



Section: <b>Clinical Practices</b>	Policy Name: <b>Behavior Treatment Review Committee (BTRC)</b>	Policy Number: <b>12.19</b>
Owner: <b>Director of Clinical Quality/QAPI</b>	Reviewed By: <b>Alena Lacey</b>	Total Pages: <b>4</b>
Required By: <input type="checkbox"/> BBA <input checked="" type="checkbox"/> MDHHS <input type="checkbox"/> Other (please specify): _____	Final Approval By: <i>Alena Lacey</i>	Date Approved: <b>Aug 1, 2023</b>
Application: <input checked="" type="checkbox"/> SWMBH Internal Staff <input checked="" type="checkbox"/> Participant CMHSPs <input type="checkbox"/> SUD Providers <input checked="" type="checkbox"/> MH/IDD Providers <input type="checkbox"/> Other (please specify): _____	Line of Business: <input type="checkbox"/> Medicaid <input type="checkbox"/> Other (please specify): _____ <input type="checkbox"/> Healthy Michigan <input type="checkbox"/> SUD Block Grant <input type="checkbox"/> SUD Medicaid <input type="checkbox"/> MI Health Link	Effective Date: <b>10/3/2014</b>

**Policy:** Southwest Michigan Behavioral Health (SWMBH) will provide oversight for Behavioral Treatment Review Committees (BTRC) in the region, including monitoring all standards set forth in the Prepaid Inpatient Health Plan (PIHP) Contract. Specially constituted committees shall be formed and monitored by the Community Mental Health Service Provider (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 P1.4.1 Technical Requirements as well as adhere to this policy.

**Purpose:** It is the intent of 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 and oversight to the protection of vulnerable individuals 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).

**Scope:** This applies to CMHSP staff who create and oversee updating a consumer’s behavior plan and any provider who is creating, implementing, and monitoring a behavior plan.



### **Responsibilities:**

The CMHSPs are required to have a BTRC Committee that reviews all behavior treatment plans that have restrictive and/or intrusive interventions. The CMHSPs will have their committee review these plans at least quarterly or on an expedited basis, when required, and make recommendations as needed. The CMHSPs will submit that data at least quarterly to the PIHP. The CMHSPs will provide any additional documentation requested by the PIHP.

The PIHP will review the submitted BTRC data on at least a quarterly basis and the PIHP will follow up with behavior treatment plans identified as needing further review or remediation. The PIHP may also use this data during the delegated managed care site reviews to ensure adherence to the Behavioral Treatment Standards by each CMHSP. The PIHP may also conduct clinical chart reviews for plans with restrictive and/or intrusive interventions to determine overall compliance with the standards and appropriate implementation of those standards.

### **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 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.

#### 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.

#### 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 as limiting or prohibiting communication with others when that communication would be harmful to the individual; access to personal property when that access would be harmful to the individual; or any limitation of the freedom of movement of an individual for behavior control purposes. Use of any restrictive techniques for behavior control purposes requires the review and approval of the Committee (see Section II. Behavior Treatment Plan Standards for all required elements).



## **Standards and Guidelines:**

- A. Each Participant CMHSP is required to constitute a specialized body as defined in the Michigan Department of Health and Human Services (MDHHS) Technical Requirement for Behavior Treatment Plan Review Committees (MDHHS Medicaid Contract Attachment P.1.4.1).
- B. The CMHSP procedures for the Behavior Treatment Review Committee shall be developed and implemented to ensure the use of the least intrusive and/or least restrictive interventions for treating, managing, or extinguishing behaviors that place the individual and/or others at risk of harm.
- C. Each BTRC shall review Incident Reports of all uses of physical management techniques and the use of intrusive/restrictive techniques for each individual receiving the intervention, serious 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.
- D. Written guidelines for behavior treatment plans proposing the use of intrusive and/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.
- E. Each BTRC is responsible for monitoring the effectiveness of their BTRC system and reporting this to SWMBH. The BTRC is responsible for providing information SWMBH Clinical Quality Team at least quarterly or as additionally requested for restrictive and/or intrusive plans.

## **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

## **Attachments:**

- BTRC Flowchart
- BTRC Data Template Spreadsheet FY 22 Region Template
- P.12.19.01 Behavior Treatment Review Committee Monitoring Procedure








# 12.19 Behavior Treatment Review Committee

Final Audit Report

2023-08-01

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Please add to the tab if you have additional abbreviations.

Issues Being Reviewed	Abbreviation
Harm to self	HS
Harm to others	HO
Property destruction	PD
Emergency use Physical Management	EMPM
Emergency use Law Enforcement	EMLE



### Anti-Psychotic Medications:

If the individual is prescribed any of the following anti-psychotic medications, count them in DD proxy measure 51.1. Note: brand names begin with a capital letter, while generic names begin with small letters. If both the brand name and generic name for a medication are listed, the generic name is in parentheses ( ).

Abilify (aripiprazole)	Relprevw
Clozaril (clozapine)	Risperdal (risperidone)
Fanapt (iloperidone)	Seroquel (quetiapine)
Geodon (ziprasidone)	Saphris (asenapine)
Haldol (haloperidol)	Symbyax (contains both antipsychotic [olanzapine] and antidepressant [fluoxetine])
Invenga (paliperidone)	Thorazine (chlorpromazine)
Invenga Sustenna	Trilafon (perphenazine)
Latuda (lurasidone)	Zyclis (olanzapine)
Mellaril (thioridazine)	Zyprexa (olanzapine)
Prolixin (fluphenazine)	



**“Other” Psychotropic Medications:**

depressants, ADHD, anti-anxiety, manic, or other), count in DD proxy measure 51.2. Note: brand names begin with a capital letter, while generic names begin with small letters. If both the brand name and generic name for a medication are listed, the generic name is in parentheses ( ).

**Anticonvulsants:**

Some of the anticonvulsants listed are seldom prescribed by psychiatrists. However, for our purposes, all should be counted, even though these may not be technically psychotropics.

Carbatrol Depakote (divalproex) Diastat (diazepam) Diamox (acetazolamide) diazepam (rectal, intramuscular, or intravenous) Dilantin (phenytoin) diphenylhydantoin divalproate Felbatol (felbamate) Keppra (levetiracetam) Klonopin (clonazepam) —in psychiatry, this is more commonly used for anxiety Lamictal (lamotrigine)	Lyrica (pregabalin) Mysoline (primidone) Neurontin (gabapentin) phenobarbital Tegretol (carbamazepine) Topamax (topiramate) Trileptal (oxcarbazepine) valproic acid Vimpat (lacosamide) Zarontin (ethosuximide) Zonegran (zonisamide)
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**Anti-Depressant:**

Celexa (citalopram) Cymbalta (duloxetine) Desyrel (trazodone) Norpramin (desipramine) Oleptro Paxil (paroxetine) Prozac (fluoxetine) Remeron (mirtazapine) Sarafem (fluoxetine)	Effexor (venlafaxine) Elavil (amitriptyline) Lexapro (escitalopram) Serzone (nefazodone) Symbyax (contains both antipsychotic [olanzapine] and antidepressant [fluoxetine]) Tofranil (imipramine) Wellbutrin (bupropion) Zoloft (sertraline)
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**ADHD Medications:**

Adderal (amphetamine and dextroamphetamine) Concerta (methylphenidate) d-amphetamine Daytrana (patch) Dexedrine (dextroamphetamine)	Focalin (dexmethylphenidate) Metadate (methylphenidate) Methylin (methylphenidate) Ritalin (methylphenidate) Straterra (atomoxetine) Vyvanse (lisdexamfetamine)
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**Anti-Anxiety:**

Atarax (hydroxyzine)  
Ativan (lorazepam)  
Buspirone  
Klonopin (clonazepam)

Valium (diazepam) (oral, intramuscular)  
Vistaril (hydroxyzine)  
Xanax (alprazolam)

**Bi-Polar Medications:**

Eskalith (lithium)

Lithobid (lithium)

**Other Psychotropic Medications:**

Ambien (zolpidem)  
Benadryl (diphenhydramine)  
Halcion (triazolam)

melatonin  
temazepam