

Optum Clinical Criteria for Behavioral Health Conditions Change to LOCUS – CASII – ECSII (L/C/E Criteria)

FREQUENTLY ASKED QUESTIONS

Q1. What are LOCUS, CASII and ECSII?

A1. *Level of Care Utilization System (LOCUS)* – a standardized level of care assessment tool, developed by the American Association of Community Psychiatrists, used to make medical necessity determinations and placement decisions for adults.

Child and Adolescent Service Intensity Instrument (CASII) – a standardized assessment tool, developed by the American Academy of Child and Adolescent Psychiatry, used to make medical necessity determinations and to provide level of service intensity for children and adolescents ages 6-18.

Early Childhood Service Intensity Instrument (ECSII) – a standardized assessment tool, developed by the American Academy of Child and Adolescent Psychiatry, used to make medical necessity determinations and to provide level of service intensity for children ages 0-5.

Q2. Why is Optum changing from prior Level of Care Guidelines to LOCUS/CASII/ECSII (L/C/E) clinical criteria for behavioral health?

A2. While our prior behavioral health level of care criteria were developed by considering evidence-informed literature and clinical criteria established by professional organizations, we are moving to these externally developed guidelines for several reasons:

- *Externally validated:* L/C/E criteria were created and are updated based on the changing landscape of evidence informed care, market and regulatory considerations, and feedback from stakeholders across the care system.
- *Common Language Drives Improved Care:* The use of these guidelines creates a common language for providers with payers, regulators and other stakeholders of the care system, which results in a clearer understanding of patient needs.
- The six dimensions provide a more holistic view of acuity and chronicity of behavioral condition, thereby promoting more appropriate care for patients and a better overall experience.

Q3. Why were L/C/E criteria, created by specific provider communities, selected over more widely accepted guidelines created by totally independent organizations such as Milliman or InterQual?

A3. In effectively managing behavioral health services, three main concepts need to be considered and balanced: (1) Use of wrap-around services; (2) tailored to specific age of the member; and, (3) adopts a system of care approach. The L/C/E criteria best meet all three of these concepts.

Q4. When is this change effective?

A4. The change to L/C/E will be phased in across the country beginning December 13, 2019. Some markets or programs are already using L/C/E clinical criteria.

In the following states, LOCUS will be implemented on 12/13/19, with CASII/ECSII becoming effective 1/31/20:

Alaska	Hawaii	Oregon
Arizona	Idaho	Texas
California	Montana	Utah
Colorado	Nevada	Washington
	New Mexico	Wyoming

(CASII and ECSII tools may not be available in a digital format by 12/13/19 so the decision was made to postpone that portion of the western states implementation until 1/31/20 to ensure that the digital tool is available.)

LOCUS/CASII/ECSII will be implemented in all other states on 1/31/20, unless superseding state, federal, contractual or customer requirements apply.

Q5. Will L/C/E clinical criteria be used for all of the members I see whose behavioral health care is managed by Optum?

A5. L/C/E will be used for Commercial and Medicaid members unless federal or state regulations or contractual provisions require us to apply other specifically identified clinical criteria. For Medicare Advantage, we will use L/C/E when there is no CMS required/applicable National Coverage Determination (NCD) or Local Coverage Determination (LCD) guidance.

Q6. Will L/C/E replace state-directed level of care guidance?

A6. No. State-directed requirements will supersede the use of L/C/E. However, for covered services for which we currently apply Optum's Level of Care Guidelines, and where the state does not require us to use their guidance, we will be applying L/C/E.

Q7. Will L/C/E replace ASAM for substance use disorder clinical criteria?

A7. No. We will continue to use ASAM as our clinical criteria for substance use disorders. L/C/E will be used for behavioral health conditions only.

Q8. Will L/C/E apply to Applied Behavior Analysis (ABA) services?

A8. No. ABA services are subject to their own clinical criteria, as outlined in the [“Behavioral Clinical Policy: Applied Behavior Analysis”](#), available on Provider Express.

Q9. What analysis has been done on this change to utilization trends? Can Optum provide the results of that analysis?

A9. We do not anticipate any material utilization trends switching to the L/C/E guidelines. This is based in part on our development of a crosswalk and review of severity and covered levels of care. The crosswalk is available on request.

Q10. Has Optum assessed how this change in utilization review (UR) criteria may impact utilization management (UM) decisions and subsequent UM appeals? Does it vary by LOB?

A10. The LOCUS and CASII scoring matches up with our levels of care and would be applied similarly to our prior internal LOCG’s. The additional change is that it includes criteria for ages 1-5 and provides better criteria for ancillary levels such as wrap around services. It is not expected to be substantially different in terms of matching severity to appropriate level of care.

Q11. Will members have potential gaps in care as a result of this UR criteria change?

A11. No. There are no gaps. The levels of care are not changing (inpatient, partial hospitalization program, intensive outpatient program, etc.)

Q12. Do I have to complete and submit assessments or forms as part of requesting an authorization under LOCUS/CASII/ECSII criteria?

A12. No, you will simply contact us as usual to request an authorization. Optum staff will use LOCUS/CASII/ECSII criteria as part of our review and evaluation of the authorization request.

Q13. What will be different about my interactions with Optum?

A13. While there may be some variations in some of the questions that are asked during the utilization review process, we do not anticipate that there will be a significant difference in the information-taking process.

Q14. Does the change to LOCUS/CASII/ECSII mean there are changes to authorization requirements?

A14. No. There are no changes in the types of services that require authorization.

Q15. Do I need to be trained on LOCUS, CASII and ECSII?

A15. While you are welcome to obtain training through Deerfield (LOCUS) or AACAP (CASII and ECSII), it is not required by Optum. The LOCUS, CASII and ECSII criteria will be used by Optum staff as part of their clinical decision-making.

While there might be some variations in questions you are asked if you call for an authorization, there is no change in the services requiring an authorization or in how you request an authorization.

Q16. If I do wish to obtain training on LOCUS, CASII and ECSII, who do I contact?

A16. Information about training resources can be found on the following websites:

LOCUS – through Deerfield Solution:

dbhn.com

CASII – through AACAP:

aacap.org/Member_Resources/AACAP/Member_Resources/Practice_Information/CASII

ECSII – through AACAP:

aacap.org/Member_Resources/AACAP/Member_Resources/Practice_Information/ECSII