

## CHPW Crosswalk between CA/LOCUS Levels and CHPW Authorization of Services

**Please Note:** The Levels of Care are meant to serve as guidelines. Clinicians must use the CA/LOCUS tool to map to an authorization request. Authorization is required prior to delivery of services except for Crisis Services, Intake Evaluation, CA/LOCUS, Stabilization, Engagement and Outreach, and Rehabilitation Case Management. Crisis services and Intake are available at all levels of care. Although initial placement may begin at a particular level of care, consumers may (based on updated CA/LOCUS, treatment plan and choice) move to/from different levels of service – the levels are not static and may be non-sequential. Services at all levels of care must be medically necessary and expected to benefit service recipients. Default Authorization Lengths are individualized thresholds and are NOT service caps.

CA/LOCUS Level	Required Clinical Documentation for Authorization Review	Level of Care Guidelines and Service Models	Core Services <i>(See CHPW Modalities by Levels of Care for all available modalities)</i>	Expected Services/ Frequency	UM Review Thresholds	Authorization Types	Default Auth Length		
<b>LEVEL 1</b>  Adult or Child Recovery, Resiliency, and Health Maintenance (Typically a step-down level of care)  <b>Composite Score:</b> 10 – 13	<ul style="list-style-type: none"> <li>Meets CHPW’s Eligibility Criteria</li> </ul> <b>Required documentation:</b> <ul style="list-style-type: none"> <li><u>Initial auth:</u> CA/LOCUS Score</li> <li><u>Re-auth:</u> CA/LOCUS Summary and Score</li> </ul>	Maintenance Stage of Support; Diagnosed psychiatric illness and demonstrated sufficient improvement, able to function adequately, may need on-going complex medication management, requiring only minimal contact and coordination of services to sustain recovery.	<b>Primary Core Services</b> <ul style="list-style-type: none"> <li>Assessment/Intake</li> <li>Individual Treatment (Individual therapy and Case Management)</li> <li>Group Treatment</li> <li>Therapeutic Psychoeducation (individual and group)</li> <li>Medication Management</li> <li>Family Treatment</li> <li>Peer Support (individual or group)</li> <li>Brief Intervention</li> <li>Psychological Assessment</li> <li>Crisis Services</li> <li>Special Population Evaluation</li> </ul> <b>And</b> <ul style="list-style-type: none"> <li>Medication Monitoring (for Clozaril group only)</li> </ul>	<ul style="list-style-type: none"> <li>Psychiatric Medication Management/ every 1 – 3 months</li> <li>All other outpatient services, including Peer Support /not less than 1 hr/every 3 months</li> </ul>	<b>Typically:</b> 0-3 hrs a month  <b>Low:</b> No services for 90 days  <b>High:</b> More than 4 hrs per month for a consecutive 3 month period	<b>Level 1</b> (Outpatient)  <b>Allowed Overlaps:</b> <ul style="list-style-type: none"> <li>Level 5 Res: 1 day (adults) 2-14 (child)</li> <li>Level 5 Stab. Services</li> <li>Level 6</li> </ul>	<b>Medicaid funded:</b> Up to 365 days  <b>State Funded:</b> 0 days (or by exception)  <b>Average expected Length of Stay:</b> 180 days or less		
<b>LEVEL 2</b>  Adult or Child Outpatient Services (Typically Routine Outpatient Services)  <b>Composite Score:</b> 14 – 16	<ul style="list-style-type: none"> <li>Meets CHPW’s Eligibility Criteria</li> </ul> <b>Required documentation:</b> <ul style="list-style-type: none"> <li><u>Initial auth:</u> CA/LOCUS Score</li> <li><u>Re-auth:</u> CA/LOCUS Summary and Score</li> </ul>	<table border="1"> <thead> <tr> <th>Level of Care Guidelines and Service Models</th> </tr> </thead> <tbody> <tr> <td>Mild to moderate clinical symptoms, behaviors, and/or functional impairment and/or deterioration due to a diagnosed psychiatric illness; Demonstrated capacity and willingness to engage in tx and/or has responded positively to more intensive tx and this level offers ongoing tx to maintain gains.</td> </tr> <tr> <th>Core Services <i>(See CHPW Modalities by Levels of Care for all available modalities)</i></th> </tr> </tbody> </table>	Level of Care Guidelines and Service Models	Mild to moderate clinical symptoms, behaviors, and/or functional impairment and/or deterioration due to a diagnosed psychiatric illness; Demonstrated capacity and willingness to engage in tx and/or has responded positively to more intensive tx and this level offers ongoing tx to maintain gains.	Core Services <i>(See CHPW Modalities by Levels of Care for all available modalities)</i>	<ul style="list-style-type: none"> <li>Psychiatric Med Management: up to 2x month for the first two months, then minimum 1x every 1 – 3 months</li> <li>All other Outpatient services including Peer Support up to 1hr/week and not less than 1hr/month</li> </ul>	<b>Typically:</b> 2-6 hrs/month  <b>Low:</b> Less than 1 hour of service/month for 3 consecutive months.  <b>High:</b>	<b>Level 2</b> (Outpatient) <b>Allowed Overlaps:</b> <ul style="list-style-type: none"> <li>Level 5 Res: 1 day (adults) 2-14 day (child)</li> <li>Level 5 Stab. Services</li> <li>Level 6</li> </ul>	<b>Medicaid funded:</b> Up to 365 days  <b>State funded:</b> 0 days (or by exception)  <b>Average expected Length of Stay:</b> 180 days or less
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Mild to moderate clinical symptoms, behaviors, and/or functional impairment and/or deterioration due to a diagnosed psychiatric illness; Demonstrated capacity and willingness to engage in tx and/or has responded positively to more intensive tx and this level offers ongoing tx to maintain gains.									
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		<ul style="list-style-type: none"> <li>• <b>Primary Core Services</b> as listed above and:</li> <li>• Medication Monitoring</li> </ul>			More than 8 hrs/month for 3 months.		
<b>LEVEL 3</b> Adult or Child Intensive Outpatient Services  <b>Composite Score:</b> 17 – 19	<ul style="list-style-type: none"> <li>• Meets CHPW’s Eligibility Criteria</li> <li>• Requires clinical review for re-authorization</li> </ul> <b>Required documentation:</b> <ul style="list-style-type: none"> <li>• <u>Initial Auth:</u> CA/LOCUS Score</li> <li>• <u>Re-auth:</u> CA/LOCUS Summary and Score</li> </ul>	Multiple and/or significant symptoms and functional impairments, or deterioration in more than one life domain due to a diagnosed psychiatric illness; individual requires more focused, intensive treatment and service coordination. <ul style="list-style-type: none"> <li>• Services are provided in either a clinic or community setting.</li> <li>• Services are provided in either a clinic or community setting.</li> <li>• One or more of the following service models is required: Community Support teams or for a Child/Youth, intensive outpatient or Options program services.</li> <li>• This level serves as a structured short term intensive program that is intended to step an individual down from higher levels of care or can be used as an attempt to divert an individual from a higher level of care.</li> </ul>	<b>Core Services</b> <ul style="list-style-type: none"> <li>• <b>Primary Core Services</b> as listed above and:</li> <li>• Medication Monitoring</li> </ul>	<ul style="list-style-type: none"> <li>• Psychiatric Medication Management/every 2 weeks – every other month</li> <li>• Medication Monitoring up to 1x-2x/month</li> <li>• All other services/2- 4 hrs a week</li> </ul>	<b>Typically:</b> 3 – 16 hrs per month  <b>Low:</b> Less than 3 hours a month for a consecutive 3 month period.  <b>High:</b> More than 180 days at level of care	<b>Level 3</b> (Out Patient)  <b>Level 3 CST</b> (Community Support Team)  <b>Allowed Overlaps</b> <ul style="list-style-type: none"> <li>• Level 5 Res: 1 day (adults) 2-14 (child)</li> <li>• Level 5 Stab. Services</li> <li>• Level 6</li> </ul>	<b>Medicaid funded:</b> 90 days  <b>State funded:</b> 0 days (or by exception)  <b>Average expected Length of Stay:</b> 180 days or less
<b>LEVEL 4</b> Medically Monitored Community based Services  <b>Composite Score:</b> 20 – 22  <b>Current EBPs:</b> Assertive Community Treatment (ACT)	<ul style="list-style-type: none"> <li>• Meets CHPW’s Eligibility Criteria</li> <li>• Requires clinical review for authorization (PACT) and re-authorization.</li> </ul> <b>Required documentation:</b> <ul style="list-style-type: none"> <li>• <u>Initial auth:</u> CA/LOCUS Score, PACT Referral Form</li> <li>• <u>Re-auth:</u> CA/LOCUS Summary and Score</li> <li>• Crisis Plan</li> </ul>	Acute or chronic impairment due to psychiatric illness and/or deterioration in psych condition, such that consumer requires frequent monitoring without the need for 24 hr structured care; associated with the likelihood of requiring acute inpatient care if consumer does not benefit from intervention at this level; Consumer may have experienced frequent hosp., crisis interventions, or criminal justice system involvement <ul style="list-style-type: none"> <li>• Services are provided in either a clinic or community setting.</li> <li>• Required program service model: ACT and Level IV Community Support Team (proposed), ADAPT</li> </ul> This level offers short to medium term models of intensive services primarily community-based by either a 24 hour team with a focus on diversion from residential or inpatient services or through an intensive partial hospitalization program.	<b>Core Services</b> <ul style="list-style-type: none"> <li>• <b>Primary Core Services</b> as listed above and:</li> <li>• Medication Monitoring</li> </ul>	<ul style="list-style-type: none"> <li>• Psychiatric Med Management and/or Med Monitoring /daily or less frequently as designated</li> <li>• Medical services available 24/7</li> <li>• Nurse available for adults/up to 40 hrs/week</li> <li>• Physical assessment available at ADAPT</li> <li>• PACT, WAPACT Services available 24/7;3 or more hours/week</li> <li>• ADAPT services available 5 days/week</li> </ul>	<b>Typically:</b> 12 hrs/mo. or more <b>ADAPT:</b> 12 or less days  <b>Low:</b> Less than 5 hours of service in 2 consecutive months.  <b>High:</b> More than 180 days at this LOC	<b>Level 4</b> <b>Level 4 WISE</b> <b>Level 4 PACT</b> <b>Level 4 WAPACT</b> <b>Level 4 ADAPT</b> <b>Level 4 COMET</b> (PHSWMC Hosp. Alternate. Services, Adults Only)  <b>Allowed Overlaps</b> <ul style="list-style-type: none"> <li>• Level 5 Res: 1 day (adults) 2-14 (child)</li> <li>• Level 5 Stab Services</li> </ul>	<b>Medicaid funded:</b> 90 days  <b>State funded:</b> 0 days (or by exception)  <b>Average expected Length of Stay:</b> ADAPT: 9 days or less All other Level 4: 180 days or less

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		<p><i>Under High Intensity Treatment Services, the following can be provided through ACT programs:</i></p> <p><b>Primary Core Services</b> as indicated above and:</p> <ul style="list-style-type: none"> <li>Psychological Assessment (by PhD, for diagnostic purposes)</li> <li>Rehab Case Management for individuals coming out of 24 hour facilities (no pre-authorization required)</li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>Day Support (ADAPT Only)</li> </ul>				<ul style="list-style-type: none"> <li>Level 6</li> <li>ADAPT: Level 1-6</li> </ul>	
<p><b>LEVEL 5 Stabilization Services</b></p> <p>Short term Medically Monitored Hospital based Diversion Services</p> <p><b>Composite Score</b> 23 – 27</p>	<ul style="list-style-type: none"> <li>Meets CHPW’s Eligibility Criteria</li> <li>Stab Beds require assessment and referral from DMHP or inpatient diversion by CHPW Care Manager</li> <li><u>Auth</u>: Approval by DMHPs. Stab bed provider requests initial auth.</li> <li><u>Exten</u>: CA/LOCUS score w/CHPW clinical review of crisis plan, last 2 med notes, and D/C Plan.</li> </ul>	<p>Imminent or current psych emergency, or acute deterioration; where stabilization is required before consumer can be further assessed for placement/continuation in an appropriate level of care</p> <ul style="list-style-type: none"> <li>Services are facility based</li> <li>Program Models: stabilization services, residential services, and Level 5 Community Support Team (proposed)</li> </ul>	<p><b>Core Services</b></p> <ul style="list-style-type: none"> <li>Intake Evaluation</li> <li>Stabilization Services (these services do not need to be pre-authorized. Authorization must be received within 3 business days)</li> </ul>	<p><b>Stabilization Services</b></p> <ul style="list-style-type: none"> <li>24 hr Psych care access</li> <li>Med Mgt 3X/week</li> <li>Med Monitoring daily</li> <li>On-site nursing 24 hrs/day</li> <li>Individual, Group, Family Treatment 2x/day min.</li> <li>Therapeutic Psycho-Ed daily</li> <li>Social and Rec. activities 2x/day min.</li> <li>Hourly safety monitoring</li> <li>Food service 3x/day</li> <li>Rehab Case Management</li> </ul>	<p><b>Typical Stabilization Services:</b> 12 hrs/week</p> <p><b>UR Review Threshold</b> <b>Low:</b> Less than 10 hours of service in 14 days; <b>High:</b> Remaining at this level for more than 10 days</p>	<p><b>Level 5 SS</b> (Crisis Stabilization Services)</p> <p><b>Overlaps</b></p> <ul style="list-style-type: none"> <li>Levels 1—4 (Adults: 1 day, Child: 14 days)</li> <li>Level 5 Res.</li> <li>Level 6</li> </ul>	<p><b>Medicaid and State funded:</b> 6 days</p> <p><b>Average expected Length of Stay:</b> 2-14 days as approved by CHPW Care Managers</p>
<p><b>LEVEL 5 Residential Services</b></p> <p>Long term Medically Monitored Residential based Services</p> <p><b>Composite Score:</b> 23 – 27</p>	<p><b>Residential placement</b> requires assessment by MHP and auth by CHPW</p> <p><u>Auth</u>: Admission or Intake Evaluation, initial Tx plan and CA/LOCUS at intake and reauthorization</p> <p><u>Reauth</u>: Current Tx plan, CA/LOCUS score, most recent Tx Plan Review.</p>	<ul style="list-style-type: none"> <li><b>Residential services</b> are indicated when the presenting signs/symptoms of a psychiatric illness clearly demonstrate the need for 24/hr structure, supervision and active treatment; consumer’s support system is either non-existent, or has been proven to lack stability and treatment in a less acute or non-community based setting is likely to be unsuccessful at this time; or where there is a history of multiple, recent hospitalizations and a period of structured supervision at this level is needed to return consumer to a lower level of care.</li> </ul>	<p><b>Core Services</b></p> <ul style="list-style-type: none"> <li>Assessment, individual, group, family, therapeutic psycho-education</li> </ul>	<p><b>Residential Treatment</b></p> <ul style="list-style-type: none"> <li>Psychiatric or medical/daily</li> <li>Medication Management 1x/week- 1x/mo.</li> <li>Daily Med Monitoring</li> <li>Nursing access 24 hrs/day</li> <li>Individual, Group, Family Tx 1x/week min.</li> <li>Therapeutic Psycho-Ed 5 days/week</li> <li>Rehab Case Management</li> </ul>	<p><b>Typical Residential TX:</b> 7-10 hrs/week <b>Low:</b> 10 or less service hrs in 14days <b>High:</b> More than 180 days at this level —<b>OR</b>— More than 7-10 Rehab Case Mgt hrs with another provider. More than 40 hrs/wk (child)</p>	<p><b>Level 5 RES OP</b></p> <p><b>Allowed Overlaps:</b></p> <ul style="list-style-type: none"> <li>Levels 1-4 One day only (adults) 2-14 days (child)</li> <li>Level 6</li> </ul>	<p><b>Medicaid and State funded:</b> 90 days</p> <p><b>Average expected Length of Stay:</b> 180 days</p>

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<b>LEVEL 6</b>  Medically Managed Residential or Inpatient Services  <b>Composite Score:</b> 28+	<ul style="list-style-type: none"> <li>• <u>Pre-auth</u> required by CHPW Care Manager during business hrs or Crisis Services afterhours</li> <li>• Crisis Detains for Involuntary Treatment</li> <li>• <u>Exten</u> by CHPW Care Manager (reg. bus hrs.)</li> </ul>	Serious and imminent risk of harm to self/others, grave disability due to a psychiatric illness; Consumer cannot be safely managed in a less restrictive environment. Inpatient services are based on medical necessity and admission criteria, and are NOT dependent on the consumer's CA/LOCUS.	<table border="1"> <thead> <tr> <th>Core Services</th> </tr> </thead> <tbody> <tr> <td> <ul style="list-style-type: none"> <li>• Inpatient Psychiatric Services</li> <li>• Free-standing Evaluation and Treatment Services</li> <li>• Rehab Case Management</li> </ul> </td> </tr> </tbody> </table>	Core Services	<ul style="list-style-type: none"> <li>• Inpatient Psychiatric Services</li> <li>• Free-standing Evaluation and Treatment Services</li> <li>• Rehab Case Management</li> </ul>	<ul style="list-style-type: none"> <li>• 24 hr Psychiatric access</li> <li>• Pharmacological mgt</li> <li>• Med admin/daily</li> <li>• On-site nursing 24 hrs/day</li> <li>• Individual, Group, Family Treatment min. 3x/day</li> <li>• 3+ Food service/day</li> <li>• Rehab Case Management</li> </ul>	<b>Typically:</b> 1 – 5 days <b>Low:</b> Length of Stay less than 4 days <b>High:</b> 2 or more Hospital Admissions within 90 days	<u>Level 6 Eval Tx</u> (Evaluation and Treatment Center)  <b>Allowed Overlaps:</b> All Levels	<b>Medicaid and State funded:</b> 4 days
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<ul style="list-style-type: none"> <li>• Inpatient Psychiatric Services</li> <li>• Free-standing Evaluation and Treatment Services</li> <li>• Rehab Case Management</li> </ul>									