ADULT MENTAL HEALTH DIVISION (AMHD) UTILIZATION MANAGEMENT-LOCUS
PHONE #: (808) 586-7400 FAX #: (808) 453-6966

Send for Group A Requests, Eligibility Determinations or Re-Admission to AMHD

FULL LEGAL NAME:	DOB	SSN	ALIAS:
CURRENT ADDRESS	CITY	ZIP	PHONE:
CURRENT DX CODE AXIS I:			CURRENT DX CODE AXIS II:
AXIS III:	AXIS IV:		AXIS V:

LEGAL STATUS: (CHECK ONE IF APPLICABLE)
☐ 404 ☐ 405 ☐ 406 ☐ 411.1.a ☐ 411.1.b ☐ 607-706 ☐ 413 ☐ 415 ☐ Voluntary
☐ Parole ☐ Probation ☐ Other: (Specify)

LOCUS Dimension	LOCUS Dimension Rating (Check Score)					
I. Risk of Harm	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	______
II. Functional Status	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	______
III. Co-Morbidity	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	______
IV. Recovery Environment						
A- Environmental Stressors	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	______
B- Environmental Supports	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	______
V. Treatment and Recovery	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	______
VI. Engagement	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	______

Note: Refer to LOCUS Manual when completing this form.

COMPOSITE LOCUS SCORES (add right column) ______

LOCUS Level of Care Result (Consult Decision Tree) ______

Actual Current LOCUS Level of Care ______

Reason for Variance (if applicable)

PERSON COMPLETING FORM (IF OTHER THAN QMHP):

	MET	NOT MET
MR CRITERIA		

NAME OF QMHP COMPLETING FORM (PLEASE PRINT):	DATE COMPLETED:	
SIGNATURE:	PHONE	FAX

[Attachment C to AMHD Directive 2006-14]
[January 1, 2007]