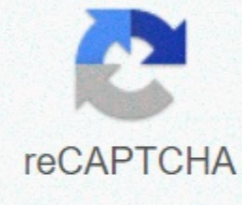




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Locus worksheet version 2010

Since the arrival of managed care programs and principles, the use of quantifiable measures to guide assessment, level of care placement decisions, continued stay criteria, and clinical outcomes have become increasingly important. Until the development of LOCUS by the American Association of Community Psychiatrists (AACP) in 1996, there had been no generally accepted standards to meet these needs. Health care reforms in recent years have highlighted the implementation of objective and uniform measurements for decision-making across the health system. LOCUS is now widely used in 26 states and in several international locations, and provides a single instrument that can be used for these functions in changing settings and systems. The success of LOCUS revealed the need for a similar approach to support decision-making for child and youth services. As a result, the AACP, in collaboration with the American Association of Child and Adolescent Psychiatry (AACAP), set out to work to develop CALOCUS. This derivative closely reflects the structure of its parent company, and its emphasis on simplicity and availability. Integrating behavioral health and physical health problems, it provides a common language and set of standards to make consistently sound assessments and recommendations. With LOCUS and CALOCUS, clinicians and managers of healthcare resources have an instrument that is simple, easy to understand and uses, but also meaningful and sensitive enough to distinguish appropriate needs and services. It provides clear, reliable and consistent measures relevant to decisions related to quality of care, quality improvement and resource allocation. Both LOCUS and CALOCUS have four main objectives. The first is to provide a system for assessing service needs based on six evaluation parameters. The second is to describe a continuum of service intensities, characterized by the amount and scope of resources available at each level of care, in each of four categories of service. The third is to create a method for quantifying the assessment of the needs of the service in order to enable reliable determinations for placement in the service continuum. The fourth is to facilitate clinical management and documentation. This system is a dynamic one, and it has evolved over the years of its development. Its simple style and structure has invited the use not only of a variety of clinics with different levels of training, but also of the service users themselves. This makes the assessment a collaborative process. Involvement in this collaboration is central to person-centered treatment planning. We continue to encourage cooperation in the assessment process whenever possible, and the available languages of the instruments cater to that process. Locus and CALOCUS instruments continue to multiple potential uses: In the case of individual individual level: To assess immediate service needs (e.g. for clients in crisis: To monitor the progress of recovery and service needs over time To provide valid, value-driven guidance to payers for medical necessity criteria whose application will better meet the needs of clients in real systems To inform treatment planning processes To the system or population level: To plan system-level resource needs for complex populations over time and help identify deficits in the service matrix To assist in the development of bundled payments or case rates for episodes of care for for complex populations over time and help identify deficits in the service matrix To assist in the development of bundled payments or case rates for episodes of care for for specific clinical conditions To provide a framework for a comprehensive clinical management and documentation system To facilitate communication between healthcare systems regarding service intensity needs While LOCUS and CALOCUS are simple and straightforward to use, we strongly recommend all locus or CALOCUS assessments to be trained by a certified LOCUS trainer. LOCUS and CALOCUS were developed by members of the American Association for Community Psychiatry (AACP) and converted into electronic versions of Deerfield Solutions. You're reading a free preview page 2 doesn't appear in this preview. Since the arrival of managed care programs and principles, the use of quantifiable measures to guide assessment, level of care placement decisions, continued stay criteria, and clinical outcomes have become increasingly important. Until the development of LOCUS by the American Association of Community Psychiatrists (AACP) in 1996, there had been no generally accepted standards to meet these needs. Health care reforms in recent years have highlighted the implementation of objective and uniform measurements for decision-making across the health system. LOCUS is now widely used in 26 states and in several international locations, and provides a single instrument that can be used for these functions in changing settings and systems. 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We continue to encourage cooperation in the assessment process whenever possible, and the available languages of the instruments cater to that process. Locus and CALOCUS instruments continue to demonstrate several potential uses: At the individual client level: To assess immediate service needs (e.g. for clients in crisis: Monitoring the progress of recovery and service needs To provide valid, value-driven guidance to payers for medical necessity criteria whose application will better meet customers' needs in real systems In order to inform treatment planning processes To provide valid, value-driven guidance to payers for medical necessity criteria whose application will better meet the needs of clients in real systems To inform treatment planning processes To ensure that inform treatment planning processes To provide valid, value-driven guidance to payers for medical necessity criteria whose application will better meet customer needs in real-world systems To inform treatment planning processes To inform treatment planning processes For the system or population level : To plan system-level resource needs for complex populations over time and help identify deficits in the service matrix To assist in the development of bundled payments or case rates for episodes of care for specific clinical conditions To provide a framework for a comprehensive clinical management and documentation system To facilitate communication Between the care systems regarding service intensity needs While locus and CALOCUS are simple and straightforward to use, we strongly recommend anyone who performs LOCUS or CALOCUS assessments trained by a certified LOCUS trainer. 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