

POLICIES AND PROCEDURE MANUAL

Chapter:	Quality		
Title:	Behavior Treatment Plan Review Committees		
Policy: <input checked="" type="checkbox"/> Procedure: <input type="checkbox"/> Page: 1 of 2	Review Cycle: Annually Author: Chief Compliance Officer, Quality Improvement Council	Adopted Date: 12.08.2020 Review Date: 01.12.2021 Revision Eff. Date:	Related Policies: Quality Management

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 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 function to the CMHSP participants will adhere to the guidelines of the Standards for Behavior Treatment Plan Review Committees.

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

Evaluation of the BTP Committee’s effectiveness by stakeholders, individuals who have a plan, family members and advocates shall occur annually as part of the PIHP’s Quality Assessment and Performance Improvement Program (QAPIP), or the CMHSP’s Quality Improvement Program (QIP).

A. Data on the use of the intrusive and restrictive techniques will be:

1. Evaluated by the PIHP’s QAPIP and the CMHSP’s 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 Only Policy and Procedure
- Other: Sub-contract Providers

Definitions:

Aversive Techniques: Those techniques that require the deliberate infliction of unpleasant stimulation (stimuli which would be unpleasant and may often generate physical painful responses in the average person or would have a specific unpleasant effect on a particular person) by staff to a recipient to achieve the management and/or control of the target behavior. Examples of such techniques include electric shock, foul odors, loud noises, mouthwash, water mist or other noxious substance to consequence behavior or to accomplish a negative association with target behavior. Note: Clinical techniques and practices established in the peer reviewed literature that are prescribed in the behavior treatment plan 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 for purposes of this technical requirement. Otherwise, use of aversive techniques is prohibited. **Disclaimer:** It is the policy of the Pre- Paid Inpatient Health Plan (PIHP) that aversive interventions are prohibited by any direct or contract provider employee.

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.

MSHN: Mid-State Health Network

MSHN-CO: Mid-State Health Network Compliance Officer **MDHHS:** Michigan Department of Health and Human Services **QAPIP:** Quality Assessment and Performance Improvement Program **QIC:** Quality Improvement Council

QIP: Quality Improvement Program

Other Techniques: Those techniques that are insufficiently documented in the established literature, or evidence-based practices, related to behavior management. “Insufficient” means that in the best judgment of the BTPRC, there are too few references in commonly available literature.

Restrictive Techniques: Those techniques which, when implemented, will result in the limitation of the individual’s rights as specified in the Michigan Mental Health Code (MMHC) and the federal Balanced Budget Act. Examples of such techniques are limiting or prohibiting communication with others when that communication would be harmful to the individual; prohibiting unlimited access to food when that access would be harmful to the individual (excluding restrictions for weight control or medical purposes); using the Craig (or veiled) bed, or any other limitation of the freedom of movement of an individual. Use of restrictive techniques requires the review and approval of the Committee.

Other Related Materials:

Project Description

References/Legal Authority:

1. Michigan Department of Health and Human Services
2. Michigan Mental Health Code
3. Michigan Department of Health and Human Services Standards for Behavior Treatment Plan Review Committees
4. Mid-State Health Network QAPIP Plan

Monitoring and Review Completed by:

This policy shall be reviewed annually 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:

Date of Change	Description of Change	Responsible Party
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	Biannual Review	Quality Manager