



LOCUS Recording Form

DATE OF ASSESSMENT		DIAGNOSIS	
RECIPIENT DATE OF BIRTH	RECIPIENT GENDER <input type="radio"/> Male <input type="radio"/> Female	RECIPIENT PMI or SOCIAL SECURITY NUMBER	
PROVIDER NAME		PROVIDER NPI	SERVICE TYPE
ACTUAL LEVEL OF CARE PROVIDED			
SERVICE(S) RECIPIENT IS RECEIVING OR REFERRED TO			
REASON FOR VARIANCE (if applicable)			

I. Risk of Harm <input type="checkbox"/> 1. Minimal _____ <input type="checkbox"/> 2. Low _____ <input type="checkbox"/> 3. Moderate _____ <input type="checkbox"/> 4. Serious _____ <input type="checkbox"/> 5. Extreme _____	IV-B. Recovery Environment - Level of support <input type="checkbox"/> 1. Highly Supportive _____ <input type="checkbox"/> 2. Supportive _____ <input type="checkbox"/> 3. Limited Support _____ <input type="checkbox"/> 4. Minimal Support _____ <input type="checkbox"/> 5. No Support _____
II. Functional Status <input type="checkbox"/> 1. Minimal _____ <input type="checkbox"/> 2. Mild _____ <input type="checkbox"/> 3. Moderate _____ <input type="checkbox"/> 4. Serious _____ <input type="checkbox"/> 5. Severe _____	V. Treatment and Recovery History <input type="checkbox"/> 1. Full Response _____ <input type="checkbox"/> 2. Significant Response _____ <input type="checkbox"/> 3. Moderate or Equivocal Response _____ <input type="checkbox"/> 4. Poor Response _____ <input type="checkbox"/> 5. Negligible Response _____
III. Co-Morbidity <input type="checkbox"/> 1. None _____ <input type="checkbox"/> 2. Minor _____ <input type="checkbox"/> 3. Significant _____ <input type="checkbox"/> 4. Major _____ <input type="checkbox"/> 5. Severe _____	VI. Engagement <input type="checkbox"/> 1. Optimal _____ <input type="checkbox"/> 2. Positive _____ <input type="checkbox"/> 3. Limited _____ <input type="checkbox"/> 4. Minimal _____ <input type="checkbox"/> 5. Unengaged _____
IV-A. Recovery Environment - Level of Stress <input type="checkbox"/> 1. Low _____ <input type="checkbox"/> 2. Mildly _____ <input type="checkbox"/> 3. Moderately _____ <input type="checkbox"/> 4. Highly _____ <input type="checkbox"/> 5. Extremely _____	COMPOSITE SCORE _____ LEVEL OF CARE RECOMMENDATION _____

NAME AND CREDENTIALS OF WHO COMPLETED	SIGNATURE	DATE
NAME OF CLINICAL SUPERVISOR (MH PROFESSIONAL)	SIGNATURE	DATE

As a mental health provider in the State of Minnesota, Deerfield Behavioral Health, Inc. is granting you permission to scan this completed LOCUS Recording Form, where the dimensional scores, criteria, composite score and level of care recommendation have been documented, into your electronic medical record.

Instructions for completing the LOCUS Recording Form

Date of Assessment

The date the LOCUS assessment was completed.

Date of Birth

Month/Day/Year (MM/DD/YYYY)

Gender

Male or Female

Recipient PMI or Social Security number

PMI number is preferred over the social security number.

Diagnosis

Primary (Write in the full diagnostic name of the primary diagnosis or use the ICD code).

Provider Name, NPI and Service Type

NPI number and the name of the organization completing the LOCUS and what type of service is being provided by the staff completing the LOCUS assessment.

Actual Level of Care

What is the actual Level of Care the recipient is receiving? Write the actual name of the level (i.e. Medically Monitored Non-Residential). It may not necessarily be the same as the 'Level of Care Recommendation' if a variance is being made.

Service/Program Referred to

Write the current program(s) recipient is in or what program(s) recipient has been referred to (example: ARMHS, Day Treatment, Case Management, Psychiatry, housing programs, etc.). Please keep in mind that there may be multiple services used to reach an individual's resource intensity needs.

Reason for Variance (if applicable)

If the service provided is at a different level of care from the level of care recommendation, provide the brief clinical justification as to why the variance was made. Clinical justification also needs to be documented in more detail as a separate document from the recording form.

➔ In the dimension being evaluated please **check** which rating was given. On the line following the rating please indicate the **letter(s)** of the criteria that was used to determine the score. This information can be located in the **AMHD LOCUS Questionnaire Booklet** or in the training manual.

Composite Score

Add up the score from each dimension to determine the composite score.

Level of Care Recommendation

From the score and use of the decision tree, what is the Level of Care recommended. Write the actual name of the level (i.e. Medically Monitored Non-Residential)

NOTE: the Level of Care recommendation may be different from the composite score if Independent Criteria is indicated that requires admission to a Level 5 or Level 6 service. It may also be different if clinical judgment is used in determining that a different level of care is more appropriate than what the completed LOCUS assessment recommends.

Signature spaces

Signature spaces are located at the bottom of the page on the LOCUS Recording Form. If a Mental Health (Rehab) Professional is completing the LOCUS assessment, there **does not** need to be a signature by a clinical supervisor.

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