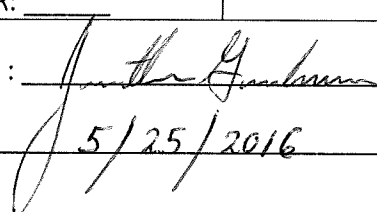


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Subject: Behavior Treatment Review Committee (BTRC)		Accountability: Quality Management	Effective Date: 10/03/14	Pages: 4
REQUIRED BY: BBA Section _____ PIHP Contract Section <u> P 1.4.1 </u> NCQA/URAC Standard _____ SA SARF _____ Other _____			Last Reviewed Date: 5/13/16	Past Reviewed Dates: 9/4/14
LINE OF BUSINESS: <input checked="" type="checkbox"/> Specialty Waiver (B/C) <input type="checkbox"/> I Waiver <input type="checkbox"/> Healthy Michigan <input type="checkbox"/> SUD Medicaid <input type="checkbox"/> SUD CA Block Grant <input type="checkbox"/> MME <input type="checkbox"/> OTHER: _____		APPLICATION: <input checked="" type="checkbox"/> SWMBH Staff and Ops <input checked="" type="checkbox"/> Participant CMHSPs <input type="checkbox"/> SUD Providers <input type="checkbox"/> MH / DD providers <input type="checkbox"/> DD providers <input type="checkbox"/> Other: _____	Last Revised Date: 5/13/16	Past Revised Dates: 9/4/14
Approved: <u></u> Date: <u>5/25/2016</u>			Required Reviewer: QAPI Director	

I. Purpose

It is the intent of Southwest Michigan Behavioral Health (SWMBH) to always provide services in the most positive, recovery-focused and least intrusive manner. When restrictive or intrusive measures are used it is expected that certain safeguards will be followed, including monitoring and oversight by the Behavior Treatment Review Committee.

Desired Outcomes of the Committee are:

- a. Promoting the rights, dignity, and full citizenship of all individuals served by the PIHP
- b. Better protection for customers through an established review and approval process
- c. Promote the use of least restrictive and optimally effective treatment
- d. Expansion of consultative resources available to staff
- e. Monitoring and adapting Behavioral Plans as the customer's circumstances change (i.e. the plan is not working or has served its purpose).

II. Policy

- a. SWMBH will provide oversight for Behavioral Treatment Committees in the region, including monitoring all standards set forth in the PIHP Contract.
- b. Specially-constituted committees shall be formed and monitored by the CMHSP to review, monitor, oversee, and approve/disapprove any customer plans that propose the use of restrictive or intrusive interventions. This committee shall incorporate the standards in Attachment P 1.4.1 Technical Requirements as well as adhere to this policy.

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III. Standards and Guidelines

- a. Each Participant CMHSP is required to constitute a specialized body of qualified personnel trained in behavior analysis to review and approve or disapprove any plans that propose to use restrictive or intrusive interventions as defined in the Michigan Department of Health and Human Services (MDHHS) Technical Requirement for Behavior Treatment Plan Review Committees (DCH Medicaid Contract Attachment P.1.4.1).
 1. The CMHSP procedures for the Behavior Treatment Review Committee shall be developed and implemented to ensure the use of the least intrusive and least restrictive interventions for treating, managing, or extinguishing behaviors that place the individual and/or others at risk of harm.
- b. Each BTRC shall review Incident Reports of all uses of physical management, injury, or law enforcement involvement submitted by a service provider, and all events that meet the definition of sentinel events, critical incidents, or risk events.
- c. Written guidelines for behavior treatment plans proposing the use of intrusive or restrictive techniques shall be developed and implemented. All behavior plans shall be developed in the context of Person-Centered Planning, and promote the use of positive techniques and clinical best practices.
- d. Each BTRC is responsible for monitoring the effectiveness of their BTRC system and reporting this to SWMBH. Monitoring will constitute completing the BTRC spreadsheet created by the state and submitted to SWMBH QAPI at a minimum of a quarterly basis.
- e. The BTRC is responsible for providing information and minutes to SWMBH QAPI as requested for restrictive or intrusive plans. Each BTRC shall report data related to intrusive or restrictive interventions to the SWMBH QAPI Department related to :
 1. Dates and numbers of interventions used.
 2. The settings (e.g., individual's home or work) where behaviors and interventions occurred
 3. Observations about any events, settings, or factors that may have triggered the behavior.
 4. Behaviors that initiated the techniques.
 5. Documentation of the analysis performed to determine the cause of the behaviors that precipitated the intervention.
 6. Description of positive behavioral supports used.
 7. Behaviors that resulted in termination of the interventions.
 8. Review and modification or development, if needed, of the individual's behavior plan.
 9. Length of time of each intervention.

IV. Definitions

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 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.

Physical Management

A technique used by staff as an emergency intervention to restrict the movement of an individual by continued direct physical contact in spite of the individual's resistance in order to prevent him

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or her from physically harming himself, herself, or others. 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 customer and staff each agency shall designate emergency physical management techniques to be utilized during emergency situations. The term "physical management" does not include briefly holding an individual in order to comfort him or her or to demonstrate affection, or holding his/her hand. The following are examples to further clarify the definition of physical management: Manually guiding down the hand/fists of an individual who is striking his or her own face repeatedly causing risk of harm IS considered physical management if he or she resists the physical contact and continues to try and strike him or herself. However, it IS NOT physical management if the individual stops the behavior without resistance.

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 Balanced Budget Act. Examples of such techniques 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, include: 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 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.

V. References

P.A. 258 of 1974 (Mental Health Code) supplemented through Act 152 of 1996: Sections 726, 740, 742, and 744.

MDHHS - Guide to Prevention and Positive Behavior Supports

RE/PHIP Contract attachment: Technical Requirement for Behavioral Treatment Plan Review Committees - MDHHS Medicaid Contract Attachment P.1.4.1

VI. Attachments

None

