



Section: Clinical Practices	Policy Name: Behavior Treatment Review Committee (BTRC) Monitoring	Policy Number: P.12.19.01
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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: 7/21/23

Policy: 03.03 Behavior Treatment Review Committee Policy

Purpose: Monitoring the effectiveness of the CMHSP BTRC systems

Scope: This procedure intends to assure that CMHSP BTRC committees are monitored for effectiveness by SWMBH for members to receive supports for challenging behaviors in the least restrictive manner possible.

Responsibilities:

The CMHSPs will submit that BTRC data/minutes 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 at least quarterly. The PIHP will follow up on behavior treatment plans identified as needing further review or remediation. The PIHP may also conduct clinical chart reviews for behavior treatment plans with restrictive and/or intrusive interventions to determine overall compliance and appropriate implementation of the 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).

Procedure:

- A. Each BTRC shall report data regarding intrusive and/or restrictive interventions to the SWMBH Clinical Quality Department including:
 1. Date(s) and number of intrusive and/or restrictive interventions used
 2. Length of time of each intervention
 3. The settings (e.g., individual's home or work) where behaviors and interventions occurred
 4. Observations about any events, settings, or factors that may have triggered the behavior
 5. Behaviors required the use of restrictive/intrusive techniques
 6. Analysis regarding the cause of the behavior(s) requiring the intervention
 7. Description of positive behavioral supports used
 8. Behaviors that resulted in termination of the intervention(s)
 9. Review and modification or development, if needed, of the individual's behavior plan.

- B. The CMHSPs will send the BTRC Minutes/Data for any restrictive and/or intrusive plans to the PIHP by at least quarterly by the 31st. The CMHSP may chose to submit the BTRC spread sheet in lieu of BTRC meeting minutes.
 1. The timeliness of the submitted documentation will be recorded in a tracking spreadsheet, located on the S: Drive.
 2. If BTRC data is not submitted timely, a member of the Clinical Quality Team will request the information. CMHSP will provide the documentation to the PIHP within 1 business week of request.



- C. A member from the PIHP Clinical Quality Team will review, or if needed complete, the BTRC spreadsheet on a quarterly basis.
1. During the review process, the PIHP Clinical Quality Team will follow up with CMHSP with any questions of concern or when unable to locate required data.
 2. Once documentation is received, a PIHP Clinical Quality Specialist will request review behavior treatment plans involving:
 - i. Change of residence due to behavioral concerns
 - ii. Harm to self/others-causing severe injury or hospitalization and BTRC made no changes to plan
 - iii. Target behavior increasing in severity and/or intensity over 2 quarters
 - iv. Physical management remains at a high frequency for 2 quarters
 - v. Contact with local law enforcement increases in frequency over 2 quarters
 3. A member of the PIHP Clinical Quality Team will request a copy of behavior treatment plans and any needed supporting documentation needing further review.
 - i. CMHSP will have 10 business days to submit the requested documentation.
 - ii. PIHP Clinical Quality Team member will review the submissions for trends or concerns.
 4. PIHP Clinical Quality Team will review these findings and determine if recommendations to the behavior treatment are needed.
 5. A PIHP Clinical Quality Team member will provide any behavior treatment plan recommendations to the BTRC and offer in-person technical assistance if desired.

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 Spreadsheet



Revision History

Revision #	Revision Date	Revision Location	Revision Summary	Revisor
Initial	7/18/2023	N/A	New procedure	Gina Adams Jen Strebs
1	7/21/23	Policy number	Review for Approval	Alena Lacey






P.12.19.01 Behavior Treatment Review Committee Monitoring

Final Audit Report

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