



Origination:	04/2017
Effective:	03/2021
Last Approved:	03/2021
Last Revised:	03/2021
Next Review:	03/2022
Owner:	<i>Sherry Scott: Manager Clinical Practice Improvement</i>
Policy Area:	<i>CPI - Clinical Practice Improvement</i>
References:	<i>NCQA QI 6 Element A</i>

## LOCUS: Level of Care Utilization System Protocol

### PROCEDURE PURPOSE

To provide guidelines for the completion and utilization of the Level of Care Utilization System (LOCUS) in assessments and treatment planning, assuring services are delivered as appropriate to the needs of adults referred for services delivered through DWIHN provider networks. A LOCUS assessment is a level of care tool to help determine the resource intensity needs of individuals who receive adult behavioral health services.

### EXPECTED OUTCOME

The LOCUS will be incorporated into the initial assessment process and all treatment planning for all individuals 18 and older seeking supports and services for behavioral health challenges. Required subsequent ratings are conducted throughout

the course of treatment when medically necessary and at discharge. The LOCUS helps clinicians assess the service needs of individuals seeking behavioral health care by determining the best level of care related to the intensity of service needs, level of care placement, and continuity of care. The LOCUS provides a framework for evaluating clinical outcomes as well as the impact of treatment.

### PROCEDURE

Every individual 18 years and older seeking supports and services for a mental illness shall have a LOCUS assessment incorporated into the initial eligibility screening and as a part of any re-assessment process. All LOCUS assessments should be uploaded/HIE into MHWIN for authorization approval. If clinical reasons justify a reassignment by the contracting provider within the first 90 days of initial assessment, the LO modifier will be used with the appropriate LOCUS CPT code. Such re-assessments include routine periodic assessments, such as an annual biopsychosocial assessment, hospital discharge; and assessments due to, or preceding, significant changes in status, such as an increase in stressors and symptoms leading to an increased/ decreased level of care.

The written clinical justification must include how the additional services currently meet or will meet the individual's resource intensity needs. Include a brief description of the variance in the Reason for Variance field of the LOCUS Recording form, and include a more in-depth description of the member's medical record. A LOCUS is valid for a maximum of 365 days (twelve months) from the date it is signed by the mental health professional. Complete a new assessment:

- When the LOCUS reaches the 365-day limit

- More frequently if required for the service being provided
- If there has been a significant change in the member's functioning
- If significant life events have occurred
- Within 10 days before discharge.

If the member ends services without notice and leaves before a discharge LOCUS can be completed, indicate in the discharge summary or elsewhere why the discharge LOCUS was unable to be completed.

DWIHN will identify local trainers, and processes to ensure the ongoing training needs are met. Training records will be available to reviewers. DWIHN and Providers will participate in ongoing fidelity monitoring on the use of the tool.

Providers who directly contract with DWIHN will ensure that LOCUS scores are provided to DWIHN and MDHHS in accord with established reporting guidelines.

The LOCUS evaluates consumers along six dimensions and defines six levels of resource intensity. The tool addressed a need to balance medical necessity, quality care, and wise use of limited resources. It enables a rapid and consistent level of care assessment recommendations. LOCUS is a part of the assessment process, which contributes to the individualized treatment planning process, but it is not used exclusively to access or deny service.

Details on the utilization of the tool: Each evaluation parameter is defined along a scale of one to five. Each score in the scale is defined by one or more criteria, which are designated by separate letters. Only one of these criteria needs to be met for a score to be assigned to the subject. The evaluator should select the highest score or rating in which at least one of the criteria is met. There are clinical exceptions to the level of care determinations. A clinician or mental health professional can override a level of care determination based on his/her clinical judgment. In this instance, the clinician will provide a brief written rationale that conveys how the service will meet the intensity need of the member.

There will, on occasion, be instances where there will be some ambiguity about whether a subject has met the criteria for a score on the scale within one of the parameters. This may be due to inadequate information, conflicting information, or simply to difficulty in making a judgment about whether the available information is consistent with any of the criteria for that score. Clinical experience must be applied judiciously in making determinations in this regard, and the rating or criterion that provides the closest approximation to the actual circumstance should be selected. However, there will be instances when it will remain difficult to make this determination. In these cases, the highest score in which it is more likely than not that at least one criterion has been met should generally be assigned. The result will be that any errors will be made on the side of caution.

Since LOCUS is designed as a dynamic instrument, scores should be expected to change over time. Scores are generally assigned on a here-and-now basis, representing the clinical picture at the time of evaluation. In some of the parameters, historical information is considered, but it should not be considered unless it is a clear part of the defined criteria. In certain crises, the score may change rapidly as interventions are implemented. In other situations, where a subject may be living under very stable circumstances, scores may not change for extended periods. **Clinical judgment should prevail in the determination of how frequently scores should be reassessed.** As a general rule, they will be reassessed more frequently at higher levels of acuity and higher levels of care or resource intensity.

Once scores have been assigned in all six evaluation parameters, they should be recorded on a worksheet and summed to obtain the composite score. Referring to the LOCUS Placement Grid, a rough estimate of the placement recommendation can be obtained. For greatest accuracy, the LOCUS Level of Care Decision Tree

should be employed and it is recommended that it be used in most cases. Please see attached Level of Care Utilization System <https://cchealth.org/mentalhealth/pdf/LOCUS.pdf>

In assigning levels of care, there will be some systems that do not have comprehensive services for all populations at every level of the continuum. When this is the case, the level of care recommended by LOCUS may not be available and a choice will need to be made as to whether more intensive services or less intensive services should be provided. In most cases, the higher level of care should be selected, unless there is a clear and compelling rationale to do otherwise.

## PROCEDURE MONITORING & STEPS

Who monitors this procedure:	Ebony Reynolds Clinical Practice Improvement/ DWIHN Quality Management
Department:	Clinical Practice Improvement and Quality Management
Frequency of monitoring:	Yearly
Reporting provided to:	DWPHN Management
<p><b>Comments:</b> This is associated with the overarching <a href="#">Assessment Policy</a> It is also referenced in the following policies:</p> <ol style="list-style-type: none"> <li>1. Data Submission and Completeness</li> <li>2. Behavioral Health Utilization Management Review Policy</li> <li>3. UM Provider Procedures for Behavioral Health Services Routinely Not Requiring Authorization for the MI Health Link Population</li> <li>4. Complex Case Management</li> <li>5. Level I and Level II Assessments and Integrated Care Team</li> <li>6. CHILDREN DIAGNOSTIC TREATMENT SERVICES PROGRAM</li> <li>7. Benefit Policy</li> <li>8. PROMOTING &amp; SUPPORTING MINORS with SERIOUS EMOTIONAL DISTURBANCES REMAINING in their HOME, SCHOOL, and COMMUNITIES</li> <li>9. Psychiatric Assessments Protocol</li> </ol>	

### Attachments

No Attachments

### Approval Signatures

Approver	Date
Allison Smith: Project Manager, PMP	03/2021
Gail Parker	11/2020

<b>Approver</b>	<b>Date</b>
Ebony Reynolds: Clinical Officer	11/2020
Sherry Scott: Manager Clinical Practice Improvement	11/2020