

Policy 7.10

POLICY TITLE: BEHAVIOR TREATMENT PLAN REVIEW COMMITTEE	POLICY # 7.10		
Topic Area: QUALITY MANAGEMENT		REVIEW DATES	
Applies to: LRE Staff and All CMHSP Programs	ISSUED BY: Chief Executive Officer	9/9/2022	
Review Cycle: Annually			
Developed and Maintained by: LRE Chief Executive Officer or Designee	APPROVED BY: Board of Directors		
Supersedes: N/A	Effective Date: 4/21/2016	Revised Date: September 15, 2022	

I. POLICY

It shall be the policy of the LRE to ensure the review and approval/disapproval of treatment plans are consistently implemented across the Region and meet all standards for the Behavior Treatment Plan Review Committee (BTPRC) process in accordance with the Michigan Department of Health and Human Services (MDHHS) Medicaid Specialty Supports and Services Contract.

Quarterly, LRE reviews analyses of data from the Behavior Treatment Plan Review Committee (BTPRC) where intrusive or restrictive techniques have been approved for use with beneficiaries where physical management of 911 calls to law enforcement have been used in an emergency behavioral crisis. Only the techniques permitted by the MDHHS Behavior Treatment Plan Technical Requirement and that have been approved during the person-centered planning (PCP) by the beneficiary or his/her guardian may be used with beneficiaries. Data shall include numbers or interventions and length of time the interventions were used per individual.

II. PURPOSE

The purpose of this policy and associated procedures is to ensure the Region has a robust Behavior Treatment Plan (BTP) Review Committee program and process that complies with all contractual standards.

III. APPLICABILITY AND RESPONSIBILITY

This policy applies to the LRE and all Community Mental Health Service Programs (CMHSP) members.

IV. MONITORING AND REVIEW

This policy will be monitored and reviewed by the Chief Executive Officer or Designee on an annual basis.

V. 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 person or would have a specific unpleasant effect on a particular person) by staff to a recipient to achieve the management 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 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 behavior treatment plan and 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.

BTPRC: Behavior Treatment Plan Review Committee.

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 what 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 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 review and approval by the Committee.

Positive Behavioral Supports: A set of research-based strategies used to increase opportunities for an enhanced quality of life and decrease seriously aggressive, self-injurious, or other targeted behaviors that place the individual or others at risk of physical harm by conducting a functional assessment, teaching new skills, and making changes in a person's environment. PBS combines valued outcomes, behavioral, and biomedical science, validated procedures, and systems change to enhance quality of life and reduce behaviors such as self-injury, aggression, and property destruction. PBSs are most effective when they are implemented across all environments, such as home, school, work, and in the community.

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.

Person Centered Planning (PCP): A process for planning and supporting the individual receiving services that builds upon the individual's capacity to engage in activities that

promote community life and honors the individual’s preferences, choices, and abilities. The PCP process involves families, friends, and professionals as the individual desires or requires.

QAPIP: Quality Assessment and Performance Improvement Plan.

QIP: Quality improvement Plan.

QI ROAT: Quality Improvement Regional Operations Advisory Team.

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 and the federal BBA. Examples of such techniques as limiting or prohibiting communication with others when that communication would be harmful to the individual are prohibiting unlimited access to food when that access would be harmful to the individual (excluding dietary 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.

VI. RELATED POLICIES AND PROCEDURES

- A. LRE Quality Policies and Procedures
- B. LRE QAPIP
- C. LRE Compliance Policies and Procedures
- D. LRE Corporate Compliance Plan

VII. REFERENCES/SUPPORTING DOCUMENTS

- A. MDHHS Medicaid Specialty Supports and Services Contract
- B. MDHHS Behavior Treatment Plan Review Committees Technical Requirement
- C. Michigan Medicaid Provider Manual
- D. MCL 722.111 – 722.128
- E. Michigan Mental Health Code
- F. MDHHS Administrative Rules 7001(l), 7001(r), 330.7199(2)(g)

VIII. CHANGE LOG

Date of Change	Description of Change	Responsible Party
8-2021	Formerly Policy 4.6. Updated definitions, references, related policies, moved procedure to its own document	LRE CEO