DSM IV criteria for dependence, is dependent on more than one substance, or experiences withdrawal symptoms.

(d) Established Opiate Dependence Condition means the individual is age 21 or older and has had a physiological opiate dependence condition for one year; or is age 18-20 and has had a physiological opiate dependence condition for two years; or is age 16-17 and has had a physiological opiate dependence condition for two years and has made at least 2 prior attempts at detoxification or drug free treatment. (No person under age 16 may be admitted to a methadone program without prior approval of OASAS.) Note that pregnant women as well as individuals recently incarcerated or institutionalized need not demonstrate current physiological dependence.

(e) Unable to Participate in and Comply With Treatment Outside A 24-hour Structured Treatment Setting means, based on a history of dependence, recent unsuccessful attempts at abstinence or maintenance, current intoxication, failure to complete ambulatory treatment, prior treatment episodes, a likelihood of rapid relapse upon release from a secure or controlled setting (such as jail or prison), a history of escaping or absconding from secure or controlled environments, a history of non-compliance with mandated sanctions, a history of resistance to treatment, and/or other documented problems, the individual is determined to be unable to participate in and comply with treatment outside a 24-hour structured treatment setting

(f) Imminent Health Risk from Continued AOD Use means continued alcohol or drug use places the patient in imminent danger of serious damage to physical health due to concomitant biomedical conditions, such as pregnancy.

(i) Physical Health Care Needs means the individual has physical health care needs that require attention or monitoring by program health care staff. For instance, the individual may have an infectious disease, a chronic health condition, or other condition requiring regular attention or monitoring.

(g) Complications or Comorbidities Requiring Medical Management/ Monitoring Daily means the individual has a physical or mental condition which, independent of, or in combination with, an alcohol or substance dependence or abuse condition requires medical management or monitoring at least daily. Such conditions may include mental illness, developmental disabilities, pregnancy, moderate to severe organ damage, public health-related conditions (HIV, TB, hepatitis, STDs).

(h) Substantial Deficits in Functional Skills means the individual lacks skills in one or more of the following functional areas: activities of daily living, interpersonal skills, vocational/educational, or maladaptive social behavior. These deficits may be short-term in nature or more protracted. The deficits may have contributed to the development of the alcohol/substance dependence or abuse condition, and are a substantial factor in the persistence of the alcohol/substance dependence or abuse condition. The extent of functional deficits is such that improvement in one or more of these areas is necessary for initiation and/or maintenance of recovery from the dependence or abuse condition.

(1) Deficits in Activities of Daily Living means the individual has significant difficulties with self-care and community living activities to the extent that habilitation or rehabilitation is necessary to support recovery. For instance, the individual may demonstrate difficulties in: maintaining adequate personal hygiene; maintaining an adequate diet; making and keeping necessary appointments; managing medications; handling personal finances (including child support); using available transportation; caring for children; accessing community services; and/or coping successfully with everyday situations.

(2) Deficits in Interpersonal Skills means the individual has significant difficulties in communicating, forming and maintaining a social support network, structuring leisure activities, observing social conventions, exercising judgment and independent decision making, and developing friendships to the extent that training and practice in a structured program environment is necessary to support recovery. For instance, the individual may demonstrate difficulties with: communicating clearly and asking for help when needed; responding to others' initiation of social contact; external locus of control; avoiding relationships; drifting from place to place; self-absorption and/or insensitivity; developing a sober friendship group; engaging in family activities; effectively handling conflicts with others; managing assertiveness effectively; managing child care and/or other family responsibilities; conscious irresponsibility; engaging in recreational activities not focused on alcohol or drugs; use of anger to control and manipulate others; and/or maintaining healthy relationships with significant others.

(3) Deficits in Vocational/Educational means the individual lacks necessary employability skills and adequate educational achievement. (What represents "adequate" must be determined for each individual based on his/her potential and expectations of self.) These deficits impede the individual's ability to become an independent, self-supporting, and contributing member of society. The deficits have resulted from alcohol/substance dependence or abuse condition, and/or have contributed to the development of the condition. For instance the individual may demonstrate difficulties with: basic literacy;

setting reasonable goals and expectations; job seeking skills; ability to perform activities within a schedule, maintain regular attendance and be punctual; identification of self as “worker”; ability to understand and work within job role; norms of dress, grooming, and speech in the work environment; lack of marketable job skills; and/or reliance on hustling and/or illegal activity for income.

(4) Deficits due to Maladaptive Social Behavior means the individual has significant difficulties conforming to social values, roles, and norms. The deficits have resulted from alcohol/substance dependence or abuse condition, and/or have contributed to the development of the condition. For instance, the individual may demonstrate difficulties with: respecting the property of others; verbally assaulting others; threatening others with physical violence; abusing others less powerful or assertive; child neglect or abuse; criminally reckless behavior; chronic lying or conning; violating judicial orders and conditions; anti-social behavior patterns; lack of remorse or guilt; and/or inability to accept authority and rules.

(j) Inadequate Social Support System means the emotional and social support necessary for recovery is not available because family and friends (if any) are unable to provide such support and/or they may subvert the treatment process.

(k) Substantial Risk of Relapse means there is a high likelihood that the individual will continue or relapse to drinking or other drug use without close outpatient monitoring and structured therapeutic services, as indicated by lack of awareness of relapse triggers, difficulty postponing immediate gratification, and/or ambivalence or resistance to treatment.

(l) Inadequate Living Environment means the individual is unable to maintain recovery without a structured, supportive living environment because of inadequate support for recovery from household members (if any) and community resources, or because the individual is homeless.

(m) Significant Other means, for purposes of placement in alcoholism and substance abuse treatment, an individual who (i) is experiencing documented adverse effects of a close relationship with a person who has an alcohol or substance dependence or abuse condition, which relationship interferes with the individual's ability to function normally and (ii) does not him or herself have an alcohol or substance dependence or abuse condition requiring treatment.

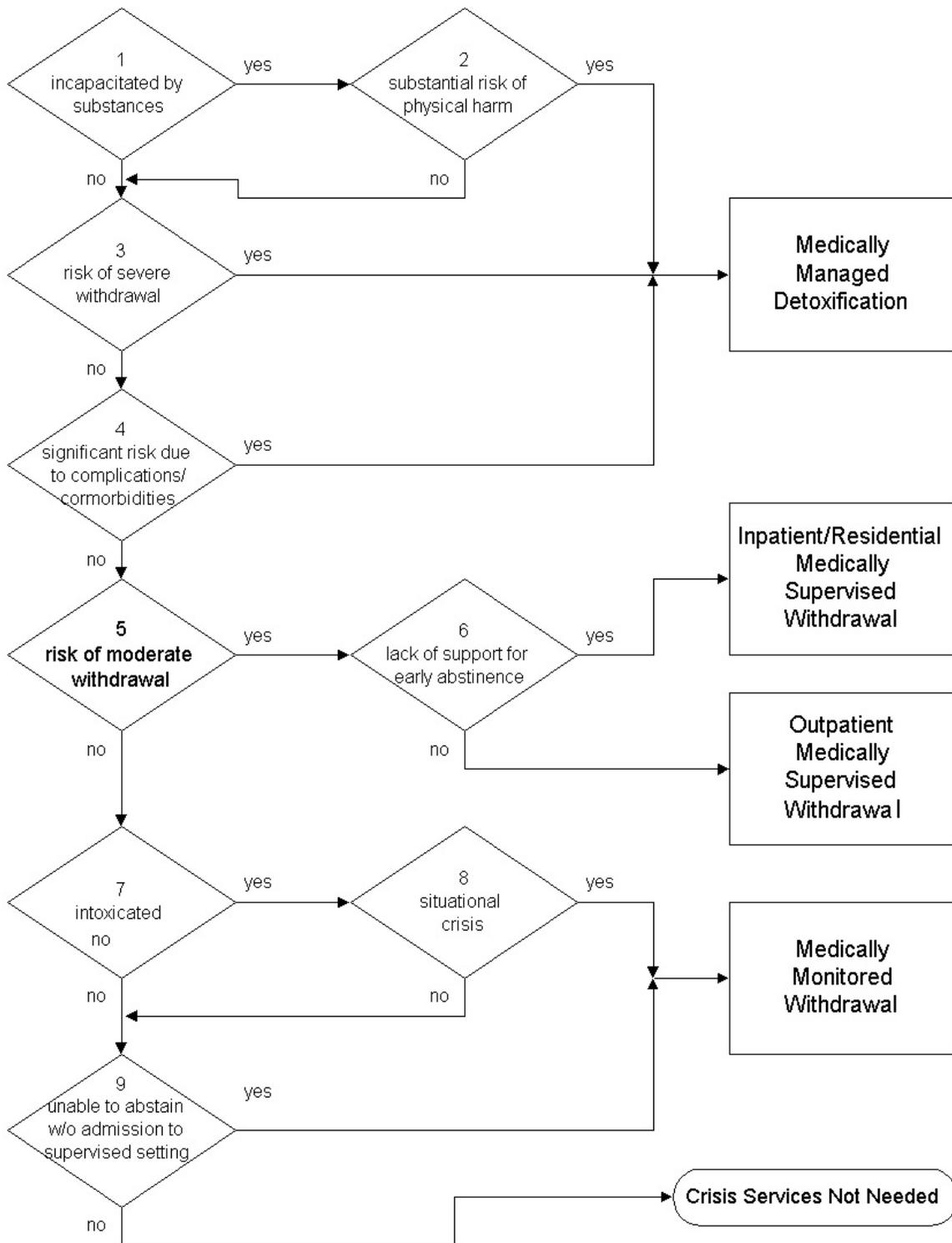
APPENDIX C

**LEVEL OF CARE DETERMINATION CRITERIA --
DECISION TREES**

. **CRISIS SERVICES**

. **NON-CRISIS SERVICES**

CRISIS SERVICES Level of Care Determination Criteria--Decision Tree



NON-CRISIS SERVICES Level of Care Determination Criteria--Decision Tree

