

NORTHCARE NETWORK

POLICY TITLE: Behavior Treatment Review	EFFECTIVE DATE: May 5, 2004
DATE OF LAST REVIEW: (Reviewed with no changes or minimal text revisions.) September 15, 2010	DATE OF LAST POLICY REVISION: (Revision to policy statement.) August 5, 2009

POLICY

It is the policy of NorthCare that the five CMSHPs of NorthCare Network shall use a specially constituted committee to review and approve or disapprove any plans that propose to use restrictive or intrusive techniques with individuals served by the NorthCare mental health provider Network. It is NorthCare's intention that any restrictive, intrusive or aversive program be used *only* as a last resort to protect the health and safety of consumers and others. NorthCare is committed to providing the necessary support and assistance to enhance the use of positive supports in the care of all individuals receiving services in our network.

PURPOSE

To ensure the five Community Mental Health Service Providers (CMHSP) of NorthCare Network adopt and abide by the MDCH Technical Requirement for Behavior Treatment Plan Review Committees and applicable state and federal regulations regarding the treatment of individuals with challenging behaviors.

APPLIES TO

PROCEDURES

A. NorthCare Responsibilities: Attached to this policy is the MDCH Contract Attachment P.1.4.1. Technical Requirement for Behavior Treatment Plan Review Committees, Revision 10-22-09 (Attachment 1). NorthCare has adopted this guideline in its entirety. NorthCare monitors adherence to this policy through the following activities:

1. NorthCare Behavior Treatment Committee to implement BTC standards issued by MDCH. NorthCare will work with MDCH, the CMHSPs, families and contract providers to obtain the necessary training to assure a culture of gentleness for consumers requiring a behavior plan.
2. NorthCare will prepare a regional quarterly summary of emergency physical intervention data for submission to MDCH. This report will be available to the CMHSP Quality Improvement Program for their review in conjunction with their local data.
3. Focused record reviews conducted by NorthCare staff.

B. CMSHP Responsibilities: The review of behavior treatment planning is delegated to the five CMHSPs. The five CMHSPs in the NorthCare Network are responsible to develop:

1. Policies and procedures for intervening with an individual receiving public mental health services who exhibits seriously aggressive, self-injurious or other behaviors that place the individual or others at risk of physical harm. These policies and procedures shall include protocols for using the least intrusive and restrictive interventions. The CMHSP assures the person-centered planning

- process is used to determine whether a comprehensive assessment should be done to rule out physical, medical, and/or environmental (e.g., trauma, interpersonal relationships) conditions that might be the cause of the behaviors.
2. Each CMHSP will establish a Behavior Treatment Committee (BTC), to review and approve or disapprove any plans that propose restrictive or intrusive interventions. The BTC will be developed according to the guidelines in the MDCH technical guideline. This includes all required documentation and proper implementation of any approved plan.
 3. The CMHSP is responsible for reporting all emergency physical interventions for individuals with plans reviewed by the BTC. The quarterly report will be reviewed according to the local Quality Improvement Plan. At a minimum, the report will be reviewed during regularly scheduled BTC meetings. The BTC is responsible for initiating quality improvement efforts if there is a continued pattern of physical interventions to manage challenging behaviors. The local BTC is responsible for the evaluation of the effectiveness of the behavior plans by stakeholders including the guardians, family members and staff. This evaluation will occur annually at a minimum.
 4. Each Board is responsible to appoint a representative to the NorthCare Behavior Treatment Committee. The regional committee will explore system wide resource and training concerns and develop recommendations for improving BT services across the region.

REFERENCES

1997 Federal Balanced Budget Act at 42 CFR 438.100
MCL 330.1712, Michigan Mental Health Code
MCL 330.1740, Michigan Mental Health Code
MCL 330.1742, Michigan Mental Health Code
Michigan Department of Community Health Administrative Rule 330.7199(2)(g)
Michigan Medicaid Managed Care Specialty Services & Supports Contract
Michigan Department of Community Health Medicaid Provider Manual
Version Date: October 1, 2010
MDCH Technical Requirement for Behavior Treatment Plan Review Committees
FY10 Revision

BOARD ADOPTED/REVIEWED DATE

11/2/05; 8/5/09

COO APPROVAL

1/13/11

HISTORY

REVIEW DATES: 10/7/05; 9/15/10

REVISION DATES: