

Optum Clinical Criteria for Behavioral Health Conditions Use of LOCUS – CALOCUS-CASII – ECSII (L/CC/E Criteria)

FREQUENTLY ASKED QUESTIONS

Q1. What are LOCUS, CALOCUS-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 clinical determinations and placement decisions for adults.



Child and Adolescent Level of Care/Service Intensity Utilization System (CALOCUS-CASII) – a standardized assessment tool, unifying the Child and Adolescent Level of Care Utilization System (CALOCUS) developed by the American Association of Community Psychiatrists and the Child and Adolescent Service Intensity Instrument (CASII) developed by the American Academy of Child and Adolescent Psychiatry. Effective 11/13/2021, the merged CALOCUS-CASII tool will be used to make clinical 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 clinical determinations and to provide level of service intensity for children ages 0-5.

Q2. What is the difference between CASII and CALOCUS-CASII?

A2. The CALOCUS and CASII instruments are not different in terms of the dimensions, service intensity levers, scoring and scoring algorithm. The merger of the two instruments includes harmonized descriptive language within the tools without fundamental changes to those consistent elements.

Q3. Why did Optum changing from prior Level of Care Guidelines to LOCUS/CALOCUS-CASII/ECSII (L/CC/E) clinical criteria for behavioral health?

- A3. 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/CC/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.
- Q4. Why were LOCUS, CALOCUS-CASII and ECSII criteria, created by specific provider communities, selected over more widely accepted guidelines created by totally independent organizations such as Milliman or InterQual?
 - A4. 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/CC/E criteria best meet all three of these concepts.
- Q5. When did Optum begin using LOCUS, CALOCUS-CASII and ECSII clinical criteria?

The original change to LOCUS, CASII and ECSII, was implemented in 2019-2020, unless superseding state, federal, contractual or customer requirements apply.

Effective 11/13/2021, Optum is adopting the merged instrument, CALOCUS-CASII, as the clinical criteria for children and adolescents ages 6-18. The use of LOCUS and ECSII are unchanged.

- Q6. Are LOCUS, CALOCUS-CASII and ECSII clinical criteria used for all of the members I see whose behavioral health care is managed by Optum?
 - A6. L/CC/E are 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 use L/CC/E when there is no CMS required/applicable National Coverage Determination (NCD) or Local Coverage Determination (LCD) guidance.
- Q7. Do LOCUS, CALOCUS-CASII and ECSII replace state-directed level of care guidance?
 - A7. No. State-directed requirements supersede the use of L/CC/E.
- Q8. Do LOCUS, CALOCUS-CASII and ECSII replace ASAM for substance use disorder clinical criteria?
 - A8. No. We continue to use ASAM as our clinical criteria for substance use disorders. L/CC/E are used for behavioral health conditions only.

A5.

Effective

Date

- Q9. Do LOCUS, CALOCUS-CASII and ECSII apply to Applied Behavior Analysis (ABA) services?
 - A9. No. ABA services are subject to their own clinical criteria, as outlined in the "<u>Behavioral Clinical Policy: Applied Behavior Analysis</u>", available on Provider Express.
- Q10. Will members have potential gaps in care as a result of the change from CASII to CALOCUS-CASII?
 - A10. No. There are no gaps. The levels of care are not changing (inpatient, partial hospitalization program, intensive outpatient program, etc.)
- Q11. Do I have to complete and submit assessments or forms as part of requesting an authorization under LOCUS, CALOCUS-CASII and ECSII criteria?
 - A11. No, you simply contact us as usual to request an authorization. Optum staff uses LOCUS/CALOCUS-CASII/ECSII criteria as part of our review and evaluation of the authorization request.
- Q12. Does the change from CASII to the merged CALOCUS-CASII instrument mean there are changes to authorization requirements?
 - A12. No. There are no changes in the types of services that require authorization.
- Q13. Do I have to be trained on LOCUS, CALOCUS-CASII and ECSII?
 - A13. No. Optum does not require providers to obtain training. The LOCUS, CALOCUS-CASII and ECSII criteria and tools are used by Optum staff as part of their clinical decision-making.
- Q14. If I do wish to obtain training on LOCUS, CALOCUS-CASII and ECSII, who do I contact?
 - A14. Information about training resources and cost of training can be found on the following websites:

LOCUS – through Deerfield Solution:

locusonline.com/training.asp

CALOCUS-CASII – through AACAP:

aacap.org/AACAP/Member Resources/Practice Information/CALOCUS CASII

ECSII – through AACAP:

aacap.org/Member Resources/AACAP/Member Resources/Practice Information/ECSII