Section: Clinical Practices	Policy Name: **LOCUS - Fidelity & Inter-Rater Reliability**	Policy Number: **12.14**
Owner: **Director of Clinical Quality**	Reviewed By: **Director of Clinical Quality**	Total Pages: **4**
Required By: ☐ **BBA** ☒ **MDHHS** ☒ **NCQA** ☐ **Other (please specify):** _____	Final Approval By: 10/30/19	Date Approved:
Application: ☒ **SWMBH Staff/Ops** ☒ **Participant CMHSPs** ☐ **SUD Providers** ☒ **MH/IDD Providers** ☐ **Other (please specify):** _____	Line of Business: ☒ **Medicaid** ☒ **Healthy Michigan** ☐ **SUD Block Grant** ☐ **SUD Medicaid** ☒ **MI Health Link** ☐ **Other (please specify):** _____	Effective Date: **10/16/19**

Policy: To ensure the consistent and reliable administration of the Level of Care Utilization System (LOCUS) tool.

Purpose: This policy seeks to ensure that the LOCUS Level of care results are accurate and there is interrater reliability of LOCUS administrators within the Southwest Michigan Behavioral Health (SWMBH) region. Each Community Mental Health Service Provider (CMHSP) will establish a LOCUS fidelity and an Inter-rater Reliability (IRR) program consistent with their business practices and following these policy guidelines.

Scope: The LOCUS competency training is completed annually for all SWMBH clinical staff and CMHSP staff who complete the LOCUS initially and annually thereafter as required by the Michigan Department of Health and Human Services (MDHHS).

Responsibilities:

A. Clinical Leadership/supervisors in each CMHSP and SWMBH are responsible for the implementation of this policy and ensuring inter-rater reliability within their area of responsibility and/or CMHSP
B. Designated LOCUS Trainers within the region who train others in the administration of the LOCUS who ensure LOCUS competency training standards are met.
C. Clinicians who administer the LOCUS and recommend Level of Care (LOC) for Customers.

Definitions: LOCUS = Level of Care Utilization System

Standards and Guidelines:

A. LOCUS Training and Competency in Administration

B. Initial training will be completed through the LOCUS on line program at www.improvingmipractices.org or in person through an MDHHS, Deerfield, SWMBH or SWMBH Community Mental Health (CMH)-sponsored comprehensive initial training.

C. The LOCUS Trainer(s) in each CMH will train new individuals with the component training segments which have been designed for SWMBH and use case scenarios from the LOCUS manual to achieve competency in administration and scoring of the LOCUS and recommendations for the appropriate LOC and services in the SWMBH regional LOC grid.

D. Regional LOCUS Trainers may hold LOCUS trainings across the region which can serve as a LOCUS competency training. Regional scenarios/grids specific to SWMBH will be developed for competency testing through the region and between CMHSP's.

E. Annually a refresher training with IRR scenarios should be given to all LOCUS administrators to assess the competency and reliability across the department or agency. CMHSP results will then be measured for each and then compared to the other CMHSPS.

F. SWMBH and each CMHSP will have a procedure for re-training if a LOCUS administrator's IRR results are below passing.

G. Quality improvement practices should be built into all local procedures for training and administering the LOCUS tool.

H. Required LOCUS administration for Level of Care determination

I. At Initial screening for eligibility on phone or in person for 18+ year old customers presenting with Mental Health concerns

J. Completed annually for all individuals receiving services as an adult with Severe Mental Illness and submitted with annual Behavioral Health Treatment Episode Data Set (BHTEDS).

K. At times when there has been a significant life event or change in LOC needs for a customer.

L. At a planned discharge a LOCUS should be completed to show the client's current level of care and submitted with the discharge BHTEDS.

M. Only initial, annual, and discharge LOCUS composite scores are sent with BH TEDS. All completed LOCUS assessments with detail are sent to SWMBH via the Managed Care Information System (MCIS) data exchange for LOC and IRR monitoring.

N. LOCUS Results and Variance(s)/Overrides

O. The LOCUS algorithm score is calculated and through various Electronic Health Record systems and the LOCUS Level of Care will range from 0--6 once calculated.

P. The clinician administering the LOCUS must apply their clinical judgement and analysis of the score they developed and whether that Level of care is correct clinically for the customer at this time.

Q. If the clinician chooses a different level of care than the LOCUS score produced LOC, then the clinician must document their clinical rationale for the higher or lower level of care which is being recommended to the customer.

R. When the LOCUS algorithm score is level 0, 1 or 2, the eligibility of the individual for SMI services must be documented or if determined to be mild to moderate then a referral to the Medicaid Health Plan or community resources for any service needs must be provided.

S. Some electronic health systems have choices that may be chosen or required but a narrative is also required in any variance/override situation. Common Override reasons which must also have a narrative are Injectable Medications, Legal, Clinical Decision, Level of Care Unavailable and Other.

T. Monitoring IRR reliability

U. SWMBH has made reports available to monitor override rates and scoring trends by CMH and LOCUS administrator. Clinical Supervisors will monitor the individual results of their clinicians quarterly to determine their reliability in completing the LOCUS. These reports include:

1. LOCUS Recommended Dispositions
2. LOCUS Final Dispositions
3. LOCUS Override Rates
4. LOCUS Same Subscale Score Trends

V. Follow up will occur to address IRR concerns such as high override rates, same scores consistently applied for all/most LOCUS assessments, etc.

W. LOCUS trainers may be utilized to plan annual refresher training or remedial training when individuals are having difficulties or override percentages are above 15%.

References:

A. **LOCUS Training Manual:** Level of Care Utilization System for Psychiatric and Addiction Services Adult Version 2000. Wesley Sowers, M.D. Robert Benacci, M.A.

B. **MDHHS/Medicaid Health Plan Contract, Appendix 7**. Medicaid Mental Health and Substance Use Disorder Authorization and Payment Responsibility Grid

C. **MDHHS/Prepaid Inpatient Health Plan (PIHP) Contract, Attachment P.4.7.4.** Technical Requirement for SED Children Regarding: 1) Medicaid Eligibility Criteria for Children with Serious Emotional Disturbance; and 2) Establishing General Fund Priority for Mental Health Services for Children with Serious Emotional Disturbance.

D. **Michigan Medicaid Provider Manual, Behavioral Health and Intellectual and Developmental Disability Supports and Services Chapter**, Section 1.6 Beneficiary Eligibility.

E. **Michigan Medicaid Provider Manual, Healthy Michigan Plan Chapter**, Section 5.6 Behavioral Health Services.

Attachments: None

Southwest Michigan BEHAVIORAL HEALTH

Revision History

Revision #	Revision Date	Revision Location	Revision Summary	Revisor
Initial	10/16/19	New policy	New policy	M. Kean