Adult Outcomes Explanation Sheet
Level of Care Utilization System (LOCUS)

Completed By:

- Both licensed and non-licensed providers may contribute to completion of the LOCUS consistent with their scope of practice and job responsibilities as long as they have completed the required training, which is accessed through the AACP training platform.
- Programs are responsible for ensuring staff complete the required LOCUS training and that appropriate supervision and clinical oversight are maintained.
- The clinical staff who works most closely with the client should complete the LOCUS. This can be any staff member who has received training in the delivery of health services, such as a team leader, case manager, or clinician.

Timeline:

- LOCUS should be completed (at minimum):
    1. Upon admission to the program (within the initial thirty (30) days of intake)
    2. Six (6) months from the date of admission
    3. At discharge from the program.
- LOCUS should also be completed whenever there is a significant change in clinical presentation or when a reassessment is needed to support a level-of-care determination.

Compliance Requirements:

- Effective 07/1/26- LOCUS is the standard LOC and medical necessity tool for the system of care.
    - New Clients: LOCUS should be completed for all **new** applicable clients beginning July 1, 2026.
    - Existing Clients: For **existing/open** clients, LOCUS should be completed at the next required assessment or clinically appropriate reassessment rather than requiring all clients to completed on July 1.
- This is a program level measure- each program needs to submit their own document.
- *Please note*: Programs delivering high-fidelity evidence-based practices (EBPs) under BH-CONNECT must follow outcome requirements established by DHCS and the applicable COEs. Programs will be required to complete functional outcome tools based on BH-CONNECT/EBP direction or as determined by each Legal Entity and as clinically appropriate.

Utilization Management/Utilization Review (UM/UR)

- LOCUS will be incorporated into the UM/UR workflow to support continuation of services.
    - Members with a LOCUS rating of **3 or higher** will continue through the standard UM review process.
    - Members with a LOCUS rating of **2 or lower** should generally be referred to a lower level of care outside of County-operated or County-contracted outpatient services. If the treating provider believes ongoing outpatient specialty mental health services remain medically necessary, the case should be referred to the Utilization Review Committee (URC) for review and clinical justification.
- Updated UM/UR forms and implementation guidance will be released in conjunction with the July 1, 2026 LOCUS implementation. Supporting documents, including the Adult Outpatient UM Form and applicable OPOH language, have been updated to reflect LOCUS.

Documentation Standards:

The Level of Care Utilization System (LOCUS) will be available in SmartCare effective August 1, 2026 for staff who have completed the five-hour initial LOCUS training offered through the American Association of Community Psychiatry (AACP). It is expected that providers completing the LOCUS will do so within their scope of practice, and after completing all necessary training. Providers may access resources on LOCUS training here: https://training.communitypsychiatry.org/?tenant=aacp

Scoring:

1. Recovery Maintenance and Health Maintenance
2. Low Intensity Community Based Services
3. High Intensity Community Based Services
4. Medically Monitored Non-Residential Services
5. Medically Monitored Residential Services
6. Medically Managed Residential Services

1-2 = Low to Moderate need- FQHC

3 = BPSRs / ICM (depending on level of severity)

3 or higher = Specialty Mental Health Services

Resources:

- Outcome Measures Manual- August 2020
- OPOH Section B and Section L
- BHS Info Notice- June 15, 2026