

# BAY-ARENAC BEHAVIORAL HEALTH AUTHORITY POLICIES AND PROCEDURES MANUAL

<b>Chapter: 4</b>	<b>Care and Treatment Services</b>		
<b>Section: 04</b>	<b>Eligibility and Utilization Management</b>		
<b>Topic: 47</b>	<b>LOCUS Scoring System</b>		
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## Policy

It is the policy of Bay-Arenac Behavioral Health Authority (BABHA) to employ the Level of Care Utilization System (LOCUS) system developed by the American Association of Community Psychiatrists and the American Academy of Child and Adolescent Psychiatry in 2010 during all phases of assessment for eligibility for adult individuals experiencing a mental health disorder.

## Purpose

This policy and procedure is established for the purpose of using this tool to objectively identify and quantify the level of care or continued stay needs for the individual being scored with this instrument.

## Education Applies to

- All BABHA Staff
- Selected BABHA Staff, as follows: All Clinical Staff, Crisis Intervention (ES)
- All Contracted Providers:    Policy Only    Policy and Procedure
- Selected Contracted Providers, as follows: Primary Care providers
  - Policy Only    Policy and Procedure
- Other:

## Definitions

**LOCUS:** The LOCUS instrument is designed to assess the service needs of the individual. Each level of care is associated with a set of criteria, and the criteria are defined using the scores appropriate for that level on each dimension.

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### Procedure

The LOCUS is a system for the assessment of service needs based on the evaluation of six (6) parameters of need/intensity. It does not replace clinical judgment and is meant to serve as a guide to resource utilization in conjunction with sound clinical decisions. The LOCUS tool is used for individuals 18 years of age and older who are experiencing issues related to a mental health disorder. The CALOCUS is used for assessing children between the ages of 6 and 17.

The LOCUS tool will be used at all phases of assessment for eligibility for adult individuals experiencing a mental health disorder. This will include ES pre-admission screenings; access screenings, intake/initial assessments, the annual assessment updates. The LOCUS will also be updated during the period review process if there have been significant changes in the individual's mental health status. This score is then used to support the services requested.

1. The clinical staff shown in the table below will administer the LOCUS instrument at the following intervals:

When to administer a LOCUS assessment	Who will administer the LOCUS assessment
• Preadmission screening	ES Clinicians
• Access Screening	Access Clinicians
• Initial/Intake Assessment	Assessment Specialist / Primary Worker
• Annual Assessment update	Primary Worker/designee
• Significant changes in treatment needs/ LOC	Primary Worker
• Discharge	Primary Worker

2. The LOCUS instrument is completed in BABH Electronic Medical Record (EMR), Phoenix system. While the clinician selects the appropriate response in each of parameters, scores are automatically calculated. A final score is generated in EMR when all the evaluation parameters have been completed. Scores and recommendations from the LOCUS tool are then included in the clinical assessment in EMR. Final approval for clinical assessments is given after review by the Clinical Supervisor or designated Team Leader.

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3. The LOCUS instrument includes six (6) evaluation parameters:
- Risk of Harm – this dimension considers a person’s potential to cause significant harm to self or others
  - Functional Status – this dimension measures the degree to which a person is able to fulfill social responsibilities, to interact with others, maintain their vegetative status, and their capacity for self-care
  - Medical, Addictive, and Psychiatric Co-Morbidity – this dimension measures potential complications in the course of illness related to co-existing medical illness, substance use disorder, or psychiatric disorder in addition to the condition first identified or most readily apparent
  - Recovery Environment (with subscales: Stressors & Supports) – this dimension considers factors in the environment that may contribute to the onset or maintenance of addiction or mental illness, and factors that may support a person’s efforts to achieve or maintain mental health and or abstinence
  - Treatment and Recovery History – this dimension recognizes that a person’s historical experience provides some indication of how he/she is likely to respond to similar circumstances in the future
  - Engagement – this dimension considers the person’s understanding of illness and treatment and ability or willingness to engage in the treatment and recovery process

Each of these dimensions has a specific set of criteria based on a five (5) point rating scale.

4. Recognizing that consumer needs can vary widely; the LOCUS instrument also defines six (6) service levels of care:
- Recovery Maintenance and Health Management
  - Low Intensity Community Based Services
  - High Intensity Community Based Services
  - Medically Monitored Non-Residential Services
  - Medically Monitored Residential Services
  - Medically Managed Residential Services

Each level of care is defined using four (4) variables that broadly describe the array of services, service intensity, and program characteristic according to: the care environment, the clinical capabilities, the supportive services, and the crisis resolution and prevention services that can be accessed.

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5. The LOCUS assessment translates the assessment results (scores) from a set of ratings to a recommended placement/service. This recommendation is used as a guide. However, the clinician may use other factors such as support system, history of hospitalization, and risk of harm factors, etc. to make their determination as to the individuals' needs for Level of Care. When this is done, the clinician will document their exception reasons and justification for either a lesser or greater level of care that is being recommended if it deviates from the LOCUS table in #7 below. In all cases, the clinician will strive for the least restrictive level of care while still providing the medically necessary services and supports needed to meet the individual's situation.
  
6. The Composite Score and the corresponding level of care will be validated electronically. Since the CALOCUS will not be available electronically within the electronic health record, ES Specialists will need to manually complete the CALOCUS for children and adolescents screened through the preadmission screening process. The ES Specialist will enter the Composite Score and corresponding level of care under Clinical Rationale for Disposition/Recommendations in the electronic preadmission screening form.
  
7. The attached table provides guidelines for determining the appropriate level of care/services.
  
8. To obtain competency, clinicians using the LOCUS/CALOCUS will be trained through the locusonline.com training system using BABH code C00060. After successfully completing initial training, clinicians will routinely use the LOCUS in their work to sustain proficiency. LOCUS scores and use will be monitored by the clinician's supervisor. To maintain competency, LOCUS reviews will be held bi-annually at department staff meetings. The manager of the department will choose a case of an open consumer and black out identifying information such as name, birth date, and case number, etc. Each clinician in the department who completes the LOCUS as part of their job duties will score the case and turn in their answers to the supervisor. A passing score which indicates competency will be +/- 1 within the same level of care identified as the appropriate LOC. If an override is done to get the individual into the correct LOC, then that would be considered incorrect scoring (for training purposes only – overrides are allowed in normal use of LOCUS). If the clinician does not pass, they will need to have an individual meeting with their supervisor to discuss what was done incorrectly. The clinician will be given a vignette that has been created and scored by Deerfield that will be supplied to supervisors as needed. At that point, if the clinician does not correctly score the vignette, they will be referred to an agency LOCUS trainer for further training.

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**Attachments:** LOCUS Scoring Level of Care Determination Grid (Medworxx)

**Related Forms:** N/A

**Related Materials:** N/A

**References/Legal Authority:** N/A

<b>SUBMISSION FORM</b>				
<b>AUTHOR/ REVIEWER</b>	<b>APPROVING BODY/COMMITTEE/ SUPERVISOR</b>	<b>APPROVAL/ REVIEW DATE</b>	<b>ACTION (Deletion, New, No Changes, Replacement or Revision)</b>	<b>REASON FOR ACTION - If replacement list policy to be replaced</b>
A. Folsom	M. Swank	02/16/09	New	
K. Moore	M. Swank	10/16/13	Revision	Triennial review: Updated date of versions of LOCUS and CALOCUS, job titles and substituted PIHP for AAM.
J. Hahn	J. Hahn	6/8/15	No changes	Triennial review
J. Hahn	J. Hahn	4/2/218	Revision	Triennial review: Updated to reflect current process, Section and Topic change.
J. Hahn	J. Hahn	6/24/2020	Revision	Added language #1, LOCUS intervals.
S. Krasinski	J. Hahn	7/11/22	Revision	Include competency process