Dear Client Primary Care Physician:

Psychcare annually distributes the Psychcare Client Primary Care Physician Manual for Behavioral Health Services. We would like your comments to improve the exchange of information concerning your patients’ behavioral health treatment, available behavioral health member educational materials to promote your patients’ self-management of their behavioral health, and available behavioral health clinical resources to promote timely assessment, referral and treatment of behavioral health disorders commonly seen in primary care. Once you have had an opportunity to review the content of the manual, please take a few moments to complete the survey and return it to:

Psychcare  
Attn: Quality Management Department  
10200 Sunset Drive  
Miami, FL 33173  
FAX: (305)397-2846

1. Did the authorization and referral procedures contained in the Client Primary Care Physician Manual provide sufficient information to assist you and your office staff in coordinating treatment with your patients’ behavioral health practitioner(s)?

☐ Yes ☐ No

2. Have you accessed the Psychcare website for member educational materials and clinical resources, such as, but not limited to, behavioral health member educational information, the PharmAssist Program, Continuity and Coordination of Care Articles and Tools, or the Clinical Practice Guidelines?

☐ Yes ☐ No

3. Have you reviewed and/or distributed the educational information contained in our Preventive Health Programs to your patients when indicated?

☐ Yes ☐ No

What additional information would you like to see in the manual to enhance the exchange of information to improve continuity and coordination of medical and behavioral health care?

Thank you for assisting us in our efforts to continually improve the quality of care and services to members.
BACKGROUND

Psychcare ("Psychcare") is a comprehensive behavioral health care service center located in Miami, Florida.

We specialize in the management of mental health and chemical dependency benefits for HMOs, PPOs, and large employer groups.

Our philosophy is to promote quality and safety of clinical care, and quality of service rendered by our practitioner and provider networks.

Psychcare is structurally organized as a network model delivery system. Our practitioners include such disciplines as psychiatrists, doctorate level licensed psychologists, and master’s level licensed clinicians. We contract with providers such as day treatment programs, inpatient treatment programs, and residential programs.

PSYCHCARE WEBSITE

Our website address is www.psychcare.com. The following, member educational materials and clinical resources are contained on the member and provider sections of our website, and reviewed and updated accordingly at a minimum annually. You can access the provider clinical resource materials on the website with the password PsychcareProviders_FYE0.

- Psychcare Quality Improvement Program and Activities
- Provider Clinical Resources
- Behavioral Health Screening Programs
- Self-Management Tools
- Member Educational Materials
- Continuity And Coordination Of Care Activities
- Utilization Management

PRIVACY PRACTICES


As noted in the Office of Civil Rights Privacy Brief, Summary of HIPAA Privacy Rule, adherence to privacy practices assures that individuals’ behavioral health information is properly protected while allowing the flow of information needed to provide and promote high quality care, and protects our members’ health and well-being.
Psychcare does not disclose PHI, except as the Privacy Rule permits or requires; and when the member, who is the subject of the information, or member’s legal representative when the member is a minor or deemed incompetent, authorizes the release of PHI in writing.

Psychcare does not provide direct treatment. We are a network model, therefore, all continuity and coordination of care communications between the PCP and the network behavioral healthcare practitioner are conducted directly among practitioners after the appropriate consent for the release of information to the specific practitioner is signed and dated by the member, or the member’s legal representative.

Upon our practitioners’ receipt of the executed patient consent, we encourage our network practitioners to communicate with their patients’ PCPs using the communication forms located in this manual, in conjunction with our high risk communication criteria, described in the continuity and coordination of care section of this manual.

**PSYCHCARE COMMUNICATION SERVICES**

Members, the member’s authorized representative, practitioners and providers have access to our clinical staff 24 hours per day, 7 days per week via our toll free telephone number for questions about our UM processes or UM issues.

The clinical staff is available for inbound communications from members, practitioners, and providers regarding UM issues and/or UM processes during business hours, Monday through Friday (excluding holidays), 8:30 AM to 5:30 PM Eastern Standard Time, via our toll free number, (800) 221-5487 or by accessing our TDD/TTY services through the Florida Relay Number, 711, a communications link for people who are Deaf, Hard of Hearing, Deaf/Blind, or Speech Impaired; and also by fax and e-mail. Bilingual (English/Spanish) staff members are available to assist members, practitioners, and providers, during business hours. Psychcare accommodates all other non-English speaking members through a telephonic translation service at the time of the member’s call.

After business hours, weekends, and holidays, members, practitioners, and providers can reach an on-call case manager, a licensed clinician, regarding questions about UM issues and/or UM processes, via our toll free number, (800) 221-5487, or by accessing our TDD/TTY services through the Florida Relay Number, 711, a communications link for people who are Deaf, Hard of Hearing, Deaf/Blind, or Speech Impaired; and also by fax and e-mail. Bilingual (English/Spanish) on-call case managers are available to assist members, practitioners, and providers, after business hours, weekends and holidays. Psychcare accommodates all other non-English speaking members through a telephonic translation service at the time of the member’s call.

**PSYCHCARE TRIAGE AND REFERRAL PROCESSES**

Our clinical philosophy is to provide the most appropriate member/practitioner match and the least restrictive treatment intervention for each member’s needs across the life cycle. Our clinical orientation is a biopsychosocial approach with emphasis on wellness, early intervention, and integration of behavioral and medical healthcare. Excellent outcomes are maximized by good partnerships and a clinical consultation approach with all clinicians that deliver services to our members.
Psychcare makes decisions whether to approve or not approve payment for services based only on the appropriateness of the care or service, and what the member’s benefit plan covers.

The Medical Director oversees all triage and referral decisions. The Medical Director is available 24 hours per day; 7 days per week, to consult on initial clinical review decisions, and conduct peer clinical review.

The Vice President of Clinical Operations supervises nonurgent pre-service processes, and initial clinical review processes. The Vice President of Clinical Operations is available 24 hours per day, 7 days per week, to consult with Case Managers regarding initial clinical review decisions.

Emergency Referrals

In the event a patient is experiencing a behavioral health emergency in your office, or contacts you in crisis, call the police. If your patient can be safely transported with support, route the member to the nearest emergency room. After ensuring that the patient is safe, call Psychcare 24 hours per day, 7 days a week at 800.221.5487 so that we can obtain the clinical information and begin managing the case.

If you call after hours or on the weekend, please inform the answering service that you have an emergency and the on-call case manager, a licensed clinician, will return your call within 30 minutes of the initial call. The on-call case manager arranges hospital admissions, crisis stabilization, and other required emergency services.

Initial Referral Process

Psychcare authorizes, and coordinates initial evaluations with our network psychiatrists and clinicians. During the course of your patients’ medical treatment, you may determine that the patient could benefit from accessing their behavioral healthcare benefits when, for instance:

- the member requires an assessment of their current psychotropic medication(s), or an evaluation to determine the need for psychotropic medication
- the member is experiencing an acute crisis and needs to be evaluated by a psychiatrist
- the member is experiencing stressors that could possibly be reduced through psychotherapy

When callers request routine outpatient referrals, the calls are handled by our intake coordinators. The intake coordinator verifies the member’s eligibility and demographic information. They conduct a brief screening using an approved screening tool. During the screening, if, as indicated per the screening tool, the call requires clinical expertise, the intake coordinator transfers the call to a case manager. Once the intake coordinator completes the screening, the member is given the names of network practitioners who meet their geographic, language, and cultural preferences. The member selects the practitioner they wish to see and the intake coordinator authorizes the members’ outpatient visit.

If you would like refer a patient to Psychcare for mental health or substance abuse treatment, simply fax a referral to Psychcare to 800.370.1116, or call us to coordinate the referral at 800.221.5487 during business hours, Monday through Friday 8:30 AM to 5:30 PM EST. Please include all pertinent clinical information and member contact information.

Urgent Care and Continued Treatment Reviews

Case managers review all urgent care and continued treatment cases. Case Managers are, at a minimum, Masters’ Level Licensed Clinicians, or Registered Nurses, with a minimum of 5 years post
masters’ and/or previous experience in providing direct patient care, crisis intervention and discharge planning. The case managers review the continued treatment at pre-determined intervals with the psychiatrist, clinician, hospital, or program. Ongoing authorization is based on, as applicable to the individual status of the member, Psychcare Mental Health Level of Care Clinical Criteria, Psychcare Substance Abuse Level of Care Criteria, or when indicated, the Florida Medicaid Level of Care Guidelines and the member’s benefit coverage.

In particular, cases, care may be required outside of the usual parameters set forth by the member’s benefit plan. In coordination and approval by the client health plan, the Medical Director, and the Vice President of Clinical Operations will develop an appropriate treatment care plan.

Specialized Services Requirements

The following services are authorized only when they are determined to be medically necessary, and inclusive in the member’s benefit coverage. The case manager consults with the Medical Director when the following services are requested and covered under the member’s benefit plan:

- psychological testing
- electroconvulsive therapy (ECT)

The following services are typically not covered under a typical benefit plan:

- testing for educational placement
- neuropsychological testing

CONTINUITY AND COORDINATION OF CARE

The assessment, treatment, and follow-up of a member’s care are essential in the provision of continuous and appropriate healthcare services for members who access multiple practitioners for medical and/or behavioral purposes.

Our Clinical Standards Committee, consisting of network practitioners, identified high-risk communication criteria for circumstances in which continuity and coordination of care between the PCP and behavioral healthcare practitioner is efficacious in promoting optimal medical and behavioral health care:

- Members who are prescribed medications by their PCP and psychiatrist
- PCPs who prescribe psychotropic medications
- R/O thyroid disorders in members with symptoms of depression
- Members who have an underlying medical condition and are being prescribed psychotropic medication by their psychiatrist
- Failure to improve
- Sudden change(s) in mental status

Annually, Psychcare collects data about the following opportunities for collaboration between medical and behavioral care:

- Exchange of information
- Appropriate diagnosis, treatment and referral of behavioral health disorders commonly seen in primary care
- Appropriate uses of psychopharmacological medications
- Management of treatment access and follow-up for members with coexisting medical and behavioral disorders
behavioral disorders

- Primary or secondary preventive behavioral health program implementation

Psychcare collaborates with our client health plans to improve the coordination of behavioral health care and general medical care including:

- Collaboration between Psychcare and our clients' medical delivery systems or PCPs
- Quantitative and qualitative analyses of data to identify improvement opportunities
- Identification and selection of at least one opportunity for improvement
- Taking collaborative action to address at least one identified opportunity for improvement

We ask our network psychiatrists to complete the Network Psychiatrist/PCP Communication Form; and we ask our network clinicians to complete the PCP/Network Clinician Communication Form. Samples of both forms are located at the end of the Continuity and Coordination of Care section. Both forms have a section that documents the members' Consent for the Release of Confidential Information to their PCP.

**The Encompass Program**

Each client health plan participates in the Encompass Program at their discretion. The Encompass Program enables caregivers, Psychcare and our client health plan case managers, and treating practitioners (i.e. Primary Care Physicians, specialists and/or community providers) to refer members for inclusion into the program. Outreach interventions are aimed at providing assistance and referrals for individuals who may benefit from behavioral health treatment to attain overall wellness.

The objectives of the Encompass Program include:

- Improving the health and wellness of participants
- Increasing the coordination of care and communication regarding medical and behavioral health treatment needs of members
- Reducing avoidable utilization and ensuring treatment at the least restrictive setting
- Increasing compliance with appropriate treatment to facilitate optimal functioning and promote wellness
- Promoting adherence to treatment recommendations that are most clinically effective and cost effective
- Increasing the number of members who receive care consistent with management treatment guidelines
- Providing data integrity, technical and staff support that will foster improved communication between Psychcare and the client health plan and across team member

Psychcare uses a team model approach to facilitate the effective coordination of care for all members who require integrated care between the medical and behavioral specialists to address complex comorbidities, co-existing/co-occurring disorders, and/or a wide range of social problems that may impact the members' ability to attain wellness.

The team is comprised of the Medical Director, Vice President of Clinical Operations, Case Managers, who are Licensed RN's, Licensed Doctorate Level Clinicians or Masters’ Level Clinicians, and Care Coordinators. The team ensures that all avenues of care are addressed. Teams are designated to specific geographic areas and product lines throughout the individual client health plans’ service area to help facilitate relationship building with providers, practitioners, and community resources, and to promote effective coordination of care in the least restrictive setting.
**Intensive Case Management**

The Intensive Case Management Program was designed to improve treatment compliance and outcomes for at-risk members with a history of treatment noncompliance and/or co-morbid behavioral health and/or medical conditions.

Under the direction of the Psychcare Medical Director, the Intensive Case Management Program targets at-risk members with behavioral, substance abuse, and/or comorbid medical disorders, who are at high risk for multiple hospitalizations, identified with chronic treatment noncompliance, or have a history of state psychiatric hospitalizations. The population includes members with special health care needs who are dually-eligible for Medicare and Medicaid benefits; and members who consistently utilize emergency services in lieu of treatment.

The Case Manager facilitates care delivery among behavioral health practitioners and providers and between behavioral health practitioners and Primary Care Physicians, which contributes to the development of an effective community support system.

**Clinical Practice Guidelines**

Psychcare has adopted clinical practice guidelines from nationally recognized organizations in order to provide a concise version of treatment recommendations related to the top inpatient and outpatient mental health diagnoses. The diagnoses were based on our annual member demographic data analysis for each line of business.

Every two (2) years from the Clinical Standards Committee's last review date, a review of each nationally recognized guideline is conducted to determine its continued applicability to the identified annual clinical activities based on the annual member demographic analysis by each line of business. The committee’s review of the guidelines is reported to the Quality Improvement Committee.

When the nationally recognized organization updates a clinical practice guideline before the next scheduled Clinical Standards Committee review of the guideline, the revised nationally recognized guideline will be reviewed and adopted by the committee and QIC within two (2) months of its publication by the nationally recognized organization.

The review criteria included:

- Current applicability based on the annual high risk/high volume demographic data;
- Consistency with Psychcare Clinical Criteria, and member education materials; and
- Current applicability for all behavioral healthcare disciplines.

**PharmAssist Program®**

The PharmAssist Program®, was developed by Psychcare to provide our clients with quality and cost-effective measures to evaluate psychotropic medications.

Our experience has shown that a majority of psychotropic medications are written by PCPs. The PharmAssist Program® is a Physician-to-Physician approach that addresses three factors:

- Education
- Consultation
- Referral

*Education:*
Psychcare provides PCP-focused workshops to address the complexities of prescribing psychotropic medication. The workshops address specific trends in managing psychiatric patients, and focus on the efficacy of treatment from a clinical and financial approach. We also provide individual education to PCPs who are unable to attend the workshops.

In coordination with our clients’ PBM, Psychcare analyzes psychotropic medication utilization and recommend targeted interventions either on an aggregate or individual basis to assist PCPs in improving their prescribing practices.

Consultation:
During business hours, we offer PCPs telephonic consultation with a Board Certified Psychiatrist to address any questions or concerns they may have related to their patients’ mental health status and appropriate use of psychotropic medications. Please call us 8:30 AM to 5:30 PM at 800.221.5487 to request a consultation.

Referral:
The PharmAssist Program© improves particular aspects of continuity and coordination of care, such as exchange of medical and clinical information; appropriate diagnosis, treatment, and referral of behavioral health disorders commonly seen in primary care; appropriate uses of psychotropic medications; and coordination of timely treatment access and follow-up for patients with coexisting medical and behavioral disorders.

**Inpatient Psychiatric Consultations Conducted on a Medical Unit, Skilled Nursing Facility, or Rehabilitation Setting**

Timely coordination and completion of inpatient psychiatric consultations provides integrated medical and behavioral healthcare services, and seamless continuity of care.

Inpatient psychiatric consultations are authorized **only** when members have an inpatient mental health benefit. It is recommended that if your patient does not have inpatient mental health benefits that the emergency room physician refer the patient to the community mental health system.

When your patients are admitted to acute care medical facilities, nursing homes or rehabilitative settings, a physicians’ order is required to proceed with the inpatient psychiatric consult. Please remember to contact Psychcare at (800) 221-5487 at our toll free number upon completion of the Physician’s order. At the time of the referral request, the available clinical information regarding the medical necessity and clinical urgency of the consult will be requested.

Inpatient psychiatric consultations are conducted by network psychiatrists, or if unavailable, a hospital affiliated staff psychiatrist to coordinate timely access for appropriate treatment and follow-up for those members with coexisting medical and behavioral disorders.

Once the inpatient psychiatric consult is completed, and the outcome includes the psychiatrists’ recommendation for outpatient mental health or substance abuse treatment follow-up upon the patients’ discharge, please contact us at our toll free number and we will coordinate outpatient behavioral health services for the patient. If the patient has left the hospital and outpatient mental health or substance abuse treatment follow-up was recommended, please give the patient or the patients’ legal representative our toll free number to obtain services.
Psychcare has designated the following timeliness standards for the completion of a consult, except when otherwise specified by client:

**Inpatient Psychiatric Consultations in Acute Care Facilities**
Inpatient psychiatric consultations in an acute care facility are completed within the clinical urgency, as determined by the attending physician, but not to exceed twenty-four hours from the time of the request.

**Medication Evaluations and Medication Management Follow-up Visits in Nursing Homes and/or Skilled Nursing Facilities**
- Medication evaluations in a nursing home and/or skilled nursing facility setting are completed within the clinical urgency, as determined by the attending physician, but not to exceed 72 hours from the request
- Medication management follow-up visits in a nursing home and/or skilled nursing facility setting are authorized within the clinical urgency, as determined by the psychiatrist, but not to exceed five (5) business days from the request

The completed consult must be in the medical record no more than 24 hours after completion of the consult by the psychiatrist. If this does not occur, the PCP should attempt to contact the psychiatrist who completed the consult. If the PCP is unsuccessful in reaching the psychiatrist, they may call Psychcare at 800.221.5487 during business hours, Monday through Friday. After hours or on the weekend please contact the on-call case manager at the above listed phone number.

Please visit our website, [www.psychcare.com](http://www.psychcare.com) to find out more about our continuity and coordination of care activities.
Patient Name: __________________________ Date of Birth: __________________________
PCP Name: __________________________ PCP Fax No.: __________________________
Health Plan: __________________________ ID No.: __________________________

PSYCHIATRIST INFORMATION
Psychiatrist Name: __________________________
Psychiatrist Office No.: __________________________ Evaluation Date: __________________________

ASSessment DATA

DSM-IV-TR-DX  MEDICATION PRESCRIBED
Axis I: __________________________ __________________________
Axis II: __________________________ __________________________
Axis III: __________________________ __________________________
Axis IV: __________________________ __________________________
Axis V: __________________________ __________________________

PLAN OF ACTION
Patient will be seen for follow up in ____________ month(s)
Once stable the patient will be followed up in: □ 3 months □ 6 months □ By PCP
□ Patient will be referred for brief individual therapy □ No further treatment is needed at this time

PARTICULAR CONCERNS
Patient will need the following labs monitored: □ Lithium Level □ Depakote Level
□ Other Drug Level: □ BUN/Creatinine □ Thyroid for Lithium Treatment
□ Liver Panel for Depakote Treatment

Patient is on __________________________, and at risk for metabolic syndrome.
The following should be monitored: □ Blood Glucose □ Cholesterol □ Triglycerides
The patient is on a benzodiazepine/stimulant and needs to be monitored for potential abuse/dependence.

OTHER PERTINENT ISSUES

PATIENT CONSENT
By signing below, I agree with and understand the above treatment plan, including the goals and the expected date of completion of this episode of care. I consent for my behavioral health practitioner, designated on this care plan, to release information to Primary Care Physician as designated below, until the period of time which I am no longer a Psychcare member, for the purpose of case management and quality improvement activities.

□ I GIVE permission for the above information to be given to my Primary Care Physician.
□ I DO NOT GIVE permission for the above information to be given to my Primary Care Physician.

Patient Signature (Parent or Legal Guardian of a Minor Child) __________________________ Date __________________________
PCP Name __________________________
### CLINICIAN / PCP COMMUNICATION FORM

**NOTE:** This is a *recommended* format for the purpose of continuity and coordination of care. The form should be sent *only* after the treating Psychcare network practitioner obtains the appropriate signed member consent for the release of information.

- The patient has signed a release of information and it is on file in the patient record.

### PATIENT INFORMATION

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
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<tbody>
<tr>
<td>Patient Name</td>
<td></td>
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<tr>
<td>Health Plan ID #</td>
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<tr>
<td>PCP Phone #</td>
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<td>PCP Phone #</td>
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<td>PCP Name</td>
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<td>PCP Fax #</td>
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<td>PCP Fax #</td>
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<tr>
<td>Practitioner Name</td>
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<tr>
<td>Practitioner Phone #</td>
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<tr>
<td>Practitioner Fax #</td>
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</tbody>
</table>

Please contact Psychcare at 800.221.5487 if you are unable to obtain phone and/or fax numbers.

### DIAGNOSIS

- **Axis I:**
- **Axis II:**
- **Axis III:**

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
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</thead>
<tbody>
<tr>
<td>Date of Last Visit</td>
<td></td>
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<tr>
<td>Date of Anticipated Next Visit</td>
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</tbody>
</table>

### SIGNIFICANT INFORMATION

The patient will/will not be referred for a psychiatric evaluation

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Practitioner Signature: __________________________  Date: __________________________
COVERAGE GUIDELINES

Requested services are subject to the limitations and coverage exclusions of the member’s benefit plan. Psychcare authorizes services, coordinates all treatment, and pays claims directly to the provider of services.

Services not delegated to Psychcare by the Client Health Plan:
- custodial services
- emergency and non-emergency transportation (unless included in the contract)
- emergency room services
- pharmacy authorization and payment
- diagnostic procedures, such as CAT scans, encephalograms or other radiology services
- laboratory services
- neurological testing or other neurological procedures, including tests designed to ascertain neurological development of infants
- charges for the treatment or diagnosis of medical conditions while the member is admitted under a primary psychiatric diagnosis

PSYCHCARE PRACTITIONER / PROVIDER NETWORK

Psychcare has a network model delivery system. Our practitioner network includes such disciplines as psychiatrists, licensed doctorate level clinical psychologists, and master’s level licensed clinicians. The provider network includes acute inpatient facilities, day treatment programs, partial hospitalization programs, and chemical dependency programs.

Psychcare carefully selects all practitioners/providers, balancing access and member choice concerns with quality, economic and geographic issues. Through a comprehensive credentialing and recredentialing process, Psychcare aims to identify highly competent and qualified practitioners/providers who share a goal of providing quality treatment.

Psychcare requires that all practitioners have:
- a license in a behavioral health discipline
- an advanced degree in their field
- at least 5 years of relevant clinical experience

All practitioners are approved by the Credentialing Committee. Credentialing criteria delineates minimum requirements for each discipline. An ability to work within a goal-oriented treatment model is essential.

Psychcare offers its network of practitioners/providers:
- collegial case management with minimal paperwork involved
- utilization review conducted by licensed, experienced clinicians
- shared concerns for treatment outcomes and quality
- reasonable levels of volume in exchange for discounted rates
- prompt claims processing and payment for authorized covered services
PSYCHCARE CLINICAL STUDIES

As part of the annual Psychcare Quality Improvement Program, we conduct at a minimum, three annual clinical studies and maintain preventive health programs based on our annual member demographic analyses related to the identification of high-volume, high-risk mental health and substance abuse diagnoses among our Commercial, Medicare, and Medicaid member populations.

Annually, Psychcare measures at least two (2) important aspects of care, of at a minimum, two (2) nationally recognized guidelines to determine practitioners’ adherence to the guidelines as part of annual Quality Improvement Activity Clinical Studies. The studies relate to clinical processes of care found within the nationally recognized guideline that are most likely to affect care.

The information about diagnosis specific behavioral health disorders including member educational information, 12-step programs, links to community and national resources and clinical resources to promote early assessment and treatment can be viewed and downloaded on the Psychcare website, www.psychcare.com, or is available in hard copy upon request by calling (800) 221-5487.

CLINICAL PRACTICE GUIDELINES

Clinical practice guidelines help practitioners and members make decisions about appropriate behavioral healthcare for specific clinical circumstances. Psychcare, a Beacon Organization, adopted clinical practice guidelines from nationally recognized organizations to provide best practices related to the top inpatient and outpatient mental health diagnoses based on our annual member demographic analyses.

Each clinical practice guideline is reviewed and approved by the Psychcare Clinical Standards Committee, which includes Board Certified Psychiatrists and Licensed Doctorate and Masters’ Level Clinicians.

Every two (2) years from the Clinical Standards Committee’s last review date, a review of each nationally recognized guideline is conducted to determine its continued applicability to the identified annual clinical activities based on the annual member demographic analysis by each line of business. The committee’s review of the guidelines is reported to the Quality Improvement Committee.

When the nationally recognized organization updates a clinical practice guideline before the next scheduled Clinical Standards Committee review of the guideline, the revised nationally recognized guideline is reviewed and adopted by the committee and QIC within two (2) months of its publication by the nationally recognized organization.

The Clinical Standards Committee uses the following review criteria in conjunction with the guideline review:
- Current applicability based on the annual high risk/high volume demographic data
- Consistency with Psychcare Clinical Criteria, and member education materials
- Current applicability for all behavioral healthcare disciplines

Annually, Psychcare measures at least two (2) important aspects of care, of at a minimum, two (2) nationally recognized guidelines to determine practitioners’ adherence to the guidelines as part of annual Quality Improvement Activity Clinical Studies. The studies relate to clinical processes of care found within the nationally recognized guideline that are most likely to affect care.
Based on the 2013 Psychcare member demographic analyses, Psychcare has adopted the following nationally recognized Clinical Practice Guidelines:

- American Psychiatric Association Practice Guideline for the Treatment of Patients with Major Depression;
- American Psychiatric Association Practice Guideline for the Treatment of Patients with Bipolar Disorder;
- American Psychiatric Association Practice Guideline for the Treatment of Patients with Schizophrenia;
- American Psychiatric Association Practice Guideline for the Treatment of Patients with Substance Abuse Disorders; and
- American Academy of Child and Adolescent Psychiatry Practice Parameters for the Assessment and Treatment of Children and Adolescents Attention Deficit/Hyperactivity Disorder.

The American Psychiatric Association (APA) Practice Guidelines can be accessed and downloaded on their website, [http://psychiatryonline.org/guidelines.aspx](http://psychiatryonline.org/guidelines.aspx)