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Owner **Ebony Reynolds**  
Policy Area **Clinical**  
References **NCQA QI 10**

## Clinical Practice Guidelines

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### POLICY

It is the policy of the Detroit Wayne Integrated Health Network (DWIHN) that our service providers utilize established practices, as approved by the Michigan Department of Health and Human Services (MDHHS), or as endorsed or mandated by DWIHN. DWIHN establishes preferred practices based on the state of the literature in related fields; collaboration with our academic partners; research conducted within our system; practices endorsed by MDHHS; and practices listed by the Substance Abuse and Mental Health Services Administration (SAMHSA).

### PURPOSE

The purpose of this policy is to ensure that enrollees/members treated under the auspices of DWIHN receive effective treatment. This treatment should be evidence-based, and/or accepted best practices, and/or mandated/endorsed by MDHHS and DWIHN.

### APPLICATION

All DWIHN direct and subcontracted clinical service providers and for all specialty behavioral health contracts are required to implement and monitor policies consistent with this guideline.

### KEY WORDS

1. Evidence-Based Practice
2. Best Practice
3. Emerging Practice

# STANDARDS

1. MDHHS sets the primary practices supported for the delivery of clinical services in its specialty behavioral health and substance abuse services system, otherwise known as the Public Mental Health System. The current iteration of its Practices Improvement Steering Committee lay out the System of Care based on Recovery for adults with mental illness (AMI) and for those with Substance Use Disorders (SUD); System of Care for children with serious emotional disturbance and their families (SED); and Improved Practices for people with Intellectual and/or Developmental Disabilities (IDD).
2. DWIHN develops its clinical practice guidelines from scientific evidence, professional standards and/or a consensus of board-certified health care professionals in the particular field. Where ever possible, guidelines are derived from nationally recognized sources and are evidence-based in their foundation. For any DWIHN developed clinical guidelines, a literature search is conducted, including a search for established practice guidelines from national organizations and professional associations.
  - a. DWIHN may choose to send the draft version of the clinical practice guidelines to contracted providers who treat the condition for feedback.
  - b. The Improving Practices Leadership Team (IPLT) has ultimate responsibility for ensuring effective, evidence-based practice which is accomplished by the development or adoption of robust clinical guidelines. All clinical practice guidelines must be presented to the DWIHN's IPLT for approval.
3. For Adults, the SMI and SUD practice guidelines include the following practices: Advanced Directives for mental health care; Assertive Community Treatment ; Behavior Supports; Core Competencies for Peer Workers (Certified Peer Support Specialists, Care Navigators, Recovery Coaches, etc.); Cognitive Behavioral Therapy; Dialectical Behavior Therapy; Dual diagnosis Capability; Evidence-Based Supported Employment; Evidence-Based Supported Education; Family Psycho-Education; Illness Management and Recovery; Initiatives of Enrollees/Members with Dementia and Their Caregivers; Integrated Treatment for Co-Occuring Disorders (mental illness and substance use disorder); Jail Diversion (Sequential Intercept Model); Medication-Assisted Treatment; Motivational Interviewing; Recovery Oriented Systems of Care; Supportive Housing and Trauma-Informed Care. Additional evidence-based practices can be found in the [SAMHSA Resource Center](#).
  - a. DWIHN had adopted the following national clinical practice guidelines from the [American Psychiatric Association](#):
    - [Bipolar Disorder](#)
    - [Major Depression](#)
    - [Pharmacological Treatment of Alcohol Use Disorder](#)
    - [Substance Use Disorders](#)
    - [Schizophrenia](#)
  - b. After analyzing its HEDIS data, practitioner discussions and quality improvement activities, DWIHN developed a set procedures for all network service providers to implement for Case Management/Care Coordination; Management of Depression; Screening for Diabetes in Enrollees/Members with Schizophrenia and Bipolar Disorder on Antipsychotic Medications; and Autism Spectrum Disorder Applied

Behavioral Analysis. These procedures are attached to this policy.

- c. See the procedures for special population Substance Use Disorder treatments: “Fetal Alcohol Spectrum Disorder [Screening]” and “Women’s Specialty Services.”
4. For children, adolescents and their families, the SED practice guidelines include the following: Infant Mental Health; Integrated Care; Juvenile Justice Diversion; Multisystemic Therapy; Parent Management Training-Oregon Model (PMTO); Parent Support Partners, Sensory Integration, Trauma-Focused Cognitive Behavioral Therapy (TF-CBT); Wraparound; and Youth Peer Support.
  - a. DWIHN has adopted the following Clinical Practice Guideline from the American Academy of Child & Adolescent Psychiatry: Autism Spectrum Disorder (see attached guidelines) and [Eating Disorders in Children and Adolescent](#).
  - b. DWIHN has adopted the following Clinical Practice Guideline from the American Academy of Pediatrics: [ADHD](#).
  - c. DWIHN further supports a number of innovative activities based on promising practices: Cornerstone Replication Project, Fatherhood Initiative, Kids-TALK, Youth MOVE Michigan and Youth United. DWIHN further provides support services to special populations including Child Welfare, Juvenile Justice, Sexual Orientation, Gender Identify and Expression (SOGIE), and Zero to Three program.
5. The IDD practice guidelines include, but are not limited to the use of community inclusion, integrated care, peer mentors, and self-determination.
6. Community interventions include but are not limited to Crisis Intervention Team (CIT) Method, Mental Health First Aid, myStrength Self-Management, Naloxone Training, and QPR Training.
7. Cultural Competency is required across all levels.
8. Communication of the guidelines:
  - a. MDHHS standards are regularly updated on the Michigan.gov website via the Improving Practices reports. Each subspecialty (SMI, SED, IDD, SUD) has an MDHHS-level practice improvement committee which routinely reports meeting minutes and updates.
    1. These state-level communications are relayed to provider-DWIHN staff through the DWIHN population-specific committees: Adult Mental Illness Learning Collaborative (AMILC), SED Connections Committees, IDD Learning Collaborative; and SUD Provider Meetings and their distributed minutes.
      - i. These practice improvement workgroups are responsible for establishing the mechanisms by which any state-level changes will be implemented and proposes new, local-level initiatives.
    2. Furthermore, a similar cascade shall communicate and implement physician clinical practices: State Level Behavioral Health Medicaid Director's Meeting to the DWIHN to communicate to the system's provider network via emailed meeting minutes as well as website-posted folders.
  - b. Further communication of the practice guidelines occurs through posting of the

practice guidelines on the DWIHN website via the policy manual; communication in the DWIHN Partnership meetings with Direct Contracted Providers; the population-specific practice improvement work-groups via the Provider membership; delivers training on new or refresher guidelines directly as well as through our electronic learning platform, the Detroit Wayne Connect (DWC). DWC training notices are emailed to the contracted provider community.

- c. The DWIHN-level workgroups report to the DWIHN Improving Practices Leadership Team (IPLT). IPLT assists in determining priorities and providing Practice Improvement initiatives to the Quality Improvement Steering Committee (QISC) for inclusion in the Quality Assurance Performance Improvement Plan (QAPIP).
9. The Clinical Practice Guidelines are reviewed and updated at least every two (2) years or more frequently if national guidelines change during that two (2) year period.
10. DWIHN expects its contracted practitioners to adopt these guidelines in their practice and encourages the use of evidence-based practices but recognizes the inability of the guidelines to address all individual circumstances. DWIHN will apply and use the guidelines for decisions about utilization management, enrollee education, coverage of services, and other areas to which the guidelines apply.
11. DWIHN monitors providers compliance with clinical guidelines through reports, treatment chart reviews, and/or process indicators
12. DWIHN supports its members in self-management of their conditions by making practice guidelines available on their website and through specific quality improvement initiatives/activities.

## **QUALITY ASSURANCE/IMPROVEMENT**

DWIHN shall review and monitor contractor adherence to this policy as one element in its Network Management Program, and as one element of the QAPIP Goals and Objectives.

The Quality Improvement Programs of the direct contractors and their subcontractors, and must include measures for both the monitoring of and the continuous improvement of the programs or processes described in this policy. DWIHN assesses the demographic characteristics and health risks of its covered population and the data collected and chooses relevant clinical issues that reflect the health needs of significant groups within the population (NCQA QI 10)

## **COMPLIANCE WITH ALL APPLICABLE LAWS**

DWIHN staff, direct contractors and their subcontractors are bound by all applicable local, state and federal laws, rules, regulations and policies, all federal waiver requirements, state and county contractual requirements, policies, and administrative directives, as amended.

## **LEGAL AUTHORITY**

1. 42 CFR § 438.236 Practice guidelines.

## RELATED POLICIES

1. Case Management (including Assertive Community Treatment)
2. Assessments
3. Management of Adult Major Depression
4. Complex Care Management
5. Integrated Care Coordination
6. PHQ-9 and PHQ-A Guidelines Procedure.

## CLINICAL POLICY

YES

## INTERNAL/EXTERNAL POLICY

EXTERNAL

### Attachments

[ABA ASD Practice Guidelines 2014. 2nd.pdf](#)

[ABA Coding Coalition Model Coverage Policy Sept2020.pdf](#)

[APBA\\_Guidelines\\_-\\_Practicing\\_During\\_COVID-19\\_Pandemic\\_040920.pdf](#)

[ASD Guidelines Revisions 2022.pdf](#)

[Clarifications.ASDPracticeGuidelines.pdf](#)

[Ethics Code for Behavior Analysts 220316-2.pdf](#)

[Management of Adults with Depression-8 11 17.docx](#)

[Measurement of the PHQ9 \(5\)-2.docx](#)

[Measurements to Evaluate Compliance with Diabetes Screening Clinical Guidelines.docx](#)

[PHQ-9 and PHQ-A Guidelines-No-Watermark.pdf](#)

[PHQ9 Tool.pdf](#)

[QI 7 Element A Factors 1 and 2 FY19 - FY20 B H Screening v2 \(3\).docx](#)

[SCREENING MEMBERS WITH SCHIZOPHRENIA AND BIPOLAR DISORDER ON ANTI2 \(2\)-2.pdf](#)

## Approval Signatures

Step Description	Approver	Date
Final Approval Policy	Melissa Moody: Chief Clinical Officer	04/2022
Stakeholder Feedback	Allison Smith: Project Manager, PMP	03/2022

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