



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 AACCP 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)

- Under the current process, the MORS is one component considered during UM/UR, together with the medical record, clinical presentation, and continued need for SMHS. Similarly, LOCUS will support level-of-care determination and clinical decision-making but will not serve as the sole determinant of medical necessity.
- LOCUS will be incorporated into the UM/UR workflow to support continuation of services.
  - Members with a LOCUS rating of a **Level Two (2) or lower (equivalent to a score of thirteen (13) or lower)** will continue through the standard UM review process.
  - Members with a LOCUS rating of a **Level Two (2) or lower (equivalent to a score of thirteen (13) 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 LOCUS will be available in SmartCare. A downtime form can be scanned into the system, but it should be entered electronically into SmartCare for tracking.
  - Providers should begin implementing LOCUS effective July 1, 2026, regardless of SmartCare availability. If LOCUS is not yet available within the EHR, providers should complete the assessment using the approved paper or fillable electronic version until SmartCare functionality becomes available.

### 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

### Resources:

- [Outcome Measures Manual- August 2020](#)
- OPOH Section B and Section L
- BHS Info Notice- June 15, 2026

### Step 3: Determine Level of Care

Use the TOTAL LOCUS score to identify the appropriate level of care.

| LOWER SERVICE INTENSITY ←  |   |  |   |   |   | → HIGHER SERVICE INTENSITY |
|--|---|--|---|---|---|----------------------------|
| <b>LEVEL 1</b><br>Recovery Maintenance / Health Management   | <b>LEVEL 2</b><br>Low-Intensity Community-Based Services  | <b>LEVEL 3</b><br>High-Intensity Community-Based Services  | <b>LEVEL 4</b><br>Medically Monitored Non-Residential Services  | <b>LEVEL 5</b><br>Medically Monitored Residential Services  | <b>LEVEL 6</b><br>Medically Managed Residential / Inpatient Services  |                            |
| <b>TOTAL SCORE</b><br><b>6 – 10</b>  | <b>TOTAL SCORE</b><br><b>11 – 13</b>  | <b>TOTAL SCORE</b><br><b>14 – 16</b>   | <b>TOTAL SCORE</b><br><b>17 – 19</b>  | <b>TOTAL SCORE</b><br><b>20 – 22</b>  | <b>TOTAL SCORE</b><br><b>23 – 30</b>  |                            |
|   |    |   |    |    |    |                            |
| Stable with few needs. Focus on maintenance, prevention and wellness.  | Mild to moderate needs. Requires outpatient services and support.   | Moderate to significant needs. Requires more frequent and intensive community support.   | Significant needs with high risk. Requires structured, intensive, non-residential support with monitoring.  | Severe needs. Requires 24-hour structure and monitoring in a residential setting.   | Very severe / acute needs. Requires 24-hour medical management and intensive treatment.   |                            |
| <b>EXAMPLES OF SERVICES</b>  | <b>EXAMPLES OF SERVICES</b>   | <b>EXAMPLES OF SERVICES</b>  | <b>EXAMPLES OF SERVICES</b>   | <b>EXAMPLES OF SERVICES</b>   | <b>EXAMPLES OF SERVICES</b>   |                            |
| <ul style="list-style-type: none"> <li>Wellness supports</li> <li>Peer support</li> <li>Health education</li> <li>Case management as needed</li> </ul> | <ul style="list-style-type: none"> <li>Outpatient therapy</li> <li>Medication support</li> <li>Group services</li> <li>Case management</li> </ul> | <ul style="list-style-type: none"> <li>Intensive outpatient</li> <li>BPSR programs</li> <li>Intensive case management</li> <li>Skills building</li> <li>Community support</li> </ul> | <ul style="list-style-type: none"> <li>Intensive case management (ICM)</li> <li>ACT / FACT teams</li> <li>Day treatment</li> <li>Crisis stabilization services</li> </ul> | <ul style="list-style-type: none"> <li>Residential treatment programs</li> <li>Structured 24-hour support</li> <li>Medication management</li> </ul> | <ul style="list-style-type: none"> <li>Psychiatric hospitalization</li> <li>Inpatient treatment</li> <li>Acute stabilization</li> <li>Medical monitoring</li> </ul> |                            |