MSHN
Mid-State Health Network

POLICIES AND PROCEDURE MANUAL

Chapter:	**Quality**		
Title:	**Behavior Treatment Plans**		
Policy: ☐ **Procedure:** ☑ **Version:** 1.0 **Page:** 1 of 5	**Review Cycle:** Annually **Author:** Chief Compliance Officer, Quality Improvement Council	**Adopted Date: 08.18.2014** **Review Date:** 03.2018 **Revision Eff. Date:**	**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 Technical Requirement 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. Licensed psychologist (LP, LLP, or TLLP) with training and experience in applied behavior analysis
      ii. Licensed physician/psychiatrist
      iii. Recipient Rights officer shall be an ex-officio, non-voting member
      iv. Other non-voting members may be added with the consent of the consumer whose plan 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 that plan.
      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 48 hours.

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 that contain 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, it will become part of the written individual plan of service (IPOS).
h. 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 resulted in use of the techniques.
        v. Documentation of the analysis performed to determine the cause of the behaviors that precipitated the intervention.
        vi. Attempts to use positive behavioral supports
        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:
    a. Is treated as a critical incident
    b. Must be analyzed by the BTP Committee
    c. 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. It may also limit the number of emergency interventions that can be used in a specified period of time before the mandatory initiation of assessments and the development of a BTP.
    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
    b. BTPs:
        i. Must be developed through the Person Centered Plan (PCP) process
        ii. Have written 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. Number of individuals that had repeated emergency physical management during the reporting period
4. The number of individuals with repeated emergency physical management that resulted in the development of a behavior treatment plan.

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: Chief Executive Officer, Chief Compliance Officer
☒ MSHN's Affiliates: ☐ 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
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 or extinguish 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.

Other Related Materials

N/A

References/Legal Authority

1. Michigan Department of Health and Human Services
2. Michigan Mental Health Code
3. Michigan Department of Health and Human Services Technical Requirement for Behavior Treatment Plan Review Committees
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