SANILAC COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

CLINICAL POLICY

NUMBER: BC142

NAME: CLINICAL PRACTICE GUIDELINES

INITIAL APPROVAL DATE:	07/19/2018	BY: Policy Committee
(LAST) REVISION DATE:		BY:
(LAST) REVIEW DATE:	08/15/2024	BY: Policy Committee
DISCONTINUED DATE:	N/A	REPLACED BY: N/A

I. PURPOSE

To establish a policy for clinical practice expectations within our service system.

II. APPLICATION

Populations: **All**
Programs: **All Direct and Contracted**

III. POLICY

Sanilac CMH 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. Sanilac CMH 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, Sanilac CMH and its provider system shall operate within a comprehensive set of CPGs.

IV. DEFINITIONS

Clinical Practice Guidelines (CPGs): Guidelines adopted by Sanilac CMH 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.

V. STANDARD

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

VI. PROCEDURES

A. ADOPTING CLINICAL PRACTICE GUIDELINES

1. Sanilac CMH adopts CPGs that have been recommended by Region 10.
2. The following criteria are considered when establishing priorities for adopting CPGs:
   - The incidence or prevalence of the diagnosis or condition.
   - The degree of variability in treatment approaches or outcomes for the diagnosis or condition.
   - The availability of scientific and medical literature related to the effectiveness of various treatment approaches.
   - Input from the Sanilac CMH staff and Region 10 Improving Practices Leadership

Team (IPLT).
- Requests from Practitioners or Providers.

3. When adopting CPGs, Sanilac CMH 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 Quality Improvement Committee (QIC) is responsible for approving and evaluating adherence to the CPGs with the recommendations from the CEO, COO, and Medical Director.

5. If the recommendation is to adopt 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 accepted if it is:
   - Superior to the published guideline, *or*
   - More appropriate to the treatment resources generally available in the CMH's 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. Prior to adopting any CPGs that are not approved by Region 10, from a recognized source with modification, input is gathered from appropriate practitioners by presenting the CPGs and any proposed modifications to Region 10 Improving Practices Leadership Team (IPLT) for review and comment. Sanilac County Community Mental Health has a designated member on the PIHP Improving Practices Leadership Team (IPLT) committee.

B. EVALUATING ADHERENCE TO GUIDELINE RECOMMENDATIONS

1. At a minimum, Sanilac CMH will evaluate performance relative to at least three CPGs through the Sanilac QI Committee.
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 adopted guidelines.

C. ACCESSING MEDICAL NECESSITY CRITERIA

Sanilac CMH's approved Medical Necessity Criteria are made available to all practitioners. Medical Necessity Criteria is developed by reference to the Michigan Medicaid Manual.

D. EVIDENCED BASED TREATMENT FIDELITY MEASURES

Sanilac CMH Clinicians will complete fidelity checklists every 6 months when using an Agency-approved evidence-based practice. (See attachments for appropriate checklist)

VII. ATTACHMENTS

0546 TREM Fidelity Checklist
0548 EMDR Fidelity Checklist
0547 TF-CBT Fidelity Checklist

VIII. EXHIBITS

Sanilac County Community Mental Health Clinical Guidelines

IX. REFERENCES

Region 10 PIHP Provider Service Manual and Clinical Guidelines.
Medicaid Manual

Sanilac County Community Mental Health

Clinical Practice Guidelines and Service Utilization Parameters

Introduction

Purpose and Scope: Sanilac CMH is a services provider for public-funded behavioral health services 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. Sanilac CMH 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. To ensure consistent and effective care, Sanilac CMH has adopted and operates 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.

Oversight, Performance Measurement, and Review Intervals: Sanilac CMH's Quality Improvement Committee (QIC) provides 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, 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.

Clinical Practice Guidelines (SMI, SED, I/DD and SUD Populations): The Sanilac CMH and 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 the Region 10 PIHP contract with MDHHS (MMPM, MHC, CA). The remaining sources reflect clinical expert opinion as 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.

CPGs are implemented to ensure consistent initial and ongoing eligibility and level-of-care determination. CPGs consider 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 to inform clinical decisions so that individuals receive the right services, at the right time, in the right amount.

Evidence-Based Practices and Promising Practices
Typical Case Status at Admission and Discharge

Practice Area	Typical Case Status at Admission	Typical Case Status at Discharge
Applied Behavior Analysis (EBP)	• Scores obtained from valid evaluation tools meet eligibility criteria • Medically able to benefit from BHT	• Treatment goals achieved • Scores obtained from valid evaluation tools no longer meet eligibility criteria • No measurable improvement or progress demonstrated at six-month evaluation • Show-rate is less than 75%
Assertive Community Treatment (EBP)	• Individuals with SMI/COD with difficulty managing medications due to symptoms, behavioral issues and/or complex medical conditions • Socially disruptive behavior placing the person at high risk for arrest and/or re/incarceration • Frequent use of psychiatric inpatient or other crisis services, or homeless shelters • Disruptions or limited ability to attend to basic needs, socialization or other role expectations	• No longer meets severity criteria and is able to function receiving less intensive services/supports • No longer engaged in services despite ongoing, assertive outreach • Individual and team agree to terminate services • Individual transitions to similar services in another catchment area

Practice Area	Typical Case Status at Admission	Typical Case Status at Discharge
Infant Mental Health (promising practice)	• Parent or child identified as having attachment concerns • Multiple complaints or substantiated child abuse/neglect currently or historically • Devereux Early Childhood Assessment (DECA) scores indicate concerns • Parent diagnosed with current Postpartum Depression	• Minimal to no concerns with parent child attachment • Child is placed in foster care or minimal to no complaints substantiated at time of case closure • Improved Devereux Early Childhood Assessment (DECA) scores • Postpartum Depression is being treated and/or in a phase of remission
Integrated Dual-Disorder Treatment (EBP)	• Co-Occurring SMI and SUD (often engaged via active outreach)	• Person-served chooses not to continue services (time-unlimited service)
Motivational Interviewing (EBP)	• This practice is applicable across clinical populations and levels of care	• This practice is applicable across clinical populations and levels of care
Trauma-Focused Cognitive Behavioral Therapy (EBP)	• Trauma screens and trauma assessments identify clinically significant trauma issues	• Significant decrease in short-term and longer-term negative effects of trauma

Practice Area	Typical Case Status at Admission	Typical Case Status at Discharge
Wraparound (promising practice)	• Child with SED or I/DD presenting with at least one other issue below: o Involved in multiple systems of care/service o Current or potential risk for out of home placement o Risk factors exceed and/or compromise the capacity for community-based services to be effective	• Child is experiencing reduced symptoms and improved behaviors across multiple settings • The family/community support system is effectively providing essential care and there is no longer risk of out of home placement • The family is unwilling to make changes necessary to ensure safety in the home for staff • The family chooses to withdraw from services