

**Provider Bulletin # 18-12**  
**The Philadelphia Department of Behavioral Health and Intellectual  
disAbility Services (DBHIDS)**  
**Community Behavioral Health (CBH)**

**Clinical Guidelines and Related Provider Requirements**

**July 30, 2018**

CBH is committed to working with our provider partners to continuously improve the quality of behavioral healthcare for our shared population. Whenever possible, this is best accomplished by the implementation of evidence-based practices, as well as those informed by nationally recognized treatment guidelines, while respecting the needs for individualized treatment and recovery planning.

CBH is issuing five **Clinical Guidelines**, adapted for the CBH network from available national guidelines, best practices, and industry standards. They are intended to guide providers in aligning their practices with the best available scientific evidence to treat members. The Clinical Guidelines address 1) opioid use disorder, 2) schizophrenia, 3) attention-deficit/ hyperactivity disorder, 4) antipsychotics for youth, and 5) benzodiazepines. They can be found on the Provider Manual page of the provider section of the DBHIDS website [here](#).

CBH expects providers to follow these guidelines in addition to all other relevant CBH, state, and federal regulations and standards, including CBH prescribing bulletins, the Network Inclusion Criteria (NIC) Standards of Excellence, and the DBHIDS Practice Guidelines for Resiliency and Recovery-oriented Treatment.

To assess quality of care, CBH will be reviewing clinical documentation and for several guidelines, requiring the development of policies and/ or collecting standardized metrics. The table on the next page provides information regarding the levels of care associated with each guideline, as well as the related implementation requirements and measures. Although the levels of care indicated are those directly responsible for implementing the guideline, all providers should review each guideline to ensure quality coordination of treatment.

<b>Clinical Guidelines</b>	<b>Levels of Care to Implement</b>	<b>Implementation Requirements</b>	<b>Implementation Measures</b>
<b><i>Clinical Guidelines for the Pharmacologic Treatment of Opioid Use Disorder (OUD)</i></b>	Crisis Response Centers and all Substance Use Treatment Providers	Document adherence to guidelines.	<ol style="list-style-type: none"> <li>1. The percentage of members with OUD receiving medication-assisted treatment (MAT) at each provider of substance use treatment services (aligns with Bulletin 18-07)</li> <li>2. Readmission rates for members diagnosed with OUD at each provider of substance use treatment services</li> <li>3. Documentation of all evaluations and interventions described in guidelines</li> </ol>
<b><i>Clinical Guidelines for the Pharmacologic Treatment of Schizophrenia</i></b>	All levels of care providing pharmacologic treatment for members diagnosed with schizophrenia	Document adherence to guidelines.	<ol style="list-style-type: none"> <li>1. Member adherence to antipsychotic medication (tracked via the National Committee for Quality Assurance [NCQA] Healthcare Effectiveness Data and Information Set [HEDIS] measure)</li> <li>2. Member re-admissions to an inpatient level of care (tracked via number of inpatient claims during the review period)</li> <li>3. Documentation of all evaluations and interventions described in these guidelines</li> </ol>
<b><i>Clinical Guidelines for the Pharmacologic Treatment of Attention-Deficit/Hyperactivity Disorder (ADHD)</i></b>	All levels of care providing pharmacologic treatment for members diagnosed with ADHD	Document adherence to guidelines.	<ol style="list-style-type: none"> <li>1. Appropriate medication follow-up appointments for children and adolescents prescribed medications for ADHD (tracked via the NCQA HEDIS measure)</li> <li>2. Appropriate use of medication for children and adolescents diagnosed with ADHD (tracked via claims data to generate percentages of members with ADHD prescribed FDA-approved medications, other medications, and no medication)</li> <li>3. Documentation of all evaluations and interventions described in these guidelines</li> </ol>
<b><i>Clinical Guidelines for the Prescribing and Monitoring of Antipsychotic Medications for Youth</i></b>	All levels of care providing pharmacologic and/or behavioral health treatment to children and youth	<ol style="list-style-type: none"> <li>1. Develop policy for Prescribing and Monitoring Antipsychotic Medications for Youth.</li> <li>2. Document adherence to policy and guidelines.</li> </ol>	<ol style="list-style-type: none"> <li>1. Documentation of all evaluations and interventions described in guidelines</li> <li>2. Data from CBH monitoring of other prescribing guidelines and claims data to assess the use of antipsychotic medications by providers, whether these medications are used to treat a FDA-indicated diagnosis, whether monitoring for adverse physical effects is appropriate, and whether youth are receiving the required frequency of psychiatric evaluations</li> </ol>
<b><i>Clinical Guidelines for the Prescribing and Monitoring of Benzodiazepines and Related Medications</i></b>	All levels of care prescribing benzodiazepines	Develop policy for the Prescribing and Monitoring of Benzodiazepines.	<ol style="list-style-type: none"> <li>1. Documentation of adherence to this policy</li> <li>2. Claims data across levels of care to assess adherence and for opportunities for quality improvement interventions</li> </ol>

These requirements take effect **August 30, 2018**. Please direct questions to [CBH.PharmacyInitiatives@phila.gov](mailto:CBH.PharmacyInitiatives@phila.gov).