

## POLICY & PROCEDURE MANUAL

<b>Chapter:</b>	<b>Service Delivery</b>		
<b>Title:</b>	<b>Clinical Practice Guidelines and Evidence-Based Practices</b>		
<b>Policy:</b> <input checked="" type="checkbox"/> <b>Procedure:</b> <input type="checkbox"/> <b>Page:</b> 1 of 2	<b>Review Cycle:</b> Biennial  <b>Author:</b> Chief Compliance Officer	<b>Adopted Date:</b> 11.04.2014  <b>Review Date:</b> 11.01.2022	<b>Related Policies:</b> Quality Management

### Purpose

To establish service provision parameters and expectations of the Community Mental Health Services Program (CMHSP) Participants and the Substance Use Disorder Prevention and Treatment Provider System of the Mid-State Health Network (MSHN) region regarding the network-wide use of nationally accepted or mutually agreed upon clinical practice guidelines and evidence-based practices (EBP).

### Policy

MSHN supports and requires the use of nationally accepted and mutually agreed upon clinical practice guidelines including EBPs to ensure the use of research-validated methods for the best possible outcomes for service recipients as well as best value in the purchase of services and supports. Practice guidelines include clinical standards, evidence-based practices, practice-based evidence, best practices, and promising practices that are relevant to the individuals served.

While MSHN does support the use of promising and emerging practices, interventions that are considered experimental or indicate risk of harm to human subjects are not supported within the Pre-paid Inpatient Health Plan (PIHP) region unless approved in accordance with MSHN's Research Policy and by the Michigan Department of Health and Human Services (MDHHS).

### Standards:

- A. CMHSP Participants and the Substance Use Disorder Prevention and Treatment Provider System under contract to provide prevention and/or treatment services for mental health and/or substance use disorders will deliver services in a manner which reflects the values and expectations contained in nationally accepted or mutually agreed upon practice guidelines.
  - a. The guidelines should include but are not limited to the following practice guidelines:
    - i. Inclusion Practice Guideline
    - ii. Housing Practice Guideline
    - iii. Consumerism Practice Guideline
    - iv. Personal Care in Non-specialized Residential Settings
    - v. Family Driven and Youth Guided Policy and Practice Guideline
    - vi. Employment Works! Policy
    - vii. School to Community Transition
  - b. Adoption, development, and implementation of practice guidelines
    - i. Key concepts of recovery and resilience, wellness, person-centered planning/individual treatment planning and choice, self-determination, and cultural competency are critical to the success of implementation of practice guidelines or treatment.
    - ii. Practices will appropriately match the presenting clinical and/or community needs as well as demographic and diagnostic characteristics of the individuals to be served.
    - iii. Programs will ensure the presence of foundational practice skills including motivational interviewing, trauma informed care, and positive behavioral supports.
    - iv. Practices which are not evidence-based should be replaced with practices that are, where feasible.
    - v. Promising or emerging EBPs may be conditionally explored or supported where appropriate to meet the needs of person served.
    - vi. CMHSP Participants and Substance Use Disorder Service Providers (SUDSP) will review

service and clinical practices for EBP endorsement, offering an array of EBPs which best meet the needs of the persons served.

- vii. Evidence for EBP prevention programs must come from one of these sources: a) Federal Registries; b) Peer Reviewed Journals; c) Community Based Process Best-Practices; or d) Other sources of documented effectiveness.

c. Monitoring and Evaluation

- i. Oversight of practice guidelines and EBPs will be provided by the responsible contractor and will be reviewed as part of the MSHN site review and monitoring process.
- ii. Contractors must report to MSHN any practices being used to support and/or provide clinical interventions for/with individuals.
- iii. Evidence-based practices will be monitored, tracked, and reported, including summary information provided to MSHN through the annual assessment of Network Adequacy.
- iv. Requisite staff training, supervision/coaching, certifications and/or credentials for specific clinical practices as needed will be required, verified, and sustained as part of the credentialing, privileging and/or contracting processes.
- v. Fidelity reviews shall be conducted and reviewed as part of local quality improvement programs or as required by MDHHS

d. Communication

- i. Persons served as well as other key stakeholders will be routinely provided with practice guidelines relevant for their services and supports.
- ii. Practice Guideline expectations will be included in contracts.

**Applies to:**

- All Mid-State Health Network Staff  
 Selected MSHN Staff, as follows:  
 MSHN's CMHSP Participants:  Policy  Policy and Procedure  
 Other: Sub-contract Providers

**Definitions:**

Clinical Practice Guidelines: The Institute of Medicine (IOM) defines clinical practice guidelines as "statements that include recommendations, intended to optimize patient care, that are informed by a systematic review of evidence and an assessment of the benefits and harms of alternative care options."

CMHSP: Community Mental Health Services Program; A program operated under Chapter 2 of the Michigan Mental Health Code-Act 258 of 1974 as amended.

Evidence Based Practices (EBP): treatments that have been researched academically or scientifically, been proven effective, and replicated by more than one investigation or study

MSHN: Mid-State Health Network; A regional entity formed for the purpose of carrying out the provisions of Section 1204b of the Mental Health Code relative to serving as the prepaid inpatient health plan to manage Medicaid specialty supports and services.

PIHP: An organization that manages Medicaid specialty services under the state's approved Concurrent 1915(b)/1915(c) Waiver Program, on a prepaid, shared-risk basis, consistent with the requirements of 42 CFR part 401, as amended, regarding Medicaid managed care.

**References/Legal Authority:**

Medicaid Managed Specialty Supports and Services Contract  
MDHHS Quality Assessment and Performance Improvement Program for Specialty Prepaid Inpatient Health Plans Technical Requirement

**Change Log:**

<b>Date of Change</b>	<b>Description of Change</b>	<b>Responsible Party</b>
11.2014	New Policy	Chief Compliance Officer
11.2015	Policy Review	Chief Clinical Officer
03.2017	Annual Review	Director of Compliance, Customer Service & Quality
03.2018	Annual Review	Director of Compliance, Customer Service and Quality
03.2019	Annual Review	Quality Manager
10.2020	Biennial Review	Quality Manager
09.2022	Biennial Review	Chief Behavioral Health Officer