

## Adult Needs and Strengths Assessment Level of Need Chart (ANSA-LON)

**What is a Level of Need (LON)?** *The ANSA Level of Need score is a complexity measure that tracks patterns of needs across dimensions, or more simply how many 2s and 3s are rated across multiple sections. For example, more 3s in the trauma section may lead to higher complexity of needs. A significant mental health diagnosis combined with behavioral needs at work, home, with peers, and legal involvement will generally require additional coordination of supports.*

**How does a Level of Need score help guide services?** *The LON score helps to guide decisions on what interventions will be most effective. Historically services have been put in place based on what is available, convenient, or what has always been done in the past. Research has shown that overserving or underserving individuals can actually do more harm. The LON score and suggested interventions have been designed and determined by multiple experts in the field of psychology to better aid in developing an intervention plan. The ANSA Level of Need score is not intended to be an expert system, but rather a decision support system to help you think about how to best serve the individuals you work with.*

Level of Need	Suggested Clinical Services Descriptions	Residential Equivalent
LON 1	Recovery Maintenance and Health Management: Individuals most likely do not qualify for CCS at this level. Individual may benefit from individual and/or family therapy through primary insurance and accessing natural and community supports.	Community Home
LON 2	Low-Intensity Community Based Services: This level of care provides treatment to clients who need ongoing treatment, but who are living either independently or with minimal support in the community. Treatment and service needs do not require intense supervision or very frequent contact. Programs of this type have traditionally been outpatient clinic-based programs. Treatment programming may be available up to three hours per week. Target case management services to assist with arranging financial support, supportive housing, systems management, and transportation may be necessary.	Community Home
LON 3	High Intensity Community Based Services: This level of care provides treatment to clients who need intensive support and treatment, but who are living either independently or with minimal support in the community. Service needs do not require daily supervision, but treatment needs require contact several times per week. Treatment programming (including group, individual and family therapy) may be available about three days per week and about two or three hours per day. Medication use can be monitored but not administered. Capabilities to provide individual, group, family and rehabilitative services should be available in these settings. Case management or outreach services should be available and integrated with treatment teams on a monthly basis.	Community Home
LON 4	Monitored Non-Residential Services: This level of care refers to services provided to clients capable of living in the community either in supportive or independent settings, but whose treatment needs require intensive management by a multi-disciplinary treatment team. Services, which would be included in this level of care, have traditionally been described as partial hospital programs and as assertive community treatment programs. Clinical services should be available to clients throughout most of the day on a daily basis. Psychiatric services would be accessible on a daily basis and contact would occur as required by initial and ongoing assessment. Psychiatric services would also be available by remote communication on a 24-hour basis. Intensive treatment should be provided at least five days per week and include individual, group, and family therapy depending on client needs. Rehabilitative services will be an integral aspect of the treatment program. Medication can be carefully monitored, but in most cases will be self-administered. Case management services will be integrated with treatment teams meeting at least once per month.	Community Home; Live-By, Group Home, Transitional Shelter
LON 5	Monitored Residential Services: This level of care refers to residential treatment provided in a community setting. This level of care has traditionally been provided in non-hospital, freestanding residential facilities based in the community. In some cases, longer-term care for persons with chronic, non-recoverable disability, which has traditionally been provided in nursing homes or similar facilities, may be included at this level. Access to clinical care must be available at all times. Psychiatric care should be available either on site or by remote communication 24 hours daily and psychiatric consultation should be available on site at least weekly, but client contact may be required as often as daily. On site treatment should be available seven days a week including individual, group and family therapy. In addition, rehabilitation and educational services must be available either on or off site. Medication is monitored, but does not necessarily need to be administered to residents in this setting. Residents will be provided with supervision of activities of daily living, and custodial care may be provided to designated populations at this level. Staff will facilitate recreational and social activities and coordinate interface with educational and rehabilitative programming provided off site.	Adult Family Home (AFH), Community Based Residential Facility (CBRF), Institution for Mental Disease (IMD)
LON 6	Medically Monitored Residential Services: This is the most intense level of care in the continuum. Level six services have traditionally been provided in hospital settings, but could, in some cases, be provided in freestanding nonhospital settings. The facility must be capable of providing secure care, usually meaning that clients should be contained within a locked environment (this may not be necessary for services such as detoxification, however) with capabilities for providing seclusion and/or restraint if necessary. It should be capable of providing involuntary care when called upon to do so. Clinical services must be available 24 hours a day, seven days a week. Psychiatric, nursing, and medical services must be available on site, or in close enough proximity to provide a rapid response, at all times. Psychiatric/medical contact will generally be made on a daily basis. Treatment will be provided on a daily basis and would include individual, group and family therapy as well as pharmacologic treatment, depending on the client's needs.	Institution for Mental Disease (IMD), Inpatient Facility/ Hospital Setting

*\* Clinical Service and Placement standards of practice by level of need adapted from Level of Care Utilization System for Psychiatric and Addiction Services (2010) published by the American Association of Community Psychiatrists*