

## POLICIES AND PROCEDURE MANUAL

<b>Chapter:</b>	<b>Service Delivery</b>		
<b>Title:</b>	<b>Behavior Treatment Plan Review Committees</b>		
<b>Policy:</b> <input checked="" type="checkbox"/>	<b>Review Cycle:</b> Biennial	<b>Adopted Date:</b> 12.08.2020	<b>Related Policies:</b> Quality Management
<b>Procedure:</b> <input type="checkbox"/> <b>Page:</b> 1 of 3	<b>Author:</b> Chief Compliance & Quality Officer, Quality Improvement Council	<b>Review Date:</b> 03.04.2025	

**Procedure:**

The purpose of this policy is to guide Mid-State Health Network (MSHN) in monitoring the delegated function of Behavior Treatment Plan (BTP) Review Committees to the Community Mental Health Service Program (CMHSP) Participants in accordance with the Michigan Department of Health and Human Services (MDHHS) Medicaid Managed Specialty Supports and Services Contract.

**Policy:**

MSHN through delegated functions to the CMHSP participants and retained functions by the Prepaid Inpatient Health Plan (PIHP), will adhere to the Technical Requirement for Behavior Treatment Plans.

Each CMHSP Participant shall have a Behavior Treatment Plan (BTP) Committee to review and approve or disapprove any plan that proposes to use intrusive interventions in accordance with the Standards.

Any limitations of the recipient’s rights, any intrusive treatment techniques, or any use of psychoactive drugs for behavior control purposes shall be reviewed and approved by the Behavior Treatment Plan Review Committee (BTPRC).

Any limitations of the recipient’s rights, any intrusive treatment techniques, or any use of psychoactive drugs where the target behavior is due to active symptoms of a substantiated serious mental illness or serious emotional disturbance as defined in Sec. 100d of PA 258 of 1974 does not require review and approval by the BTPRC.

All limitations on recipient’s rights shall be justified, time-limited, and clearly documented in the Individual Plan of Service (IPOS). Documentation shall be included that describes attempts that have been made to avoid limitations, as well as what systematic actions will be taken as part of the IPOS to ameliorate (improve) or eliminate the need for the limitations on recipient rights in the future.

Data on the use of the intrusive and restrictive techniques, and emergency interventions will be:

1. Evaluated by the PIHP’s Quality Assessment and Performance Improvement Program (QAPIP) and the CMHSP’s Quality Improvement Program (QIP).
2. Available for review by the PIHP and MDHHS

**Applies to:**

- All Mid-State Health Network Staff
- Selected MSHN Staff, as follows:
- MSHN’s CMHSP Participant’s: Policy and Procedure
- Other: Sub-contract Providers

## **Definitions:**

### **Aversive Techniques:**

Techniques that require the deliberate infliction of unpleasant stimulus (a stimulus that would be unpleasant and may often generate physically painful responses in the average individual or would have a specific unpleasant effect on a particular individual) by staff to a recipient to achieve the management and control of the target behavior. Examples of such techniques include electric shock, foul odors, loud noises, mouthwash, water mist, or other noxious substance to cons equate target behavior or to accomplish a negative association with a target behavior. Note: Clinical techniques and practices established in the peer reviewed literature that are prescribed in the BTP and that are voluntary and self-administered (e.g. exposure therapy for anxiety, taking a prescription medication to help quit smoking) are not considered aversive techniques for the purpose of this technical requirement.

**BTP:** Behavior Treatment Plan

**BTPRC:** Behavior Treatment Plan Review Committee

**CMHSP:** Community Mental Health Service Provider

**Intrusive Techniques:** Those techniques that encroach upon the bodily integrity or the personal space of the individual for the purpose of achieving management or control, of a seriously aggressive, self- injurious or other behavior that places the individual or others at risk of physical harm. Examples of such techniques include the use of a medication or drug when it is used to manage or control an individual's behavior or restrict the individual's freedom of movement and is not a standard treatment or dosage for the individual's condition. Use of intrusive techniques as defined here requires the review and approval by the Committee.

**IPOS:** Individual Plan of Service

**Limiting Techniques:** Those techniques which, when implemented, will result in the limitation of the individual's rights as specified in the Michigan Mental Health Code and the federal Balanced Budget Act. Examples of such techniques as limiting are prohibiting communication with others when that communication would be harmful to the individual; access to personal property when that access would be harmful to the individual; or any limitation of the freedom of movement of an individual for behavioral control purposes. Use of any intrusive techniques for behavior control purposes requires the review and approval of the BTPRC.

**MSHN:** Mid-State Health Network

**MSHN-CO:** Mid-State Health Network Compliance Officer

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

**Physical Management:** A technique used by staff as an emergency intervention to restrict the movement of a recipient by direct physical contact to prevent the recipient from seriously harming himself, herself, or others. Note: Physical management shall only be used on an emergency basis when the situation places the individual or others at imminent risk of serious physical harm. To ensure the safety of each consumer and staff, each agency shall designate emergency physical management techniques to be utilized during emergency situations.

**QAPIP:** Quality Assessment and Performance Improvement Program

**QIC:** Quality Improvement Council

**QIP:** Quality Improvement Program

**Restraint:** The use of physical devise to restrict an individual's movement. Restraint does not include the use of a device primarily intended to provide anatomical support.

**Seclusion:** The temporary placement of a recipient in a room, alone, where egress is prevented by any means. Note: Seclusion is prohibited except in a hospital operated by the department, a hospital licensed by the department, or a licensed child caring institution licensed under 1973 PA 116, MCL 722.111 to 722.128.

## **Other Related Materials:**

MSHN Behavior Treatment Project Description

MDHHS Behavior Treatment Plans Review Committee FAQs

**References/Legal Authority:**

1. Michigan Department of Health and Human Services Quality Assessment and Performance Improvement Programs Technical Requirement
2. Michigan Mental Health Code
3. Michigan Department of Health and Human Services Technical Requirement for Behavior Treatment Plans
4. Mid-State Health Network QAPIP Plan

**Monitoring and Review Completed by:**

This policy shall be reviewed biennially by the MSHN Quality Manager in collaboration with CMHSP Participants. Compliance with this policy shall be ensured through the following: minimum of annual monitoring of CMHSP Participants, review of data and submitted reports, and/or on-site visits. External monitoring by MDHHS and/or accreditation bodies may also occur.

**Change Log:**

<b>Date of Change</b>	<b>Description of Change</b>	<b>Responsible Party</b>
07.01.2014	New Policy	Chief Compliance Officer
04.2016	Annual Review	Director of Compliance, Customer Service & Quality
03.2017	Annual Review	Director of Compliance, Customer Service & Quality
03.2018	Annual Review	Director of Compliance, Customer Service & Quality
03.2019	Annual Review	Quality Manager
10.2020	Biennial Review	Quality Manager
10.2022	Biennial Review	Quality Manager
12.2024	Biennial Review – added information under policy statement - Removed evaluation of committee effectiveness as this is in the procedure– added definitions	Chief Compliance and Quality Officer