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Owner:	*Virgil Williams*
Policy Area:	*Clinical Practice Improvement*
References:	*NCQA QI7*

LOCUS: Level of Care Utilization System Protocol

PROCEDURE PURPOSE

To provide guidelines for the completion and utilization of the LOCUS in assessments and treatment planning, assuring services are delivered as appropriate to the needs of adults referred for services delivered through DWMHA provider networks.

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 a severe mental illness.

PROCEDURE

Every individual 18 years and older seeking supports and services for a severe mental illness shall have a LOCUS assessment incorporated into the initial assessment, and as a part of any re-assessment process. Such re-assessments include routine periodic assessments, such as annual ACT assessments; and assessments due to, or preceding, significant changes in status, such as increase in stressors and symptoms leading to an increased level of care.

MCPNs and providers will identify local trainers, and processes to ensure the ongoing training needs are met. Training records will be available to reviewers.

MCPNs and providers will participate in ongoing fidelity monitoring on the use of the tool.

MCPNs, their contracted providers, and DWMHA directly contracted providers will ensure that LOCUS scores are provided to DWMHA 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 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 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 need 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 will, on occasion, be instances where there will be some ambiguity about whether a subject has met 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 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 taken into account, but it should not be considered unless it is a clear part of the defined criteria. In certain crisis situations, 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 of time. **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 at the 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.

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.

This will again, lead us to err on the side of caution and safety rather than risk and instability.

PROCEDURE MONITORING & STEPS

Who monitors this procedure:	Virgil M. Williams Jr. Clinical Practice Improvement/ DWMHA Quality Management
Department:	Clinical Practice Improvement and Quality Management
Frequency of monitoring:	Yearly
Reporting provided to:	DWMHA Management
Comments:	

Attachments:

No Attachments

Approval Signatures

Approver	Date
Carmen McIntyre: Chief Medical Officer	04/2017
Virgil Williams	04/2017