AE-204

Levels of Care

Where Aeternum sits in Oregon's continuum, and how support intensity is individualized.

Referral partners often need to place a program on the continuum quickly. This document shows where Aeternum fits and how support intensity flexes within the home.

The continuum, simplified

Level	Description	Aeternum
Acute inpatient hospital	Short-term stabilization, locked, medical and psychiatric staff on site	Not us
Secure residential	Locked residential setting with intensive clinical staffing	Not us
Residential treatment facility	Larger licensed residential program, higher census, on-site clinical services	Not us
Residential treatment home	Small licensed home, awake 24-hour staff, community-based clinical providers	This is Aeternum
Supported / assisted living	Scheduled support, less than 24-hour awake staffing	Below our level
Supported independent living	Periodic visits, own apartment	Where many residents go next

Support intensity within the home

Everyone here receives 24-hour awake staffing. What differs is how much hands-on support each person wants and needs — and that is expected to change over time. These tiers describe patterns, not separate programs or separate rates.

Higher support

- Staff administer and document all medications
- Daily prompting and hands-on help with personal care and household routines

- Staff accompany most community outings and appointments
- Frequent check-ins and close safety plan monitoring

Moderate support

- Medication support with growing self-management
- Shared responsibility for cooking, laundry, and scheduling
- Some independent community access with sign-out
- Skills-building focus: budgeting, transit, appointment management

Transition-focused

- Approved self-administration of medications with periodic checks
- Independent community access, work, school, or volunteering
- Active housing search, benefits work, and provider handoff planning
- Staff available as a backstop rather than a daily driver

Movement between levels

Support intensity is reviewed at every plan review and adjusted whenever a resident's situation changes. Increasing support is never framed as a failure, and stepping down is planned deliberately with the resident, family, and outside providers.

Step-down and transition

For residents moving toward independent living, transition planning begins months ahead: housing applications, benefits and income, provider continuity, medication self-management, transportation skills, and a warm handoff to whoever will support them next. We stay reachable after a move whenever that helps.