



## LOCUS AND CALOCUS

Missouri Care uses a bio-psycho-social clinical model to evaluate the individual needs of each member. The model incorporates utilization management decision-making criteria that fully integrate all co-occurring disorders into a single criteria set consistent with current best practices that recognize the importance of identifying and treating co-occurring disorders. Missouri Care has adopted the Level of Care Utilization System (LOCUS)<sup>1</sup> as the clinical guidelines for making decisions regarding medical necessity. LOCUS was developed for adults by the American Association of Community Psychiatrists (AACCP). For children and adolescents ages 6 to 18, Missouri Care uses the Child and Adolescent Level of Care Utilization System (CALOCUS), which was developed by the Work Group on Systems of Care of the American Academy of Child and Adolescent Psychiatry (AACAP). It incorporates developmental, family, and community systems of care perspectives. Developmental status determines the cut-off between LOCUS and CALOCUS.

LOCUS/CALOCUS assesses member needs based on level of functioning, rather than diagnosis and psychiatric risk alone. Missouri Care looks beyond acuity and dangerousness to assess member needs and to allocate resources based on six evaluation dimensions:

- 1) Risk of harm to self or others, including potential for victimization or accidental harm.
- 2) Functional status in terms of the ability to function in all age-appropriate roles, as well as basic daily activities of daily living.
- 3) Co-morbidity in terms of the co-existence of disorders across four domains: Psychiatric, Substance Abuse, Medical, and Development Disability or Delay (CALOCUS only).
- 4) Recovery environment in terms of strengths/weaknesses of the family, neighborhood and community (including services). This dimension has two subscales:
  - a) Environmental Stress
  - b) Environmental Support.
- 5) Treatment history in terms of a history of successful use of treatment.
  - a) LOCUS identifies the adult's extent of recovery in response to prior treatment.
  - b) CALOCUS identifies the child's innate or constitutional emotional strength and capacity for successful adaptation [resiliency] as well as treatment history.
- 6) Engagement.
  - a) LOCUS identifies the patient's degree of engagement.
  - b) CALOCUS identifies the child and family's acceptance and engagement in treatment.
    - i) Scale A -- Child/Adolescent
    - ii) Scale B -- Parents/Primary Caretaker

<sup>1</sup> Used with permission from the American Association of Community Psychiatrists [AACCP], <http://www.wpic.pitt.edu/aacp/default.htm>.



This comprehensive clinical model offers members individualized services that are seamlessly integrated.

LOCUS/CALOCUS assesses service needs and matches them to the clinically appropriate level of care, where *level of care* refers to intensity of services, not to bricks-and-mortar programs.

This permits a broad range of treatment options that:

- Is adaptable to the available continuum in each service area;
- Allows for variations in practice patterns and resources among communities and agencies;
- Recognizes traditional services, as well as newer forms of care.

Each level of care has required features, including clinical services, support services, crisis stabilization and prevention services, and the care environment

**The table below describes the seven levels of care:**

| <b>LEVELS OF CARE</b> |  |  |   |
|-----------------------|--|--|---|
| <b>Level</b>          | <b>CALOCUS</b>                             | <b>LOCUS</b>                               | <b>Traditional setting</b>  |
| 0                     | Basic Services                             | Prevention and Health Maintenance          | Package of prevention and health maintenance services assumed to be available to the community  |
| 1                     | Recovery Maintenance and Health Management | Recovery Maintenance and Health Management | Maintenance services after more intensive services (e.g., brief crisis counseling, traditional outpatient supportive services, medication maintenance)  |
| 2                     | Outpatient Services                        | Low Intensity Community Based Services     | Traditional outpatient treatment once/week visits   |
| 3                     | Intensive Outpatient Services              | High Intensity Community Based Services    | IOP: From 2 visits/week up to few hours for 3 days per week; includes multiple services (e.g. big brother, church services, mental health services) necessitating coordination (case management). |

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| Level | CALOCUS   | LOCUS  | Traditional setting  |
|-------|---|--|--|
| 4     | Intensive Integrated Service Without 24-Hour Medical Monitoring | Medically Monitored Non-Residential Services | C&A: Wraparound plan required, increased formal supports (respite, homemaking services or paid mentors); can include day treatment or partial hospitalization; active case management is essential<br>Adult: Acute PHP or ACT  |
| 5     | Non-Secure, 24-Hour, Medically Monitored Services               | Medically Monitored Residential Services     | C&A: Group home, foster care or a residential facility, can also be provided by tightly knit wraparound services<br>Adult: Community-based residential services [nursing home, RTC]  |
| 6     | Secure, 24-Hour, Medically Managed Services                     | Medically Managed Residential Services       | C&A: Inpatient psychiatric settings or highly-programmed residential facilities; if security needs can be met through the wrap-around process, could also be provided in a community setting. Case management essential. Time at this level of care held to minimum for optimal care and transition to lower levels of care smooth.<br>Adult: Inpatient hospital |

LOCUS/CALOCUS has application beyond utilization management decisions. Each member has a quantitative profile that changes over the course of his/her treatment. Different profiles suggest different treatment planning requirements to address the issues that are driving the placement decision. As members progress through treatment the changing profile will reflect clinical progress and highlight the need for specific resources in the service delivery system. Finally, LOCUS/CALOCUS is useful as a way of monitoring treatment effectiveness.

**A complete description of LOCUS/CALOCUS is available in the Missouri Care Provider Manual or at the Missouri Care web site: [www.missouricare.com](http://www.missouricare.com).**

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