MSHN
Mid-State Health Network

POLICIES AND PROCEDURE MANUAL

Chapter:	Quality		
Title:	Behavior Treatment Plans		
Policy: ☐ **Procedure:** ☑ **Page:** 1 of 5	**Review Cycle:** Biennial **Author:** Chief Compliance Officer, Quality Improvement Council	**Adopted Date: 01.12.2021** **Review Date:** 07.2019	**Related Policies:** Behavior Treatment Plans

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Purpose

The purpose of this procedure 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 l Health and Human Services Medicaid Managed Specialty Supports and Services Contract, P.1.4.1 Standards for Behavior Treatment Plan Review Committees (BTPRC).

Procedure

A. Each CMHSP Participant shall have a Behavior Treatment Committee to review and approve or disapprove any plan that proposes to use restrictive or intrusive interventions.
   a. Membership of the CMHSP Committee: at least 3 voting members including:
      i. Board certified behavior analyst or licensed behavior analyst and/or Licensed psychologist (LP, LLP, or TLLP) with training and experience in applied behavior analysis
      ii. Licensed physician/psychiatrist
      iii. Recipient Rights officer shall be ex-officio, non-voting member
      iv. Other non-voting members may be added with the consent of the consumer whoseplan is being reviewed.
      v. The Committee and Committee chair shall be appointed by the CMHSP for a term of not more than 2 years. The members may be reappointed to consecutive terms.
      vi. The committee shall meet as often as needed.
      vii. The committee shall keep minutes that clearly delineate the actions of the committee.
      viii. A committee member who has prepared a Behavior Treatment Plan (BTP) for review shall recuse him/herself from the final decision-making on thatplan.
      ix. Each Committee must establish a mechanism for the expedited review of proposed behavior treatment plans in emergent situations. “Expedited” means the plan is reviewed and approved in a short time frame such as 24 or 48hours.

B. Functions of the Behavior Treatment Committee:
   a. Approve only BTPs that do not contain techniques prohibited by law or regulation including:
      i. aversive techniques
      ii. physical management
      iii. seclusion
      iv. restraint
   b. Expeditiously review all BTPs proposing to utilize intrusive or restrictive techniques

c. Ensure that causal analysis of the behavior has been performed and positive behavioral techniques pursued before approving the plan.
d. For each approved plan, set and document a date to re-examine the continuing need for the approved procedures. The review shall occur at a frequency that is clinically indicated or when the individual has requested a review as determined through the person-centered planning process.
e. Plans with intrusive or restrictive techniques require minimally a quarterly review
f. Ensure that the person to whom the plan pertains has been screened for potential medical, psychological, or other factors that may place him/her at risk for an adverse outcome.
g. Following approval of the BTP by the committee and the individual/guardian/ parent with legal custody of a minor or designated patient advocate and written special consent to the plan has been obtained, it will become part of the written individual plan of service (IPOS).
h. Ensure receipt of written special consent to the plan from the individual/guardian/parent with legal custody of a minor or designated patient advocate. Additionally, the individual/guardian/parent with legal custody of a minor or designated patient advocate has the right at any time to request that person-centered planning committee be reconvened to reconsider the BTP.

C. 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).

D. The CMHSP Behavior Treatment Committee, on a quarterly basis, will collect and analyze the use of all physical management and involvement of law enforcement for emergencies, and the use of intrusive and restrictive techniques by each individual receiving the intervention:
   a. The data collected shall include the following:
      i. Dates and numbers of interventions used.
      ii. The settings where behaviors and interventions occurred
      iii. Observations about any events, settings, or factors that may have triggered the behavior.
      iv. Behaviors that initiated the techniques.
      v. Documentation of the analysis performed to determine the cause of the behaviors that precipitated the intervention.
      vi. Description of positive behavioral supports used
      vii. Behaviors that resulted in termination of the interventions
      viii. Length of time of each intervention
      ix. Staff development, training, and supervisory guidance to reduce use of the interventions.
      x. Review and modification or development, if needed, of the individual's behavior plan.

E. Data on the use of intrusive and restrictive techniques will be:
   a. Evaluated by the PIHP's Quality Assessment & Performance Improvement Plan (QAPIP) or the CMHSP's QIP.
   b. Available for review by the PIHP and/or MDHHS

F. Emergency physical management and involvement of law enforcement:
   a. Is treated as a critical incident
   b. Any injury or death that occurs from behavior intervention is considered a sentinel event
   c. Must be analyzed by the BTP Committee
   d. Must be reported and managed according to the QAPIP standards.

G. In addition, a BTP Committee may:
    a. Advise and recommend specific staff training in positive behavioral supports and other interventions
    b. Advise and recommend to the Pre-paid Inpatient Health Plan (PIHP) BTP Committee other interventions that may be used in emergency or crisis situations when a BTP does not exist for an individual.
    c. Review other formal BTPs if consistent with the CMHSP's needs and is approved in advance by the CMHSP.
    d. Provide specific case consultation when requested by professional staff.
    e. Assist in assuring that other related standards are met, e.g. positive behavioral supports.
    f. Serve another entity (e.g. sub-contractor) if agreed upon by the involved parties.

H. Behavior Treatment Plan standards:
    a. Person Centered Planning process will identify when a BTP needs to be developed and where documentation of assessments to rule out physical, medical or environmental causes of the behaviors and use of positive behavioral supports and interventions have failed to change the behavior
        i. The IPOS must be revisited if use of physical management or request for law enforcement should occur more than 3 times during a 30-day window
    b. BTPs:
        i. Must be developed through the Person-Centered Plan (PCP) process
        ii. Have written special consent by the individual, guardian, or parent of minor child prior to implementation of the plan.
        iii. That include non-emergent physical management, aversive techniques or seclusion or restraint in a setting where they are prohibited by law, will not be approved
        iv. That propose to use restrictive or intrusive techniques shall be reviewed and approved (disapproved) by the Committee
    c. Plans sent to the BTP Committee for review shall be accompanied by:
        i. Results of assessments to rule out relevant physical, medical, and environmental causes of the challenging behavior.
        ii. A functional assessment.
        iii. Results from inquiries about any medical, psychological, or other factors that might put the individual subjected to intrusive or restrictive techniques at high risk of death, injury or trauma.
        iv. Evidence of kinds of positive behavioral supports or interventions, including amount, scope and duration that have been attempted but proven unsuccessful in reducing/eliminating the behaviors.
        v. Evidence of continued efforts
        vi. Peer reviewed literature or practice guidelines that support the proposed restrictive or intrusive intervention.
        vii. References to the literature should be included in the BTP, and where the intervention has limited or no support, why the plan is the best option available.
        viii. The plan for monitoring and staff training to assure consistent implementation and documentation of the interventions.

I. The PIHP shall establish a process for Behavior Treatment Plan data collection, monitoring and reporting through the Quality Improvement Council (QIC). The purpose of the QIC is to provide consultation, guidance and oversight as required through the MDHHS Medicaid Contract.
    a. The PIHP Behavior Treatment data collection, monitoring and reporting shall:
        i. Collect data submitted by each CMHSP Participant regarding Behavior Treatment Committee information that includes:
            1. Number of plans that include intrusive and restrictive interventions
            2. Number of emergency physical management interventions that occurred during the reporting period
            3. The number of calls to the police for behavioral assistance

4. Number of individuals that had repeated emergency physical management during the reporting period
5. The Habilitation Supports Waiver BTR Spreadsheet

b. Based on the review of the information above (Section I.a.) QIC will review report and approve recommended strategies for improvement

Applies to

☐ All Mid-State Health Network Staff
☐ Selected MSHN Staff, as follows:
☒ MSHN's CMHSP Participants: 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 to the average person or stimuli that would have a specific unpleasant effect on a particular person) to achieve the management, control or extinction of seriously aggressive, self-injurious or other behaviors that place the individual or others at risk of physical harm. Examples of such techniques include use of mouthwash, water mist or other noxious substance to consequate behavior or to accomplish a negative association with target behavior and use of nausea-generating medication to establish a negative association with a target behavior or for directly consequating target behavior. 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, masturbatory satiation for paraphilias) are not considered aversive for purposes of this technical requirement. Otherwise, use of aversive techniques is prohibited.
BTP: Behavior Treatment Plan
BTPRC: Behavior Treatment Plan Review Committee
CMHSP: Community Mental Health Service Program
Emergency Interventions: There are only two emergency interventions approved by MDHHS for implementation in crisis situations when all other supports and interventions fail to reduce the imminent risk of harm: physical management and the request for law enforcement intervention. Each agency shall have protocols specifying whet physical management techniques are approved for use.
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, 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.
MDHHS: Michigan Department of Health and Human Services
MSHN: Mid-State Health Network
PCP: Person Centered Plan
QAPIP: Quality Assessment & Performance Improvement Plan
QIC: Quality Improvement Council
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. Such techniques are used for the purposes of management, control or extinction of seriously aggressive, self-injurious or other behaviors that place the individual or others at risk of physical harm. Examples of restrictive techniques include prohibiting access to meals, 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.
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 form 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.

Request for Law Enforcement Intervention: Calling 911 and requesting law enforcement assistance as a result of an individual exhibiting seriously aggressive, self-injurious or other behavior that places the individual or others at risk of physical harm. Law enforcement should be called for assistance **only when**: caregivers are unable to remove other individuals from the hazardous situation to assure their safety and protection, safe implementation of physical management is impractical, and/or approved physical management techniques have been attempted but have been unsuccessful in reducing or eliminating the imminent risk of harm to the individual or others.

Special Consent: Obtaining the written consent of the individual, the legal guardian, the parent with legal custody of a minor child, or a designated patient advocate prior to the implementation of any behavior treatment intervention that includes the use of intrusive or restrictive interventions or those which would otherwise entail violating the individual's rights. The general consent to the individualized plan of services and/or supports is not sufficient to authorize implementation of such a behavior treatment intervention. Implementation of a behavior treatment intervention without the special consent of the individual, guardian or parent of a minor may only occur when the individual has been adjudicated pursuant to the provisions of section469a, 472a, 473, 515, 518, or 519 of the Mental Health Code.

Other Related Materials

MSHN Behavior Treatment Review Project Descriptions
Behavior Treatment Data Collection Template

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 FY17
4. Mid-State Health Network QAPIP Plan

Change Log:

Date of Change	Description of Change	Responsible Party
08.18.2014	New	Chief Compliance Officer
11.2015	Annual Review	Director of Compliance, Customer Service and 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 Updated language to be consistent with the FY17 revisions to the Standards for BTPRC Committees	Director of Compliance, Customer Service & Quality
10.2020	Biennial Review	Quality Manager