



Policy 5.15

POLICY TITLE:	ADOPTION OF CLINICAL PRACTICE GUIDELINES AND EVIDENCE BASED PRACTICES	POLICY #5.15	REVIEW DATES	
Topic Area:	UTILIZATION MANAGEMENT	Page 1 of 3		
Applies to:	Lakeshore Regional Entity, Member CMHSPs, Network Providers	ISSUED BY: Chief Executive Officer APPROVED BY: Board of Directors		
Developed and Maintained by:	LRE CEO and UM/Clinical Steering Committee			
Supersedes:	N/A			
		Effective Date: August 19, 2020	Revised Date:	

I. POLICY

~~Clinical Practice Guidelines (CPGs) are systematically developed tools that help practitioners make decisions about appropriate care in specific clinical populations and individual treatment services.~~ Lakeshore Regional Entity (LRE) adopts and promulgates Clinical Practice guidelines (CPGs) for the provision of acute and long term care services that are relevant to the targeted populations served by the Michigan Medicaid Managed Specialty Supports and Services Programs ~~Medicaid Specialty Mental health and Substance Abuse Service and Supports network.~~ CPGs will be promulgated by the LRE for individuals and families served by the Member CMHSPs and contracted providers~~provider network~~, including those receiving ~~substance abuse services~~Substance Use Disorder services. CPGs and assessment tools will include those attachments to the contract between the Michigan Department of Health and Human Services (MDHHS) and the LRE, and will be adopted or developed by the LRE based on the requirement outlined in the Balanced Budget Act, assuring that CPGs "are based on valid and reliable clinical evidence or a consensus of health care professional in the particular field, consider the needs of the enrollees, are adopted in consultation with contracting health care professionals, and are reviewed and updated periodically as appropriate." CPGs will be used to inform the person-centered planning process and will not result in setting caps for specific services.

The LRE adopts CPG's from nationally recognized sources and scientific bodies including professional organization (e.g., American Psychiatric Association) based on:

1. ~~1.~~ Scientific evidence;
2. ~~2.~~ Best practice professional standards; and
3. ~~3.~~ Expert input from board-certified physicians.

Additionally, input may be gathered from member CMHSPs, consumer organizations, and community partners, especially when required by contract or regulation.

~~C. The LRE maintains an updated list of current CPGs on its external website which is available to CMHSPs and practitioners.~~

~~D. CPGs are communicated internally to clinical staff at CMHSPs, LRE, and Beacon Health Options.~~

II. PURPOSE

CPGs assist clinicians by providing an analytic framework for the evaluation and treatment of individuals and populations receiving services. ~~They~~ CPGs organize and codify the body of knowledge, skills and information that make up the clinical practice of specialty mental health services and support and the provision of substance use disorder services.

To establish the Lakeshore Regional Entity's policy and procedures for developing, adopting, revising, disseminating and monitoring treatment guidelines, CPGs are made available to:

- Assist practitioners and members to make decisions about appropriate health care for specific clinical circumstances;
- Help to ensure the highest quality care for consumers through use of acceptable standards of care;
- Reduce undesirable variance in diagnosis and treatment by ensuring utilization of established CPGs; and
- ~~PTo~~ provide the provider network with widely accepted established care guidelines to improve treatment efficacy

The LRE will assure that CPGs will not be utilized in the following ways:

- As an arbitrary methodology for determining the amount, scope, and duration of services implemented outside of a person-centered planning process
- As a means for achieving budget reductions
- As a process which supplants use of medical necessity criteria for evaluating the need for services

As a part of any assessment, screening tool, or CPGs, the PIHP ~~must~~ will assure that individuals are provided proper notice of their rights if they are not satisfied with the outcome of their person-centered planning process. This will include providing individuals with dispute resolution options and required notices when they disagree with the developed plan of service.

III. APPLICABILITY AND RESPONSIBILITY

The policy applies to all staff of the LRE, providers contracting directly with the LRE, and member CMHSPs as a part of their contract with their LRE. It applies additionally to network providers when provider network functions are delegated to the CMHSPs.

IV. MONITORING AND REVIEW

This policy will be reviewed annually by the LRE UM Steering Committee and the LRE Executive Operations Committee

The LRE reviews and/or updates CPGs a minimum of every two years through the LRE UM Clinical Steering Committee, or more often if CPGs are updated. CPG consultation with CMHSPs and/or network providers occur at a minimum of every two years. In addition, relevant new guidelines can be reviewed, adopted, and approved at any time through the regional Operations Committee and LRE UM Clinical Steering Committee.

V. DEFINITIONS

Clinical Practice Guideline: Clinical Practice Guidelines (CPGs): are systematically developed tools that help practitioners make decisions about appropriate care in specific clinical populations and individual treatment services. ~~systematically developed tools, usually evidence-based that help practitioners make decisions about appropriate health care in specific clinical populations and circumstances.~~

Evidence-Based Practice: the conscientious, explicit and judicious use of current best evidence in making decisions about the care of the individual patient

Medical Necessity: Determination that a specific service is medically (clinically) appropriate, necessary to meet needs, consistent with the person's diagnosis, symptomatology, and functional impairments, is the most cost-effective option in the least restrictive environment, and is consistent with clinical standards of care. Medical necessity of a service shall be documented in the individual plan of services.

VI. REFERENCES AND SUPPORTING DOCUMENTS

- Federal Balanced Budget Act 42 CFR 438.236(b, c, d)
- MDHHS Medicaid Managed Specialty Services and Supports Contract
- Medicaid Provider Manual
- Health Services Advisory Group, Inc. – Standard 3 Practice Guideline

VII. RELATED POLICIES AND PROCEDURES

- LRE Policy 5.0 – Utilization Management
- LRE Policy 5.1 – Person-Centered Planning
- LRE Operational Procedure 5.15A – Adopting Clinical Practice Guidelines