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North Sound Behavioral Health Organization

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: North Sound BHO

Cancels:

See Also:

Provider must comply with this policy and may develop Individualized Implementation guidelines as needed

Responsible Staff: Deputy Director

Approved by: Executive Director

Signature:

Date: 6/4/2018

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 individual needs so they receive the appropriate types and intensity of services.

POLICY

The use of CALOCUS/LOCUS is meant to identify individual needs and match those needs to the most appropriate treatment resources. The tools will also provide information for treatment planning and tracking how an individual is functioning over time. CALOCUS/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/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 North Sound Behavioral Health Organization (North Sound BHO).

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

PROCEDURES

1. CALOCUS is used for individuals 17 years old and younger; LOCUS is used for individuals 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 CALOCUS/LOCUS accordingly. For CALOCUS, psychiatric, substance use and developmental disorders (DD) are the three (3) possible primary issues. The possible primary issues for LOCUS are psychiatric or substance use disorders (SUD). If a higher level of care is determined because of SUD or DD, a referral shall be made to the appropriate resource. The individual 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 CALOCUS/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 an individual scores less than 10 on CALOCUS/LOCUS, but still meets Access to Care Standards (ACS), the individual 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 an individual is in a level of care which has a more intensive outpatient service available (i.e., Program for Assertive Community Treatment [PACT], Intensive Outpatient Program [IOP], or 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 CALOCUS/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 individual does not meet the additional admission criteria, this shall be documented as well.
7. Timelines for completing CALOCUS/LOCUS:
 - a. The CALOCUS/LOCUS will be completed at assessment for all individuals if authorization is being sought. The tool is not completed if the individual does not appear to meet ACS and a denial is being requested. However, if the denial request is overturned and the individual will be admitted into services, the CALOCUS/LOCUS will need to be completed at that time and submitted with the electronic authorization request.

- b. Individuals leveled at 1 or 2 will have the CALOCUS/LOCUS completed at least annually. For individuals at Level 3 and up, the CALOCUS/LOCUS will be completed at least every six (6) months. For those individuals in services requiring North Sound BHO approval (PACT, IOP, Wraparound, residential services, Day Support, Integrated Dual Diagnosis Treatment [IDDT]), the CALOCUS/LOCUS will be completed at the time of request for approval*. The tool will continue to be completed at scheduled re-approvals. If the individual exits or is not admitted to the services indicated, the CALOCUS/LOCUS shall be completed at least every six (6) months. For those individuals who leave services, but return during their current authorization period, the CALOCUS/LOCUS shall be completed when they return for a new episode of care. The CALOCUS/LOCUS shall be completed at any time any individual experiences significant events that would impact service intensity.

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

8. In addition to submitting the CALOCUS/LOCUS information through the Consumer Information System (CIS) at intake and scheduled reviews, any other change to CALOCUS/LOCUS score impacting level of care will be submitted through the CIS. A change to level of care between scheduled reviews does not require a new authorization. The CALOCUS/LOCUS information to be submitted to CIS includes: each dimension score, the composite score, the level of care determined using the Determination Grid, 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 CIS.

ATTACHMENTS

- 1565.01 – North Sound BHO Utilization Guidelines for Children and Adolescents
- 1565.02 – North Sound BHO Utilization Guidelines for Adults and Older Adults
- 1565.03 – CALOCUS Determination Grid
- 1565.04 – LOCUS Determination Grid