

LOCUS/CALOCUS System Integration Process

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Summary:

This document will provide you with an overview of the requirements and system process for integrating the LOCUS and CALOCUS assessments into your systems.

Process Overview:

1. Identify Implementation Viability. (Can you build the assessment into your system? See technical requirements.)
2. Obtain and sign a contract with Deerfield Solutions.
3. Build the assessments into your system.
4. Have your implementation reviewed and approved by Deerfield.
5. Go Live.

Please note that Deerfield reserves the right to audit and recertify implementations on an annual basis and/or during contract renewals.

Implementation Approaches:

When looking to integrate LOCUS/CALOCUS into your systems, there are two different approaches:

Provider-Based EHR Integration:

These are integrations that do not require your software vendor to implement and/or are specific to your organization only, as in; the functionality is not made available to other customers of your software vendor. For example, your in-house I.T. team uses the tools natively found in your system to build the assessment, or you have your vendor build the tool for your organization as it lacks the internal resources to build it.

Vendor-Based EHR Integration:

These are integrations in which Deerfield will work with your software vendor to make LOCUS/CALOCUS available across the vendor's entire customer base.

Regardless of the approach:

- Deerfield needs to validate your installation and ensure it meets our requirements.
- Provider-Based EHR Integrations require a contract between your organization and Deerfield.
- Vendor-Based EHR Integrations require a contract between your organization and Deerfield, and a contract between Deerfield and the software Vendor.

Technical Requirements:

The LOCUS assessments must be presented and scored a specific way. To familiarize yourself with the assessment, we recommend registering for an account on www.locusonline.com, and then walking through both a LOCUS and CALOCUS assessment. This should give you a general feel for the presentation and implementation approach.

General Acceptability Guidelines:

- When an assessment is started, you must collect the Current Level of Care.
 - If the client is not currently in treatment, “None” is an acceptable selection, but that option must be affirmatively selected by the user.
- Dimensions and Individual Responses must be presented in the same order as in the Instrument.
- All of the text for the Dimension, any introductory paragraphs, each of the five scoring ranges, and the text for all of the Responses must remain intact, in the same order as in the Instrument. No additions, deletions or edits to this text are permitted.
- The introductory paragraphs for each Dimension do not necessarily have to be present on the entry screen, but at minimum must be easily available to the user, such as via clicking on a button or similar.
- Users are required to specify the individual Response(s) that represent the clinical picture of the client at the time of the assessment. It is not acceptable to merely allow the selection of the 1-5 score for the Dimension. Rather, the user must specify the specific Response(s) that apply.
- The user must select at least one Response in each Dimension (and each sub-scale, when applicable).
- The system must be able to handle special “override” Responses. There are a few specific Responses with special rules, which when selected must “lock out” the ability of the user to select other specific Responses within that Dimension. (In the manner of “if you select Response A, you cannot also select B, C, D or E”).
- The system must accurately calculate each Dimension Score. Each individual Response within a Dimension is assigned a 1-5 rating; the Dimension Score is equal to the highest rating of any of the selected Responses.
- The system must accurately calculate the Level of Care Recommendation. This is accomplished via a flowchart algorithm, based on the seven Dimension scores, and other Response data collected during the entry process.
- Upon completion of an assessment, at minimum you must present:
 - Current Level of Care (this was collected at the start of the process)
 - LOCUS/CALOCUS Recommended Level of Care
 - The definitions of each of the Levels of Care must be easily accessible to the users. These Level of Care definitions should be available to the user via clicking on a button or similar.
- A report of the assessment results must be created in order to complete the certification process. This report must minimally provide:
 - Date the assessment was completed. It is recommended to show the time of completion as well.
 - LOCUS/CALOCUS Recommended Level of Care
 - The score (1-5) for each of the seven Dimensions
 - In CALOCUS, the overall Dimension Six Score should be shown in the same manner as the other Dimension Scores. The two Dimension Six subscale scores (VI-A and VI-B) should be shown separately, in a manner that clearly differentiates them from the overall Dimension Six Score.
 - The individual Response items that were selected within each Dimension’s highest rating.

If your system meets the technical requirements outlined above you are eligible to be licensed by Deerfield to integrate our tools into your software. Please note that Deerfield is working with EHR Software vendors to integrate LOCUS into their software. If your EHR vendor agrees to implement, and you have already created your own integration, you will be required to migrate to your EHR vendor’s implementation upon contract renewal.

Coding Information - Background:

- The LOCUS and CALOCUS Instruments present a series of statements to the clinician. These statements are interchangeably referred to as "responses" and "criteria,"
- These responses are grouped into several different "Dimensions", each of which represents a major topic. The definition of each Dimension is included in the Instrument. Within each Dimension, each response is assigned a scoring value of between one and five, with higher numbers indicating increasing severity.
- The person using the Instrument to assess the client will choose one or more of these response statements. The assessor will choose responses that represent the clinical picture of the client at the time of the assessment.
- Once the assessor has considered all of the responses, and selected those that apply, an algorithm is used to calculate a Level of Care Recommendation.
- Each Level of Care is defined within the Instrument. The Level of Care is a value from 0 to 6, which represents the intensity of clinical services on the continuum of treatment. Level 0 is Basic Services, and each level increases the intensity of services. Level 6 is the most intensive, consisting of Medically Managed Residential Services.

Coding Information - Rules:

In coding the LOCUS and/or CALOCUS Instruments into your system, there are a few requirements set forth by the AACP. Your organization is free to add information and features around the Instruments themselves, but you may not make changes to the Instruments.

- Dimensions and Individual Responses must be presented in the same order as in the Instrument.
- All of the text for the Dimension, any introductory paragraphs, each of the five scoring ranges, and the text for all of the Responses must remain intact, in the same order as in the Instrument. No additions, deletions or edits to this text are permitted.
- The introductory paragraphs for each Dimension do not necessarily have to be present on the entry screen, but at minimum must be easily available to the user, such as via clicking on a button or similar.
- The definitions of each of the Levels of Care must also be easily accessible to the users. These Level of Care definitions should not appear on the data entry screens themselves. However, they should be available to the user via clicking on a button or similar.
- The score for each Dimension is determined by the highest individual response selected in that Dimension. So for example, if a user selects three responses that correspond to a score of 1, and one response that corresponds to a score of 2, the score for that Dimension will be 2 (the highest selected).
- There are several "override" responses, with special instructions. These are denoted with the phrase "Selection of this criterion pre-empts higher ratings". If the user selects this response, the entry screen must disable/ignore any responses at higher ratings within that Dimension. Here are the pre-empts:
 - Adult LOCUS, Dimension IV-B: "Effective involvement of Assertive Community Treatment Team (ACT) or other similarly highly supportive resources". If this is selected, the score for Dimension IV-B will be 1.
 - Adult LOCUS, Dimension IV-B: "Professional supports are available and effectively engaged (i.e. ICM)". If this is selected, the score for Dimension IV-B will be 2.
 - Child CALOCUS, Dimension IV-B: "Effective involvement in a Wraparound Process, or use of other highly supportive resources". If this is selected, the score for Dimension IV-B will be 1.
 - Child CALOCUS, Dimension VI-B: an option must be provided to indicate that the "Child or Adolescent is emancipated". If this is selected, the score for Dimension VI-B will be 1.
- In both Instruments, Dimension Four is divided into two sub-scales. Both of these scores (IV-A and IV-B) count towards the Composite Score. These two scores are also considered individually in the Decision Tree.
- On the CALOCUS Instrument only, Dimension Six is also divided into two sub-scales. Unlike in Dimension Four above, in this case only the higher of these two sub-scales will count towards the Composite Score. Any mention of the Dimension VI score in the CALOCUS Decision Tree refers only to the higher of these two sub-scale scores (VI-A or VI-B).

- The seven individual Dimension Scores (I, II, III, IV-A, IV-B, V and VI) are added together to get the Composite Score. Thus, the Composite Score will always be between 7 and 35.
- Calculating the Recommended Level of Care must be done using the Decision Tree (the flowchart algorithm), and not by the Determination Grid. The Decision Tree is included in the Instrument PDF files.
- Ten pieces of information are needed to calculate the Recommendation via the Decision Tree: the seven individual Dimension Scores, the Composite Score (which is just the sum of the seven Dimension Scores), and two specific responses that the clinician may have chosen (see below for details on these two specific responses).
- The first of the two specific responses is in Dimension IV-B:
 - In Adult LOCUS, the response text states “Effective involvement of Assertive Community Treatment Team (ACT) or other similarly highly supportive resources”. This is needed to answer the question “Is ACT present and Dimension IV-A 2 or less?” in the flowchart.
 - In Child CALOCUS, the response text states “Effective involvement of Wraparound Process or other similarly highly supportive resources”. This is needed to answer the question “Is Wraparound Process engaged and Dimension IV-A 2 or less?” in the flowchart.
- The second of the two specific responses is in Dimension V, and is the same in both LOCUS and CALOCUS: “There has been no prior experience with treatment or recovery”. This is needed for the “Has patient completed treatment at a higher level of care?” decision diamond.
 - If this response is selected, we know the client has NOT completed treatment at a higher level of care. However, if this response is not selected, then we proceed as if the client HAS completed treatment in the past. When you are coding this, remember that this is logically inverse... if the user answers Yes to this response, we must take the corresponding No branch in the flowchart, and vice versa.
 - You must ignore the “There has been no prior experience” response if the user also selects another Dimension V response with a score of 2 or higher. So any score of 2 or higher in Dimension V means that we proceed as if the client HAS completed treatment in the past.
- As long as the “core” of the LOCUS and CALOCUS Instruments is not altered, you may add additional entry fields before or after. For instance, you can have the user specify dates, locations, current levels of care, diagnoses, dispositions, notes, etc. This is permitted since none of these alter the assessment itself. Entries such as these only add additional information associated with the assessment.
- When storing the results of the assessment to your database, you should retain each of the responses that were selected. This serves to document the entries selected by the assessor, in order to justify to scoring decisions made. It is not enough to say “This client scored a 4 on Risk of Harm.” By recording the individual response(s) selected, we can see WHY the assessor determined that a score of 4 was warranted.