

REGION 10 PIHP Provider Service Manual

Clinical Practice Guidelines and Service Utilization 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.

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) (<http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf>).

The ASAM Criteria Manual

Michigan Mental Health Code (MMHC) – State of Michigan

(http://www.michigan.gov/documents/mentalhealthcode_113313_7.pdf)

Civil Admissions and Discharge Procedures: Mental Illness

Civil Admissions and Discharge Procedures: Developmental Disabilities

MDHHS Contract Attachments (CA) (Service Guidelines, Technical Advisories) ([MDHHS - PIHP Contract Link](#))

P.1.4.1 Technical Requirement for Behavior Treatments Plans

P.4.4.1.1 Person-Centered Planning Practice Guideline

P.4.7.4 Technical Requirement for SED Children

P.4.13.1 Recovery Policy & Practice Advisory

P.7.10.2.1 Inclusion Practice Guideline

P.7.10.2.1 Housing Practice Guideline

P.7.10.2.3 Consumerism Practice Guideline

P.7.10.2.4 Personal Care in Non-Specialized Residential Settings

P.7.10.2.5 Family-Driven and Youth-Guided Policy & Practice Guideline

P.7.10.2.6 Employment Works! Policy

P.7.10.3.1 Jail Diversion Practice Guidelines

P.7.10.4.1 School to Community Transition Planning

P.II.B.A. Substance Use Disorder Policy Manual

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>)

Acute Stress Disorder and Post Traumatic Stress Disorder

Bipolar Disorder

Borderline Personality Disorder

Major Depressive Disorder

EXHIBIT A

Obsessive-Compulsive Disorder
 Panic Disorder
 Schizophrenia
 Substance Use Disorders

Service Utilization Parameters (Utilization Management)

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

Region 10 PIHP Clinical Practice Guidelines

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)	<ul style="list-style-type: none"> • Scores obtained from valid evaluation tools meet eligibility criteria • Medically able to benefit from BHT 	<ul style="list-style-type: none"> • 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)	<ul style="list-style-type: none"> • Consumer 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 	<ul style="list-style-type: none"> • No longer meets severity criteria and is able to function receiving less intensive services/supports • No longer engaged in services despite ongoing, assertive outreach • Consumer and team agree to terminate services • Consumer transitions to similar services in another catchment area
Dialectical Behavior Therapy (EBP)	<ul style="list-style-type: none"> • Persons with SMI presenting socially maladaptive behaviors due to emotional dysregulation • Para-suicidal behaviors • Patterns of unstable relationships linked to extremes of idealization and devaluation 	<ul style="list-style-type: none"> • Completion of modules along with weekly participation • Strengthened skills to effectively reduce or cease self-harm behaviors • Consumer and team agree to discontinue based on the 4 and Out Rule

EXHIBIT A

	<ul style="list-style-type: none"> • Persistently unstable self-image or sense of self • Impulsivity in at least two life domains leading to risk of self-damaging behavior • Relatively brief bouts of intense anxiety, dysphoria, irritability • Stress-induced displays of paranoid ideation or dissociation 	<ul style="list-style-type: none"> • Service plan goals have been met • Consumer requests and receives an alternative, medically necessary service • No longer engaged in services despite ongoing, assertive outreach taking place for over 35 calendar days
Family Psycho-Education (EBP)	<ul style="list-style-type: none"> • Consumer with SMI and family complete joining session and educational workshop 	<ul style="list-style-type: none"> • Significant progress or achievement with the consumer's Recovery plan
Infant Mental Health (promising practice)	<ul style="list-style-type: none"> • Parent or child identified as having attachment concerns • Multiple complaints or substantiated child abuse/neglect currently or historically • DECA scores indicate concerns • Parent diagnosed with current Postpartum Depression 	<ul style="list-style-type: none"> • 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 DECA scores • Postpartum Depression is being treated and/or in a phase of remission
Individual Placement and Support / Supported Employment (EBP)	<ul style="list-style-type: none"> • Consumer with SMI/COD chooses to pursue a goal of attaining meaningful employment in the community 	<ul style="list-style-type: none"> • Time unlimited for as long as the consumer wants and needs the support
Integrated Dual-Disorder Treatment (EBP)	<ul style="list-style-type: none"> • Co-Occurring SMI and SUD (often engaged via active outreach) 	<ul style="list-style-type: none"> • Person-served chooses not to continue services (time-unlimited service)
Motivational Interviewing (EBP)	<ul style="list-style-type: none"> • This practice is applicable across clinical populations and levels of care 	<ul style="list-style-type: none"> • This practice is applicable across clinical populations and levels of care
Trauma-Focused Cognitive Behavioral Therapy (EBP)	<ul style="list-style-type: none"> • Trauma screens and trauma assessments identify clinically significant trauma issues 	<ul style="list-style-type: none"> • Significant decrease in short-term and longer-term negative effects of trauma
Wraparound (promising practice)	<ul style="list-style-type: none"> • Child with SED or I/DD presenting with at least one other issue, below • Involved in multiple systems of care/service • Current or potential risk for out of home placement 	<ul style="list-style-type: none"> • Child is experiencing reduced symptoms and improved behaviors across multiple settings • The family/community support system is effectively providing essential care, and there is

EXHIBIT A

	<ul style="list-style-type: none">• Risk factors exceed and/or compromise the capacity for community based services to be effective	<p>no longer risk of out of home placement</p> <ul style="list-style-type: none">• The family is unwilling to make changes necessary to ensure safety in the home for staff• The family chooses to withdraw from services
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