

Clinical Practice Guidelines, Leveling Tools and HEDIS Measures

Since beginning Medicaid managed care operations in 2012, Vaya Health has approved Clinical Practice Guidelines (CPGs) based on clinical evidence and research to support Network Providers in the provision of whole person, clinically integrated care to achieve optimal outcomes for our members. Good clinical care also requires person-centered treatment planning which includes member choice and community standards of care.

Many of the original CPGs that were originally shared by Vaya are no longer endorsed by the peer academy that originally promulgated them (for example, the American Psychiatric Society has moved a number of CPGs to legacy status). The following list of updated guidelines, from multiple subject matter experts, focus not just on behavioral healthcare, but on physical healthcare as well. Research suggests that the risk of premature death for persons with serious mental illness/ serious and persistent mental illness is often related to smoking, obesity and hypertension. Vaya encourages providers to monitor member vital signs and make referrals to primary care when indicated.

Vaya utilizes current CPGs and standardized leveling tools, along with N.C. DHHS Medical Necessity criteria, to assist in authorization of the right services at the right level of care. Both members and providers may use these guidelines for help with identifying the most appropriate and effective treatment for a specific diagnosis. For persons with treatment-resistant conditions, expert clinical consultation may be of value when progress is not meeting target goals.

Clinical Guidelines

INTELLECTUAL/DEVELOPMENTAL DISABILITIES

Review of the literature by Vaya's Clinical Advisory Committee has found few national practice guidelines for individuals with IDD that are applicable to North Carolina's Innovations Waiver services. Many of the services appropriate for individuals with IDD are support services rather than typical clinical interventions. These support services are typically provided for extended times, often for the life of the individual with IDD. Support needs may vary over time with changes in individuals' lives and situations.

Vaya supports the development of practice guidelines for individuals with IDD and believes that with time, national consensus on guidelines for IDD services will be achieved. Until such time, the following resources provide guidance on the provision of IDD services reimbursed by Vaya Health:

Innovations Waiver services:

- NC Medicaid Clinical Coverage Policy 8E, Intermediate Care Facilities for Individuals with Intellectual Disabilities: <https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies>; and
- NC Medicaid Clinical Coverage Policy 8P, North Carolina Innovations, which includes guidelines for Innovations services generally with specific service definitions for each Innovations service: <https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies>;
- The Supports Intensity Scale® (SIS®): <https://aaidd.org/sis>

- The N.C. Innovations Resource Allocation Operational Rule released October 1, 2016 by N.C. DHHS and available on the Vaya website: <https://providers.vayahealth.com/innovations-resource-allocation-operational-rules/>

Medicaid (b)(3) IDD services:

- Clinical Coverage Policy 8E, Intermediate Care Facilities for Individuals with Intellectual Disabilities for service eligibility: <https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/>; and
- (b)(3) Service Definitions posted on the Vaya website: <https://providers.vayahealth.com/service-authorization/coverage-info/>

Non-Medicaid IDD services:

N.C. DMH/DD/SAS State-Funded Enhanced Mental Health and Substance Abuse Service Definitions: <https://www.ncdhhs.gov/divisions/mhddsas/servicedefinitions>

ADULT MENTAL HEALTH

American Psychiatric Association

- *Use of Antipsychotics to Treat Agitation or Psychosis in Patients with Dementia* (May 2016)
<https://doi.org/10.1176/appi.ajp.2015.173501>
- *Treatment of Patients with Schizophrenia* 2nd Edition (2010)
https://psychiatryonline.org/pb/assets/raw/sitewide/practice_guidelines/guidelines/schizophrenia.pdf
- *Psychiatric Evaluation of Adults* (August 2015)
<https://doi.org/10.1176/appi.books.9780890426760>

Veterans Administration/Department of Defense

- *Management of Major Depressive Disorder* (April 2016)
<https://www.healthquality.va.gov/guidelines/MH/mdd/VADoDMDDCPGFINAL82916.pdf>
- *Management of Post-Traumatic Stress Disorder and Acute Stress Reaction* (June 2017)
<https://www.healthquality.va.gov/guidelines/MH/ptsd/VADoDPTSDCPGFinal012418.pdf>

National Institute for Health and Care Excellence

- *Borderline Personality Disorder: Treatment and Management* (January 2009)
<https://www.nice.org.uk/guidance/CG78>

SUBSTANCE USE DISORDERS

American Psychiatric Association

- *Pharmacologic Treatment of Patients with Alcohol Use Disorder* (January 2018)
<https://doi.org/10.1176/appi.books.9781615371969>

Veterans Administration/Department of Defense

- *Substance Use Disorder* (December 2015)
<https://www.healthquality.va.gov/guidelines/MH/sud/VADoDSUDCPGRevised22216.pdf>
- *Opioid Disorder* (January 2015)
<https://www.healthquality.va.gov/guidelines/MH/sud/VADoDSUDCPGRevised22216.pdf>

Canadian Task Force on Preventive Health Care

- *Opioid Use Disorder* (March 2018)
<http://www.cmaj.ca/content/cmaj/190/9/E247.full.pdf>
- *Behavioral Interventions for the Prevention and Treatment of Cigarette Smoking Among School-aged Children and Youth* (February 2017)
<http://www.cmaj.ca/content/cmaj/189/8/E310.full.pdf>

CHILD AND ADOLESCENT MENTAL HEALTH

American Academy of Child and Adolescent Psychiatry

- *Reactive Attachment Disorder and Disinhibited Social Engagement Disorder* (November 2016)
[https://www.jaacap.org/article/S0890-8567\(16\)31183-2/pdf](https://www.jaacap.org/article/S0890-8567(16)31183-2/pdf)
- *Practice Parameter for the Assessment and Treatment of Children and Adolescents with Posttraumatic Stress Disorder* (April 2010)
[https://www.jaacap.org/article/S0890-8567\(10\)00082-1/pdf](https://www.jaacap.org/article/S0890-8567(10)00082-1/pdf)

National Center on Birth Defects and Developmental Disabilities

- *Fetal Alcohol Syndrome: Guidelines for Diagnosis and Referral* (2004)
https://www.cdc.gov/ncbddd/fasd/documents/fas_guidelines_accessible.pdf

TELEMEDICINE/ TELEHEALTH

American Psychiatric Association

- *Best Practices in Videoconferencing Based Telemental Health* (April 2018)
<https://www.psychiatry.org/File%20Library/Psychiatrists/Practice/Telepsychiatry/APA-ATA-Best-Practices-in-Videoconferencing-Based-Telemental-Health.pdf>

PREVENTIVE HEALTH EDUCATION/INTERVENTIONS

U.S. Preventive Services Task Force

- *Behavioral Weight Loss Interventions to Prevent Obesity-Related Morbidity and Mortality in Adults* (September 2018)
<https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/obesity-in-adults-interventions1>
- *Screening for Obesity in Children and Adolescents* (June 2017)
<https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/obesity-in-children-and-adolescents-screening1>

Canadian Task Force on Preventive Health Care

- *Hepatitis C Screening for Adults* (April 2017)
<http://www.cmaj.ca/content/189/16/E594>

Leveling tools

- American Society of Addiction Medicine ([ASAM Adolescent](#))
- American Society of Addiction Medicine ([ASAM Adult](#))
- Level of Care Utilization System ([LOCUS](#))
- Child and Adolescent Level of Care Utilization System ([CALOCUS](#))
- Child and Adolescent Needs and Strengths ([CANS](#))
- North Carolina Supports Needs Assessment Profile ([NC-SNAP](#))

Health Effectiveness Data Information Set (HEDIS) Measures

In addition to identifying specific CPGs to assist our providers in delivering high-quality care, Vaya also works with our providers to meet specific Health Effectiveness Data Information Set (HEDIS) Measures mandated in our contracts with N.C. DHHS. HEDIS is a comprehensive set of standardized performance measures designed to provide people with the information they need for reliable comparison of health plan performance. HEDIS Measures relate to many significant health issues, such as continuity of care and disease management. DHHS uses HEDIS performance data to establish realistic targets for improvement, monitor and track the success of quality improvement initiatives, and provide a set of measurement standards that allow comparison with other LME/MCOs. Current HEDIS measures include:

1. **Access to Primary / Preventive Care for NC Innovations Waiver Participants:** 90% of Vaya-enrolled NC Innovations Waiver participants ages 3 and older should receive a primary care or preventive health service at least annually (for persons ages 3 to 6 and ages 20 and older) or every other year (for persons ages 7 to 19).
2. **Follow-Up After Discharge from Inpatient or Crisis Care:** Timely follow-up care after a crisis service or discharge from an inpatient facility is critical to promoting recovery and successful living in one's community, minimizing adverse outcomes, and preventing unnecessary re-hospitalization or reuse of crisis services. Receiving a community-based service within 1 and 30 days of discharge is a nationally accepted standard of care that also indicates the local system's community service capacity and extent of coordination across levels of care. Receiving a community-based service within 3 days of a mobile crisis event also indicates coordination across levels of care.
 - a. At least 40% of Vaya enrollees ages three (3) through sixty-four (64) who were admitted for mental health treatment in a community-based hospital, state psychiatric hospital, or facility-based crisis service should receive a qualifying follow-up service within one (1) to seven (7) days of discharge.
 - b. At least 40% of Vaya enrollees ages three (3) through sixty-four (64) who were admitted for substance use disorder (SUD) treatment in a community-based hospital, state psychiatric hospital, state ADATC, or detox/facility-based crisis service that received a qualifying follow-up service within one (1) to seven (7) days of discharge.
 - c. N.C. DHHS is also measuring the number of individuals who received a crisis service or were admitted for mental health or SUD treatment who receive a qualifying follow-up visit between 7 and 30 days of discharge to establish performance benchmarks for that timeframe.

3. **Adherence to Antipsychotic Medications for Individuals with Schizophrenia:** Schizophrenia is a severe and chronic mental illness characterized by disturbance in thought, perception and behavior. Medication nonadherence is a common and serious concern in the treatment of schizophrenia. Medication adherence promotes improved mental health, wellbeing and quality of life. For this reason, N.C. DHHS is currently measuring the percentage of Vaya members aged 19-64 diagnosed with schizophrenia or schizoaffective disorder who were prescribed, dispensed and remained on an antipsychotic medication for at least 80% of their treatment period during the timeframe under review.

4. **Diabetes Screening for People with Schizophrenia or Bipolar Disorder Using Antipsychotic Medications:** According to the CDC, diabetes was the seventh leading cause of death in North Carolina in 2016. Because persons with serious mental illness who use antipsychotics are at risk for diabetes, screening is important. For this reason, N.C. DHHS is currently measuring the percentage of Beneficiaries aged 19-64 with schizophrenia, schizoaffective disorder or bipolar disorder, who were prescribed and dispensed an antipsychotic medication and had a diabetes screening test during the measurement year.