|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Agency/Facility:** |  | | **Move-In Date:** | | |
| **Months Covered:** |  | | **Date submitted:** | | |
| **MCO** |  | | **Submitted by:** | | |
|  |  | |  |  | |
| **KCID** | **Client Name** | **Client DOB** | | | **DSM 5 / ICD10** |
|  |  |  | | |  |
|  |  | |  |  | |
| **LOCUS score (1-5):** | | **Justification:** | | | |
| **Risk of Harm:** | |  | | | |
| **Functional Status (Impairment):** | |  | | | |
| **Co-Morbidity:** | |  | | | |
| **Recovery Environment (Level of Stress):** | |  | | | |
| **Recovery Environment (Level of Support):** | |  | | | |
| **Treatment and Recovery History:** | |  | | | |
| **Engagement and Recovery Status:** | |  | | | |
| **Total Score:** | |  | | | |

|  |  |
| --- | --- |
| **Monthly Summary** | |
| **Hours of activities:** |  |
| **ADLs client needs assistance with due to MH issues:** |  |
| **Significant changes in the patient to behavioral health presentation since last authorization period:** |  |
| **Current interventions or changes to interventions to better meet client’s needs:** |  |
| **How are symptoms being managed? What specific skills are being used?** |  |
| **What is the current discharge plan?** |  |
| **Please submit the following form and attach any documentation used to justify the LOCUS score.**  **Email: continuing.stay@kingcounty.gov | Fax: 206.973.8517** | |