SUBJECT		CHAPTER	SECTION	SUBJECT
Clinical Practice Guidelines		05	03	11
CHAPTER	**SECTION**			
Clinical Practice Guidelines	Care Delivery			
WRITTEN BY	**REVIEWED BY**		**AUTHORIZED BY**	
Thomas Seilheimer	Tom Seilheimer		PIHP Board	

I. APPLICATION:

☐ PIHP Board ☒ CMH Providers ☒ SUD Providers
☒ PIHP Staff ☒ CMH Subcontractors

II. POLICY STATEMENT:

Region 10 PIHP shall adopt Clinical Practice Guidelines (CPGs) to guide practitioner and member decision-making regarding appropriate care and service. The purpose of Clinical Practice Guidelines is to provide evidence-based and expert-consensus direction for the assessment and treatment of behavioral health disorders. The PIHP recognizes that services and supports must be provided in an efficient, effective and accountable manner, and that cost-effective care equates with clinically- effective care. In support of these various aspects of quality care, the PIHP and its provider system shall operate within a comprehensive set of CPGs.

III. DEFINITIONS:

Clinical Practice Guidelines: Guidelines adopted by the PIHP to provide evidence-based and expert- consensus direction for the assessment and treatment of behavioral health disorders. CPGs promote sound clinical practice to assist practitioners, individuals and families to make decisions about appropriate treatment and services by presenting systematically developed care strategies, set forth in a standardized format.

IV. STANDARDS:

A. The PIHP is accountable for adopting and disseminating Clinical Practice Guidelines relevant to its members for the provision of behavioral healthcare services.

V. PROCEDURES:

A. ADOPTING CLINICAL PRACTICE GUIDELINES

1. The PIHP adopts CPGs that are appropriate to its membership.
2. The following criteria are considered when establishing priorities for adopting

CPGs relevant to the membership:

- The incidence or prevalence of the diagnosis or condition among the PIHP population base.
- The degree of variability in treatment approaches or outcomes for the diagnosis or condition.
- The availability of valid and reliable clinical evidence or a consensus of providers related to the effectiveness of various treatment approaches.
- The needs of the PIHP's members, specifically:
    - Consultation with network providers.
    - Input from the PIHP staff and Physician Reviewers.
    - Requests from Practitioners or Members.
- Are reviewed and updated as appropriate.

3. When adopting CPGs, the PIHP's preference is to adopt, without modification, evidence- based guidelines that have been developed by recognized sources, such as medical specialty societies, using a methodologically sound process involving exhaustive review of the literature supplemented by expert consensus when the body of available research literature is not conclusive.
4. The Medical Director is responsible for overseeing the processes of
    - Recommending practice guidelines for adoption by the PIHP and
    - Periodically reviewing previously adopted guidelines.
5. The Quality Improvement Committee (QIC) is responsible for approving CPGs. The PIHP QIC appoints the Improving Practices Leadership Team (IPLT) to assist in the review process.
6. If the recommendation is to adopt a published CPGs from a recognized source with modification, a written description of the modification, the rationale for the modification, and scientific evidence in support of the modification is prepared.

    Modifications are not made solely to accommodate local practice or practitioner preference in the absence of sound scientific evidence; the modification is:

    - Superior to the published guideline, ***or***
    - More appropriate to treatment resources generally available in the PIHP service area.
7. Prior to adopting CPGs from a recognized source with modification, input is gathered from appropriate practitioners by presenting the CPGs and any proposed modifications to network practitioners at the QIC's IPLT for review and comment.

8. The PIHP QIC reviews the input from the IPLT. This information is integrated into a final recommendation for adoption of the CPGs. If the workgroup or the PIHP QIC determines that the CPGs should be reviewed for possible revision in less than two years, this determination is included in an appropriate work plan at the time the CPGs are adopted. Recommended modifications adhere to the principles outlined above.
9. The PIHP QIC, through the IPLT, evaluates adherence to clinical processes recommended in the Clinical Practice Guidelines. The PIHP QIC approves a methodology to measure adherence. Measuring adherence with CPGs is part of the PIHP Quality Improvement work plan.
10. The PIHP QIC is responsible for adopting CPGs and processes for measuring adherence with CPGs recommendations on behalf of the PIHP.

B. REVIEWING AND UPDATING GUIDELINES

1. The Medical Director is responsible for assuring that all CPGs are reviewed at least every two years.
2. Guidelines are reviewed sooner than two years when any of the following occurs:
    - On the recommendation of the IPLT.
    - By request of the PIHP staff or network Practitioners, if they believe the guideline is not current.
    - If measurement of adherence to the guideline suggests that the guideline may not represent current best practices.
    - Upon revisions made to an adopted guideline by the guideline developer.
    - Whenever national guidelines addressing the same or similar content are revised or published.
3. The PIHP QIC is responsible for the periodic review and approval of guidelines. The PIHP QIC appoints the IPLT to assist in the review process. Members of the IPLT may also include PIHP clinical staff as well as outside experts or network practitioners.
4. The review process includes:
    - A search of the recently published scientific and medical literature.
    - Solicitation of comments from network practitioners regarding the extent to which the guideline represents current best practice.
    - Solicitation of comments from the IPLT and ad hoc members regarding the appropriateness of the guideline.

- A review of the results of measuring adherence to the guideline.

5. The PIHP QIC, with input from the IPLT, recommends whether the guideline requires modification.

   If the guideline requires modification, a written description of the modification, the rationale for the modification and scientific evidence in support of the modification is prepared.

   Modifications are not made solely to accommodate local practice or practitioner preference in the absence of sound scientific evidence; the modification is:
   - Superior to the published guideline, ***or***
   - More appropriate to the treatment resources generally available in the PIHP service area.

   The most common reason for modifying guidelines is that additional research supporting other treatment approaches has been published since the guideline was developed.
6. If the PIHP QIC, with input from the IPLT, determines that the practice guideline should be reviewed in less than two years, this determination is recorded in an appropriate work plan at the time the guideline is adopted.
7. The PIHP QIC recommends if any changes to the guideline measurements are required.
8. The PIHP QIC is responsible for making decisions about continuing endorsement of guidelines and adherence measurement strategies for the PIHP.

C. EVALUATING ADHERENCE TO GUIDELINE RECOMMENDATIONS

1. At a minimum, the PIHP evaluates performance relative to at least three CPGs.
2. Measures may be process or outcome based.
3. Data collection methodology must be sound enough to produce valid and reliable information on adherence to the PIHP's adopted guidelines.

D. ACCESSING MEDICAL NECESSITY CRITERIA

The PIHP's approved Medical Necessity Criteria are made available to all practitioners and beneficiaries. Medical Necessity Criteria developed by the PIHP are available on the Region 10 PIHP website.

The PIHP will also disseminate via website the CPGs to all affected providers and, upon request, to members and potential members.

Medical Necessity Criteria developed by other organizations and adopted by the PIHP are available for review at the PIHP's office or by web conferencing technology.

As permitted by license agreements, the PIHP will provide Practitioners and beneficiaries with hard copies of a limited number of criteria sets upon request.

VI. EXHIBITS:

A. Region 10 PIHP Provider Service Manual

VII. REFERENCES:

42 CFR 438.236 – Practice Guidelines
42 CFR 438.340(b)(1) - Managed care State quality strategy
Region 10 PIHP Clinical Practice Guidelines (CPG) EOFY 2020 Evaluation Report
Region 10 PIHP Clinical Practice Guidelines (CPG) EOFY 2021 Evaluation Report
Region 10 PIHP Biennial Review of Clinical Practice Guidelines (CPG) FYs 2020 2021

EXHIBIT A

Region 10 PIHP Provider Service Manual

Clinical Practice Guidelines and Service Utilizations Parameters

Introduction

Purpose and Scope: Region 10 PIHP organizes and oversees public-funded behavioral health services and supports across a four-county provider system for persons with serious mental illness, serious emotional disorders, intellectual and developmental disabilities and substance use disorders. These services and supports are designed to promote key systems values and outcomes such as recovery, community inclusion and self-determination.

They also prioritize the need for comprehensive care coordination, incorporating physical health as well as behavioral health goals. Region 10 PIHP recognizes that services and supports must be provided in an efficient, effective and accountable manner, and that cost-effective care equates with clinically-effective care. In support of these various aspects of quality care, Region 10 PIHP and its provider system operate within a comprehensive set of Clinical Practice Guidelines (CPGs). As such, CPGs provide evidence-based and expert-consensus direction for the assessment and treatment of behavioral health disorders. CPGs promote sound clinical practice to assist practitioners, individuals and families to make decisions about appropriate treatment and services by presenting systematically developed care strategies, set forth in a standardized format. Decisions for utilization management, member education, coverage of services, and other areas to which the CPGs apply are consistent with the CPGs.

Oversight, Performance Measurement and Review Intervals: The Region 10 PIHP Quality Improvement Committee (QIC) authorizes the Improving Practices Leadership Team (IPLT) committee oversight of the CPGs. Oversight includes a) comprehensive monitoring and analyses of service utilization data across the provider program network, and b) performance measurement of select practices, and c) review for practice update. Monitoring and analyses of service utilization data may incorporate one or more of the following activities:

- UM Department / Clinical Manager Utilization Review reports on program contract compliance that pertain to the a) provision of services required within the Michigan Medicaid Provider Manual, and b) implementation of the various MDHHS Contract Attachments service standards
- Service Utilization Outlier Reports (psychiatric inpatient, community-based services) and reports on contingent follow up Utilization Review (per-case and aggregate).
- EBP Service Utilization / Claims Reports.
- Utilization Review on cases sampled from PIHP/CMHSP Performance Indicator (clinical data analytics) Reports to assess adherence to APA Practice Guidelines on select interventions, e.g. medication management.

Performance measurement takes place annually against at least two important aspects of at least three clinical practice guidelines, with at least one of which addresses services for children and adolescents. Analyses of performance are quantitative as well as qualitative and may be population or practice based. Review for practice updates takes place within the IPLT, every two years or more frequently as clinically indicated, so that guidelines reflect clinic best-practice updates and innovations. IPLT also monitors CPG utilization to ensure expedient and meaningful access by practitioners as well as members. The PIHP Chief Clinical Officer (CCO) as IPLT Chair provides operational leadership to committee oversight, and the PIHP Medical Director provides clinical leadership and consultation to the committee.

Clinical Practice Guidelines (SMI, SED, I/DD and SUD Populations): The Region 10 PIHP CPGs are comprised of an array of strategically selected clinical documents from across five essential sources: Michigan Medicaid Provider Manual (MMPM), Michigan Mental Health Code (MMHC), Michigan Department of Health and Human Services (MDHHS) Contract Attachments (CA), Evidence-Based Practices (EBP), and selections from the American Psychiatric Association (APA) Practice Guidelines relevant to MMPM specialty services, and in reference to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5). The first three sources are required as per within the Region 10 PIHP contract with MDHHS (MMPM, MHC, CA). The remaining sources reflect clinical expert opinion as per developed within the IPLT (EBP. APA). Given that the CPGs reflect current quality practice mandates, clinical best-practices, and the aspirations of a progressive health plan provider system, IPLT formatted the CPGs to easily adapt and expand per an evidence-based, continuous-quality improvement approach to clinic services. The CPGs are utilized in conjunction with the Region 10 PIHP Service Utilization Parameters, which are comprised of criterion-based level-of-care criteria and benefit packages. Level-of-care criteria operationally define appropriate service delivery along the continuum of symptom-intensity / intensity-of-care. Benefit packages delineate groups of services appropriate to the various level-of-care strata. Both inform typical service utilization patterns across the gamut of clinic specialty services. Region 10 PIHP also developed the CPGs to ensure consistent initial and ongoing eligibility determination, taking into account multiple factors that influence service needs and Recovery challenges, such as functional impairment, housing status, legal status, current or past trauma, etc. The CPGs were also informed by historical services utilization data, thus to inform clinical decisions so that individuals receive the right services, at the right time, in the right amount. Listed below are the five essential sources comprising the CPGs. Each source is accessed via hyperlinks.

Michigan Medicaid Provider Manual (MMPM) – Behavioral Health Section (Requirements, Services and Supports) (https://www.michigan.gov/mdhhs/0,5885,7-339-71551_2945_42542_42543_42546_42553-87572--,00.html)

The American Society of Addiction Medicine (ASAM) Practice Guidelines(https://www.asam.org/quality-care/clinical-guidelines/national-practice-guideline). ASAM website: www.asam.org.

Michigan Mental Health Code (MMHC) – State of Michigan (https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_4868-23755--,00.html)
Civil Admissions and Discharge Procedures: Mental Illness
Civil Admissions and Discharge Procedures: Developmental Disabilities

MDHHS Contract Attachments (CA) (Service Guidelines, Technical Advisories)
Master Contract Website for Policies & Practice Guidelines (Formerly CMH Contract Attachments (P.x.x.x)) https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_4868_4900---,00.html

- Access Standards_702741_7
- Consumerism Practice Guideline 702764_7
- Employment Works Policy 702764_7
- Family-Driven and Youth-Guided Policy and Practice Guideline 702767_7
- Housing Practice Guideline 702768_7
- Inclusion Practice Guideline 702769_7
- Personal Care in Non-Specialized Home Guideline 702776_7
- School to Community Transition Guideline 702785_7

Self-Determination Practice Fiscal Intermediary Guideline 704458_7
Technical Requirement for Behavior Treatment Plans 702787_7
Technical Requirement for SED Children 704459_7
Trauma Policy 704460_7
Person-Centered Planning Policy MDHHS – PIHP Master Contract
Substance Use Disorder Services Policies and Technical Advisories (as defined in MCL 330.1100d(11) of the Michigan Mental Health Code.

Evidence-Based Practices (EBP) – Improving Mi Practices (https://www.improvingmipractices.org/) and clinical advisory: Typical Case Status at Admission and Discharge.

Applied Behavior Analysis Assertive Community Treatment Dialectical Behavior Therapy
Family Psychoeducation
Individual Placements and Supports Infant Mental Health
Integrated Dual-Disorder Treatment Motivational Interviewing
Trauma Focused CBT Wrap Around
Medication Assisted Treatment (MAT)

American Psychiatric Association (APA) Practice Guidelines (https://www.psychiatry.org/psychiatrists/practice/clinical-practice-guidelines) For a complete listing, refer to the Region 10 PIHP Biennial Review of Clinical Practice Guidelines (CPG) FYs 2020 2021. Major clinical/SMI conditions include:

Acute Stress Disorder and Post Traumatic Stress Disorder
Bipolar Disorder
Borderline Personality Disorder Major Depressive Disorder
Obsessive-Compulsive Disorder Panic Disorder
Schizophrenia Substance Use Disorders

Veteran's Administration/Department of Defense (VA/DOD) Practice Guidelines (Adult) (https://www.healthquality.va.gov/index.asp). For a complete listing, refer to the Region 10 PIHP Biennial Review of Clinical Practice Guidelines (CPG) FYs 2020 2021.

Children

American Academy of Child and Adolescent Psychiatry (AACAP) Practice Guidelines (Youth) (https://www.aacap.org/aacap/Resources_for_Primary_Care/Practice_Parameters_and_Resource_Centers/Practice_Parameters.aspx). For a complete listing, refer to the Region 10 PIHP Biennial Review of Clinical Practice Guidelines (CPG) FYs 2020 2021.

Service Utilization Parameters (Utilization Management)

a. Level-Of-Care Criteria
b. Benefit Packages

Region 10 PIHP Clinical Practice Guidelines:

The below chart identifies key Evidence-Based and Promising Practices. Feedback was gathered from the network clinical Subject Matter Experts (SME). The list was reviewed and updated by the network clinical SME and IPLT members. Practices in place across all four CMH affiliates are highlighted in bold font.

St. Clair	Sanilac	Lapeer	Genesee
Adult			
			ASIST (Applied Suicide Intervention Skills Training) 2015
ACT (1988)	**ACT (1988)**	**ACT (1988)**	**ACT (8/1985) GHS Internal Provider (1/2002) Hope Network New Passages, Inc.**
Cognitive Behavioral Therapy for SUD (2019)			
Cognitive Behavioral Therapy for Suicide Prevention (2019)			
		Clubhouse (Psychosocial Rehabilitation Program)	
Critical Incident Stress Management (1992)			CISM (Critical Incident Stress Management) • Group – 2010 • Individual – 2012
DBT (2002)	DBT (2004)		DBT (2009) GHS Internal Provider.
			DBT Adaptions-Cognitive Impairments (9/2013) GHS Internal Provider
Eye Movement and Desensitization Reprocessing (2019)			
FPE (2009)	FPE (2010)		FPE (1/2006) GHS Internal Provider
Food Education Training or Persons with Serious Psychological Disabilities (2012)			

			Gentle Teaching (10/2009) GHS, All Residential Provider and GHS Provider Network
IDDT (2003)	**IDDT (2006)**	**IDDT (2005)**	**IDDT (2007) GHS Internal provider, Hope Network, New Passages, Inc.**
Illness Management & Recovery (2011)	Illness Management & Recovery (2005)	Illness Management & Recovery (2005)	
In-Shape (2011) Expanded services to individuals with DD/I per a program called Health Matters (2015)	In-Shape (2011) Health Matters (2016)		
			Integrated Health (11/2001) GHS Internal Provider, (2011) Hope Network New Passages
Life Goals Trained 8 staff to cover all 2 CMH locations.			
Mental Health First Aid (2014)	**Mental Health First Aid (2014)**	**Mental Health First Aid (2014)**	**Mental Health First Aid (2014)**
Motivational Interviewing (2006) In FY 15 MI Trainers are scheduled to provide (3) trainings to staff	**Motivational Interviewing**	**Motivational Interviewing (2006)**	**Motivational Interviewing (8/2007) GHS Internal Provider, Hope Network new Passages, Inc.**
Motivational Enhancement Therapy (2019)			
My Strength (2015)			My Strength (2015)
			NIATx (2009) Various providers both Internal and External under the guidance/leadership of GHS
			QPR (Question-Persuade-Refer) (2015) Now a part of the ReCast grant

Peer Supports • **Smoking Cessation (2007)** • **Wellness Recovery Action (WRAP 2006)** • **Wellness Health Action Management (WHAM 2016)**	**Peer Supports** • **Smoking Cessation (2012)** • **Wellness Recovery Action Plan (WRAP 2009)** • **Whole Health Action Management (WHAM 2013)** • **Emotional CPR (E-CPR 2013)** • **Motivational Interviewing (2014)**	**Peer Supports** • **ACT** • **IDDT groups** • **IDDT outreach** • **Harmony Hall** • **Creative Arts** • **Intake/Triage for assistance with benefits, resources and applying for S.S.** • **Peer Recovery Coach**	**Peer Supports** • **Wellness Recovery Action Planning (WRAP 8/2011) GHS Internal Provider** • **Personal Action Towards Health (PATH 4/2012) GHS Internal Provider**
			Problem Solving Therapy (PST) currently FQHC 2019
		Prolonged Exposure Therapy (2016)	Prolonged Exposure Therapy (1/2011) GHS Internal Provider
			Recovery Navigators (2013) GHS Internal Provider Health Coaches (2013) GHS Internal Provider
			SAMHSA Recovery Curriculum (6/2008) (GHS Internal Provider)
			Seeking Safety (2011) Training and Treatment Innovations, Inc.
SOAR (2009)			SOAR (7/2007) GHS Internal Provider
			START Suicide Prevention (Living Works) 2021
Supported Employment (2011) IPS. This EBP is exceeding fidelity measures for placement			Supported Employment (2000) Freedom Work Opportunities, Inc., FWOGC, Good Will Industries, Lapeer Teamwork, MCSI, VIP
TREM/M-TREM (2017)	Trauma Recovery and Empowerment Model TREM and M-TREM (2017)	Trauma Recovery and Empowerment Model TREM and M-TREM (2017)	

Trauma Focused CBT (2009) (SCCCMH-West and Child & Family Services @ Electric Avenue)			
Wellness Recovery Action Plan (WRAP) (2006)			
Children's Practices			
Applied Behavior Analysis (2014)	**Applied Behavior Analysis**	**Applied Behavior Analysis (2015)**	**Applied Behavior Analysis**
A-CRA Adolescent Community reinforcement Approach (2020)			
			Assisted Outpatient Treatment (AOT 2020)
			CCBHC (2016) (2020)
			CPP - Child Parent Psychotherapy (2020)
			DBT Adaption-Adolescents (9/2012) GHS Internal Provider-Child and Family Services (2010) Consumer Services Inc.
			FMF - Families Moving Forward (2020)
			Illness Management and Recovery (IMR 2021)
Infant Mental Health (2009)	**Infant Mental Health (2006)**	**Infant Mental Health (2009)**	**Infant Mental Health (10/2009) GHS Internal Provider-Child and Family Services**
Interactive Journaling (2019)			
			PCIT (Parent Child Interaction Therapy) 2018
			Multisystemic Therapy (MST) (7/2006)(GHS) Internal Provider-Child and Family Services
Mental Health First Aid-Youth ages 12-18 (2015)	**Mental Health First Aid-Youth ages 12-18 (2015)**	**Mental Health First Aid-Youth ages 12-18 (2019)**	**Mental Health First Aid-Youth ages 12-18 (2015)**

			MST Adaption- SUD (6/2013) GHS Internal Provider-Child and Family Services
			MST-PSB - Problem Sexual Behavior (2020)
Parent Support Partners (2010)	**Parent Support Partners (2018)**	**Parent Support Partners**	**Parent Support Partners (2015)**
PMTO (2007)			PMTO (2019)
Prolonged Exposure Treatment (2020)			
			Resource Parent (2020)
Trauma Focused CBT (TFCBT) (2006)	**Trauma Focused CBT (2011)**	**Trauma Focused CBT (2012)**	**Trauma Focused CBT (1/2010) GHS Internal Provider- Child and Family Services (4/2012) Easter Seals of Southeast Michigan/Genesee.**
			Trauma Recovery and Empowerment model (TREM 2021)
			Trauma Recovery and Empowerment model for Men (M-TREM 2021)
Wrap Around (2007)	**Wrap Around (2000)**	**Wrap Around (1990)**	**Wrap Around (3/2008) GHS Internal Provider-Child and Family Services**
		Youth Peer Support (2019)	
Pharmacologic Interventions – Prescription Practice Guidelines			
Long-Acting Injectable Medications (2014)		Long-Acting Injectable Medications	Long-Acting Injectable Medications (FQHC and GHS)
Medication Assisted Treatment (MAT) for SUD (2019)		Medication Assisted Treatment through a co-located FQHC	Medication Assisted Treatment – MAT (FQHC)
Naloxone (2015)		Naloxone through co-located FQHC	Naloxone (FQHC and GHS)
Smoking Cessation (2016)			Smoking Cessation (FQHC and GHS)