



## POLICY AND PROCEDURE MANUAL

SUBJECT Practice Guidelines	ACCOUNTABILITY NMRE, NMRE Provider Network	Effective Date: June 16, 2015	Pages: 2
REQUIRED BY	BBA Section: MCR 438.236 PIHP Contract Section: Other:	Last Review Date: July 19, 2019	Past Review Date:
Policy: <input checked="" type="checkbox"/>  Procedure: <input type="checkbox"/>	Review Cycle: Annual Author: NMRE Managing Director of Quality and Customer Services	Responsible Department: Provider Network	Reviewers: NMRE CEO

### Definitions

**CMHSP:** Community Mental Health Services Program. For the purposes of this document, a CMHSP member is one or more of the following: AuSable Valley Community Mental Health Authority, Centra Wellness Network, North Country Community Mental Health, Northeast Michigan Community Mental Health Authority, and Northern Lakes Community Mental Health Authority.

**Evidence-based Practice (EBP):** Approaches to prevention or treatment that are validated by some form of documented scientific evidence. What counts as "evidence" varies. Evidence often is defined as findings established through scientific research, such as controlled clinical studies, but other methods of establishing evidence are considered valid as well. Evidence-based practice stands in contrast to approaches that are based on tradition, convention, belief, or anecdotal evidence.

**MDHHS:** Michigan Department of Health and Human Services

**Network Provider:** Any provider that receives Medicaid funding directly or indirectly to order, refer, or render covered services as a result of the state's contract with the NMRE, its member CMHSPs, and the Substance Use Disorder provider panel.

**Northern Michigan Regional Entity Leadership (NMRE) Committee:** A committee comprised of key, senior NMRE staff.

**Northern Michigan Regional Entity (NMRE) Operations Committee:** A committee comprised of the NMRE Chief Executive Officer and the five CEO's/Executive Directors of its Member CMHSPs.

**PIHP:** Prepaid Inpatient Health Plan.

**Practice Guidelines:** Systematically developed statements to standardized care and to assist the treatment team and beneficiaries with decisions about the appropriate health care for specific circumstances. Practice guidelines are usually developed through a process that combines scientific

evidence of effectiveness with expert opinion. Practice guidelines are also referred to as clinical criteria, protocols, algorithms, review criteria, and guidelines.

Purpose

The purpose of the policy is to comply with the MDHHS-PIHP Contract and Section 438.236 of Managed Care Rules.

Policy

The NMRE will ensure that Network Providers adopt, disseminate, and apply practice guidelines that:

1. Are based on valid and reliable clinical evidence (Evidence-based Practice) or a consensus of providers in a particular field.
2. Consider the needs of Medicaid beneficiaries.
3. Are adopted in consultation with Network Providers.
4. Are reviewed and updated periodically as appropriate.

The NMRE will ensure that regional practice guidelines support a trauma informed and recovery-oriented system of care (ROSC). The components of a recovery-oriented environment are those that:

1. Encourage individuality;
2. Promote accurate and positive portrayals of psychiatric disability while fighting discrimination;
3. Focus on strengths;
4. Use language of hope and possibility;
5. Offer a variety of options for treatment, rehabilitation, and support;
6. Actively involve beneficiaries, family members, and other natural supports in the development and implementation of programs and services;
7. Encourage beneficiary participation in advocacy activities;
8. Help develop connections with communities; and
9. Help beneficiaries develop social roles, interests and hobbies, and other meaningful activities.

Approval Signature



NMRE Chief Executive Officer

7/19/19

Date

SUBJECT Practice Guidelines	ACCOUNTABILITY	Effective Date: June 16, 2015	Pages: 2
REQUIRED BY	BBA Section: PIHP Contract Section: Other:	Last Review Date: July 19, 2019	Past Review Date:
Policy <input type="checkbox"/>	Review Cycle: Annual	Responsible Department: Provider Network	Reviewers:
Procedure <input checked="" type="checkbox"/>	Author:		

## Procedure

### **A. Adoption of Practice Guidelines**

1. Guidelines that are promulgated by the Michigan Department of Health and Human Services (MDHHS) as contract attachments are adopted when the contract is approved by the NMRE Board and signed by the CEO.
2. Typically, practice guidelines are not developed internally. If needed guidelines do not exist and cannot be found in a search of existing guidelines, a committee with appropriate clinical representation will be charged with developing a recommendation. Any such guidelines must adhere to the requirements of MCR 438.236 and the MDHHS-PIHP contract.
3. Practice guidelines may be recommended by Network providers. Any such guidelines must adhere to the requirements of MCR 438.236 and the MDHHS-PIHP contract.
4. Practice guidelines proposed for adoption will be forwarded to the NMRE Leadership Committee for review. NMRE staff will distribute the proposed practice guidelines to the following in draft form:
  - a. Appropriate Network Providers (CMHSPs/SUD providers),
  - b. Regional Consumer Advisory Committee (Regional Entity Partners), and
  - c. The regional Quality Improvement Committee (Quality Oversight Committee).
5. If the NMRE Leadership Committee recommends adoption of the practice guidelines, they will be sent to the NMRE Operations Committee for review and approval. The Operations Committee will decide, by consensus or vote, whether to approve and adopt the practice guidelines. The Operations Committee may request revisions or changes to the practice guidelines. In such a case, NMRE staff will make the requested changes and bring the practice guidelines back to the Operations Committee during its next monthly meeting. The decision of the Operations Committee will be final.

### **B. Dissemination of Practice Guidelines**

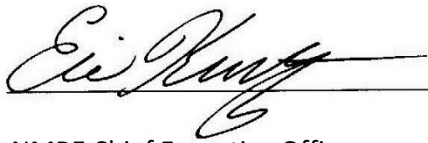
1. NMRE Provider Network Manager will distribute the approved practice guidelines to appropriate Network Providers.
2. The NMRE Provider Network Manager will add the approved practice guidelines to the NMRE Provider Manual. An electronic version of the Provider Manual will be posted on the NMRE website [nmre.org](http://nmre.org).

3. The NMRE Customer Services Specialist will disseminate the approved practice guidelines to the Regional Consumer Council (Regional Entity Partners) as appropriate.
4. Training on the approved practice guidelines will be provided to Network Providers by NMRE staff as appropriate.

**C. Monitoring Application of Practice Guidelines**

1. When possible, monitoring of approved practice guidelines will be incorporated into existing Network Provider review processes (retrospective utilization management reviews, Medicaid claims verification reviews, performance improvement project data collection, etc.)
2. Specific record review processes will be developed to provide adequate information to evaluate the implementation and impact of practice guidelines.
3. Monitoring results will be reviewed by the NMRE Quality Department, NMRE Leadership Committee, and regional Quality Improvement Committee (Quality Oversight Committee) as appropriate.

Approval Signature



NMRE Chief Executive Officer

7/19/19

\_\_\_\_\_  
Date