**From:** Bates, Stephanie M (CHFS DMS)   
**Sent:** Thursday, January 7, 2021 11:11 AM  
**To:** Hughes, Sharley J (CHFS DMS) <[SharleyJ.Hughes@ky.gov](mailto:SharleyJ.Hughes@ky.gov)>  
**Cc:** Parker, Angela W (CHFS DMS DPQO) <[angelaw.parker@ky.gov](mailto:angelaw.parker@ky.gov)>  
**Subject:** BH TAC Request

Here is the language Sheila asked for during the BH TAC.

The Contractor shall have a comprehensive UM Program that reviews services for Medical Necessity and clinical appropriateness, and that monitors and evaluates on an ongoing basis the appropriateness of care and services for physical and behavioral health. The Contractor shall comply with federal and state regulations when selecting Medical Necessity criteria. The Contractor shall adopt Interqual or MCG (Milliman) as the primary medical/surgical criteria for Medical Necessity except that the Contractor shall utilize the American Society of Addiction Medicine (ASAM) for substance use. If Interqual or MCG does not cover a Behavioral Health Service, the Contractor shall adopt the following standardized tools for Medical Necessity determinations:

1. For adults: Level of Care Utilization System (LOCUS)
2. For children: Child and Adolescent Service Intensity Instrument (CASII) or the Child and Adolescent Needs and Strengths Scale (CANS); for young children; Early Childhood Service Intensity Instrument (ECSII)

If it is determined that a Medical Necessity criteria named in this section is not available or is not specifically addressed for a service or for a specific population, the Contractor shall submit its proposed Medical Necessity criteria to the Department for approval subject to **Section 4.4** “**Approval of Department.**”  CMS recognized guidelines, LCDs and NCDs, may be utilized by all MCOs when other criteria do not specifically address the provider request. There must be written policies for applying the criteria based on an assessment of the local delivery system. The Department may also, at its discretion, require the use of other criteria it creates or identifies for services or populations not otherwise covered by the named criteria in this section.  Criteria must be based on established scientific evidence which should be specifically referenced in documentation, and strive to incorporate local factors such as Kentucky’s demography, epidemiology or provider network attributes. The Contractor shall implement such criteria within ninety (90) Days of receipt of notice from the Department.

The Contractor’s Medical Necessity criteria will be transparent and meet all relative documentation requirements as required by the Department, the Kentucky Department of Insurance, CMS or other relevant regulatory agencies. Criteria shall be readily available for review by DMS or the public by request and on the Contractor’s website.

The Contractor and Subcontractors responsible for service authorization decisions shall have in place written policies, procedures and mechanisms to ensure consistent application of review criteria for the processing of requests for initial and continuing authorization of services.  The written clinical criteria and protocols shall provide for mechanisms to obtain all necessary information, including pertinent clinical information, and consultation with the attending physician or other health care provider as appropriate.

The Contractor shall have a review body that includes representation by Kentucky licensed health care professionals that review Medical Necessity criteria at least annually. The Contractor shall annually attest to the criteria being used by the Contractor and Subcontractors for Medical Necessity decisions.

The Contractor shall resubmit criteria approved under a prior contract, if applicable, to the Department for review and approval to ensure compliance with the requirements of this Contract.

Thanks!

Stephanie Bates

Deputy Commissioner