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PROVEN BEHAVIORAL HEALTH CLINICAL TECHNOLOGY INCLUSION AND APPLICATION GUIDELINES

POLICY

This policy establishes the mechanisms in which new behavioral health clinical technologies, or adaptations of existing clinical technologies, will be evaluated and accepted as acceptable practices within the Detroit Wayne Mental Health Authority (DWMHA) provider network.

PURPOSE

This policy serves to ensure that behavioral health clinical technologies that are utilized by the network are safe, effective, efficient, and allowable under all governing protocols, E.g. Michigan Department of Health and Human Services (MDHHS), Centers for Medicare and Medicaid Services (CMS), etc.

APPLICATION

1. The following groups are required to implement and adhere to this policy: DWMHA Board, DWMHA Staff, Contractual Staff, Access Center, MCPN Staff, Network Providers, Crisis services vendor, Credentialing Verification Organization (CVO)
2. This policy serves the following populations: Adults, Children, I/DD, SMI/SEI, SED,SUD, Autism
3. This policy impacts the following **contracts/service lines**: MI-HEALTH LINK, Medicaid, SUD, Autism, Grants, General Fund

KEYWORDS

1. Benefits
2. DWMHA Provider Manual
3. Improving Practices Leadership Team
4. Medicaid Provider Manual
5. Medical Necessity
6. Practice Guideline

7. Proven Behavioral Health Clinical Technology
8. Research Advisory Committee
9. Unproven Behavioral Health Services

STANDARDS:

1. Covered services

- a. Proven Behavioral Health Clinical Technology (PT) includes Practice Standards as well as technology that have undergone extensive practical evaluation as well as research and/or literature review via external mechanisms and are mandated covered services through DWMHA contracts.

1. MDHHS

- i. Covered services, and the criteria for the clinician that delivers them, are documented in the MDHHS Medicaid Provider Manual and Provider Qualifications Manual. These services are both PTs and covered services.
- ii. Coverage of pharmaceuticals and devices, such as medications, electroconvulsive therapy, and vagus nerve stimulation (VNS), are determined by MDHHS processes, such as the Pharmacy and Therapeutics Committee.

2. Other Insurers

- i. PTs and covered services are defined as per the individual benefit plans.

3. Covered services are listed in the Utilization Management Guidelines which are periodically updated.

4. PTs may also be covered specifically by a grant.

2. Uncovered services

- a. PTs that are not included in a benefit plan are uncovered services, meaning they are not reimbursable for that benefit plan. There are a variety of mechanisms by which they may progress to covered services.

1. Providers may propose a pilot utilizing a PT for a specific population to the Research Advisory Committee. Once vetted, if there are positive outcomes, meaning the practice is safe, effective, and not more costly than treatment as usual, DWMHA will pursue its inclusion as a covered service.

2. IPLT may determine that there is a gap in service delivery across the network which current covered services are not addressing. The literature may indicate that PTs not currently within the benefit plan are appropriate to be trialed.

3. PTs may covered by General Funds, Local Funds, or other appropriate resources when not covered by the beneficiary's benefit plan.

3. Unproven Technology (UP)

- a. Technology/clinical practices that have been demonstrated, through controlled trials, meta-analysis of the literature, etc. to be ineffective; or whose safety profile results in a negative risk-benefit ratio, will not be supported nor covered by the DWMHA.

- b. Technology/clinical practices that are not sufficiently researched and/or published so as to qualify as PTs may be presented to the RAC for consideration as a trial.

1. If a trial presents with preliminary data supporting safety and efficacy, it will be considered a Promising Practice/Technology. DWMHA will pursue appropriate avenues to obtain approval for benefit coverage or these promising technologies during the trial. For example, the Rapid Innovation Cycle process for MDHHS. Trials may also be supported by grants, General Funds, etc.
 2. DWMHA will monitor the trial, ensuring the trials are clinically and scientifically proper, and outcomes are objectively measured. Once fully vetted as safe, effective, and economically supportable, DWMHA will pursue its inclusion as a covered benefit, and/or may choose alternate funding to continue to support it.
4. Ongoing Review of Clinical Behavioral Health Technology and Procedures
- a. Specific to pharmaceuticals and devices, DWMHA encourages prescribers to report adverse events as per Food and Drug (FDA) reporting requirements. Further,
 1. DWMHA's medical staff participate in regional and state level medical directors meetings which include reviews of medical procedures, pharmaceuticals, health practices and devices, regulatory changes, and scientific data.
 2. DWMHA's medical staff participate in care coordination meetings with health plans which include standards for medical procedures, pharmaceuticals, health practices and devices, regulatory changes and scientific data.
 3. DWMHA consults with Pharmacologists to keep abreast of the scientific data, availability and accessibility of pharmaceuticals and devices.
 - b. Practice Standards are developed and reviewed as per the DWMHA Practice Standards Policy.

QUALITY ASSURANCE/IMPROVEMENT

DWMHA 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 MCPNs, their subcontractors, and direct contractors must include measures for both the monitoring of and the continuous improvement of the programs or processes described in this policy.

COMPLIANCE WITH ALL APPLICABLE LAWS

DWMHA staff, MCPNs, contractors, and 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

Medicaid Provider Manual and Provider Qualifications Manual

RELATED POLICIES

1. DWMHA Clinical Practice Guidelines Policy
2. DWMHA Utilization Management Guidelines

RELATED DEPARTMENTS

1. Administration
2. Claims Management
3. Clinical Practice Improvement
4. Compliance
5. Customer Service
6. Information Technology
7. Integrated Health Care
8. Legal
9. Managed Care Operations
10. Management & Budget
11. Purchasing
12. Quality Improvement
13. Recipient Rights
14. Substance Use Disorders

CLINICAL POLICY

Yes

INTERNAL/EXTERNAL POLICY

External

Attachments:

No Attachments

Approval Signatures

Approver

Date

Dana Lasenby: Chief Clinical Officer

01/2019

