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## North Sound Mental Health Administration

Section 1500 – Clinical: Utilization of the Child and Adolescent Level of Care Utilization System (CALOCUS) and Level of Care Utilization System (LOCUS) for Outpatient Services

Authorizing Source: NSMHA  
Cancels:  
See Also:  
Responsible Staff: Quality Manager

Approved by: Executive Director  
Signature:

Date: 12/3/2007

### **POLICY # 1565.00**

### **SUBJECT: Child & Adolescent Level of Care Utilization System (CALOCUS) and Level of Care Utilization System (LOCUS)**

#### **PURPOSE**

To utilize CALOCUS and LOCUS, in a consistent and accurate manner, to identify and rate consumer needs so they receive the appropriate types and intensity of services.

#### **POLICY**

The use of CA/LOCUS is meant to identify consumer needs and match those needs to the most appropriate treatment resources. The tools will also provide information for treatment planning and tracking how a consumer is functioning over time. CA/LOCUS related data will be captured, which may be used for a variety of functions including clinical supervision, utilization management, outcomes monitoring, and program development.

Clinicians using CALOCUS and/or LOCUS shall receive training prior to utilizing the tool and annually thereafter. Initial and ongoing training shall include emphasis on accurate and consistent use (inter-rater reliability) of the tools. Providers will submit their training plans for review and approval by NSMHA.

NSMHA utilization management staff may conduct reviews of clinical charts and CA/LOCUS ratings as another method of ensuring accurate and consistent use of the tools across the region.

#### **PROCEDURES:**

1. CALOCUS is used for consumers 17 years old and younger; LOCUS is used for clients age 18 and older. The decision to utilize the CALOCUS for clients 18 and older for whom it seems clinically appropriate (e. g. a young adult with DD, a client 18 or older who continues to be served in the children's system) will be left to the clinician's discretion. Documentation shall be included in the clinical chart for these types of decisions.
2. The clinician will identify the primary issue and score the CA/LOCUS accordingly. For CALOCUS, psychiatric, substance use, and developmental disorders are the three possible primary issues. The possible primary issues for LOCUS are psychiatric or substance use disorders. If a higher level of care is determined because of substance use or developmental disorders, a referral shall be made to the appropriate resource. The consumer shall be served at the level of care appropriate to address her/his psychiatric issues, which may be different than the level of care indicated by CA/LOCUS.

3. Special circumstances to consider:
  - a- A dementia diagnosis shall be considered as a medical co-morbidity unless it is the only presenting issue in which case it shall be identified as the primary psychiatric issue to score the tool.
  - b- In the event a consumer scores less than 10 on CA/LOCUS, but still meets Access to Care Standards, the consumer shall be admitted and the clinician shall provide a clinical justification for the level of care assigned.
4. If the tool is completed and the clinician thinks the score does not seem appropriate, he/she should review the scoring to determine if the most accurate descriptor was selected. If more accurate descriptors are identified, the score should be recalculated to reflect these changes. However, if the descriptors selected seem accurate, the score should not be adjusted only to fit the clinician recommended level of care. Clinicians may recommend a different level of care. The tool must be reviewed by a Master's level clinician or Mental Health Professional (MHP) if not completed by one.
5. Clinicians shall use the Determination Grid to determine the level of care that corresponds with the tool used, CALOCUS or LOCUS. If the level of care recommended by the clinician differs from the Determination Grid level of care, a clinical justification must be provided.
6. Use the appropriate utilization guidelines, children/adolescents or adults/older adults, as a guide to determine services and hours of service associated with each level of care. If a consumer is in a level of care which has a more intensive outpatient service available (i.e. PACT, IOP, Wraparound), but the service is not sought, the reason for not seeking the service shall be documented by the clinician in the clinical record. The CA/LOCUS will be used as guides for placement in residential and inpatient services, but additional criteria for these services must also be met. If residential or inpatient services are not sought, a clinical justification must be documented. If services are sought, but the consumer does not meet the additional admission criteria, this shall be documented as well.
7. Timelines for completing CA/LOCUS:
  - a. The CA/LOCUS will be completed at assessment for all consumers if authorization is being sought. The tool is not completed if the consumer does not appear to meet Access to Care Standards and a denial is being requested. However, if the denial request is overturned and the consumer will be admitted into services, the CA/LOCUS will need to be completed at that time and submitted with the electronic authorization request.
  - b. Consumers leveled at 1 or 2 will have the CA/LOCUS completed at least annually. For consumers at Level 3 and up, the CA/LOCUS will be completed at least every six months. For those consumers in services requiring NSMHA approval (PACT, IOP, Wraparound, residential services, Day Support, IDDT), the CA/LOCUS will be completed at the time of request for approval\*. The tool will continue to be completed at scheduled re-approvals. If the consumer exits or is not admitted to the services indicated, then the CA/LOCUS shall be completed at least every six months. For those consumers who leave services, but return during their current authorization period, the CA/LOCUS shall be completed when they return for a new episode of care. The CA/LOCUS shall be completed at any time any consumer experiences significant events that would impact service intensity.

(\*Exception: Consumers discharging from Western State Hospital do not need to have the LOCUS completed prior to the request for approval. The LOCUS shall be completed within 30 days of the consumer's discharge from WSH.)

8. In addition to submitting the CA/LOCUS information through the Consumer Information System (CIS) at intake and scheduled reviews, any other change to CA/LOCUS score impacting level of care will be submitted through the CIS also. A change to level of care between scheduled reviews does not require a new authorization. The CA/LOCUS information to be submitted to the CIS includes: each dimension score, the composite score, the level of care determined using the determination grid, and the clinician recommended level of care, and clinical justification for difference in determination grid and clinician recommended level of care.
9. The clinical chart shall include documentation of the specific criteria selected within each dimension in addition to the information submitted to the CIS.

## **ATTACHMENTS**

1565.01 - NSMHA Utilization Guidelines for Children and Adolescents

1565.02 - NSMHA Utilization Guidelines for Adults and Older Adults

1565.03 - CALOCUS Determination Grid

1565.04 - LOCUS Determination Grid