

**CHAPTER 2: BEHAVIORAL HEALTH SERVICES****APPENDIX G-1: Standardized Assessments for Beneficiaries Receiving CPST and PSR****PAGE(S) 4****Standardized Assessments for Beneficiaries Receiving Community Psychiatric Support and Treatment and Psychosocial Rehabilitation**

All mental health rehabilitation (MHR) providers are required to implement the statewide use of the Child Adolescent Level of Care Utilization System (CALOCUS) and the Level of Care Utilization System (LOCUS) for beneficiaries receiving community psychiatric support and treatment (CPST) and/or psychosocial rehabilitation (PSR) between the ages of six through 20 years of age. The CALOCUS is not required for beneficiaries under the age of six years of age. For beneficiaries 21 years of age and older, there are no changes in the administration of the LOCUS for this age group.

**Beneficiaries 6-18 Years of Age**

Beneficiaries receiving CPST and/or PSR, ages six through 18 years of age, must be assessed using the CALOCUS.

**Beneficiaries 19-20 Years of Age**

Beneficiaries receiving CPST and/or PSR, ages 19 through 20 years of age, must be assessed using the LOCUS.

**Beneficiaries Enrolled in the Coordinated System of Care**

For beneficiaries who are enrolled in the Coordinated System of Care (CSoC) and are receiving CPST and PSR, MHR providers are only required to complete the CALOCUS/LOCUS at discharge from the CSoC program. The CSoC contractor will include the discharge rating in the CSoC packet submitted to the beneficiary's managed care organization (MCO). The next rating will be due six months following this rating. If the discharge packet does not include a CALOCUS/LOCUS discharge rating, the MHR provider will be required to conduct a rating within 30 calendar days following the transition back to the beneficiary's MCO for CPST and PSR services to continue.

**The following applies to beneficiaries between the ages of 6 through 20 years of age enrolled in an MCO.**

**CHAPTER 2: BEHAVIORAL HEALTH SERVICES****APPENDIX G-1: Standardized Assessments for Beneficiaries Receiving CPST and PSR****PAGE(S) 4****Conducting the CALOCUS/LOCUS Rating**

The assessment and rating must be conducted face-to-face with the member and shall be completed with the involvement of the primary caregiver as well as with other natural supports if necessary. The assessment shall be conducted in a culturally and linguistically competent manner. The rating shall be part of a full psychosocial/psychiatric assessment.

**Documentation**

MHR providers must use assessment forms that collect all data elements necessary to rate the CALOCUS. The LOCUS assessment form currently being used for beneficiaries 21 years of age and older must be used for beneficiaries 19-20 years of age. Providers must also submit CALOCUS/LOCUS ratings on a form that includes the rating in each dimension, the criteria to support the rating, independent criteria, the composite score, level of care (LOC), a section to document notes, a signature line with credentials, and a rating date. A sample rating form is on page 48 of the CALOCUS manual.

**Frequency of Use**

A CALOCUS/LOCUS rating must be completed and submitted for all beneficiaries prior to receiving CPST and/or PSR as part of the initial comprehensive assessment and every 180 days thereafter until discharge. The last CALCOCUS/LOCUS rating shall be administered at discharge and submitted to the beneficiary's MCO. In the event a beneficiary is not available to conduct a final rating upon discharge, the provider should make a note in the beneficiary's record and notify the beneficiary's MCO or the CSOC contractor. For the discharge rating, a comprehensive assessment is not required. The rating should be part of the beneficiary's discharge summary and may be completed during an individual therapy session, or while delivering community psychiatric support and treatment. A psychiatric diagnostic evaluation (90791) is limited to one every six months or two per year. Therefore, it should not be used for the discharge rating.

The MCO may request a reassessment when a beneficiary transfers from one MHR provider to another MHR provider if there has been a clinical change that may necessitate an updated rating or if there is a gap in services within six months and an updated rating is needed. Upon such a transfer, the MCO will make available to the new provider the previous CALOCUS/LOCUS data if the previous provider does not have the information. There is an exception for beneficiaries enrolled with Louisiana Healthcare Connections (LHCC). The new provider who is unable to obtain the

**CHAPTER 2: BEHAVIORAL HEALTH SERVICES****APPENDIX G-1: Standardized Assessments for Beneficiaries Receiving CPST and PSR****PAGE(S) 4**

records from the previous provider should conduct an assessment and CALCOUS/LOCUS rating instead of requesting the records from LHCC.

**Staff Level**

The CALOCUS/LOCUS must be conducted and rated by a physician or licensed mental health practitioner (LMHP) who has successfully completed the required training. An LMHP is an individual who is licensed in the state of Louisiana to diagnose and treat mental illness or substance use, acting within the scope of all applicable state laws and their professional license. An LMHP includes the following individuals licensed to practice independently:

1. Medical psychologist;
2. Licensed psychologist;
3. Licensed clinical social worker (LCSW);
4. Licensed professional counselor (LPC);
5. Licensed marriage and family therapist (LMFT);
6. Licensed addiction counselor (LAC); and
7. Advanced practice registered nurse (APRN).

APRNs must be nurse practitioner (NP) specialists in adult psychiatric and mental health as well as in family psychiatric and mental health or they must be certified nurse specialists (CNSs) in psychosocial, gerontological psychiatric mental health, adult psychiatric and mental health, and child-adolescent mental health. They may practice to the extent that services are within the APRN's scope of practice.

**Training**

Physicians and LMHP staff assessing beneficiaries using the CALOCUS/LOCUS must complete training prior to conducting their first rating. The MCOs and the CSoC contractor must require

**CHAPTER 2: BEHAVIORAL HEALTH SERVICES****APPENDIX G-1: Standardized Assessments for Beneficiaries Receiving CPST and PSR****PAGE(S) 4**

physicians and LMHP staff conducting CALOCUS/LOCUS ratings to repeat the training if ratings are inconsistent with the clinical information submitted with the rating. MCOs and the CSoC contractor shall ensure MHR providers have access to training for all physicians and LMHP staff

**Managed Care Organization Use of the Child Adolescent Level of Care Utilization System/ Level of Care Utilization System Data**

CALOCUS/LOCUS data including the rating for each dimension, the final score and LOC, psychosocial and psychiatric assessments, treatment history, other standardized assessment tools, and treatment plans shall be used to determine eligibility, frequency and duration for CPST and/or PSR. Other useful sources of information that a provider may submit include data from school, other mental health or substance use providers, etc.

A beneficiary's final score/LOC, or a rating in one or more dimensions on the CALOCUS/LOCUS, should not be used as the only data element to determine who may be eligible or should continue to receive CPST and/or PSR. A beneficiary's rating shall also not be used as the only factor to determine a service authorization, using a pre-established set of services and number of units for a duration of time, based on the results of a beneficiary's CALOCUS/LOCUS rating.

**Exceptions**

Beneficiaries who receive Multi-Systemic Therapy (MST), Homebuilders, Functional Family Therapy (FFT) and Functional Family Therapy-Child Welfare (FFT-CW) are not required to be assessed using the CALOCUS.