

## NORTHCARE NETWORK

**POLICY TITLE:** Behavior Management Review **REVIEWED/REVISED:**

**POLICY EFFECTIVE DATE:**

Oct. 7, 2005

**BOARD APPROVED:** May 5, 2004

**BOARD APPROVED REVISIONS:** Nov. 2, 2005

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### **PURPOSE**

To establish standards for the professional review and monitoring of program plans that propose the use of aversive, intrusive or restrictive program elements or the use of psycho-active medication for behavior control.

### **DEFINITIONS**

**Non-Qualified Program:** Any program elements that involve only positive reinforcement and/or non-coercive teaching procedures are considered non-restrictive and do not need approval through the BMC process.

**Qualified Program:** Qualified Programs are those that include any restrictive, aversive, or intrusive program elements. Such techniques may involve the limiting of an individual's rights, behaviors or activities, may impinge on the bodily integrity or personal space of an individual, restrict access to some part of the individual's environment, prevent the individual's freedom of movement or otherwise impose limitations on the environment to achieve therapeutic ends. These programs may directly impact either the individual (as in the use of physical management) or the environment (as in the use of token economies that involve some element of a response cost procedure).

**Physical Intervention:** Each affiliate in the NorthCare network shall adopt a system of physical intervention procedures and provide training to all direct care staff in the appropriate use of these procedures. The use of agency-approved physical management techniques, whether used as part of an approved program plan or when used in an emergency situation, must conform to the standards for the use of restraint as defined in the Mental Health Code. Physical intervention procedures are to be used solely to prevent the occurrence of aggression, self-abuse, or serious property destruction, must be carried out by persons trained in the appropriate use of physical intervention procedures, and used only as a last resort when there are serious maladaptive behaviors evident that present a risk to the health and safety of the consumer or others in their environment. Each instance of physical intervention shall be clearly documented in both the consumer's program data collection and via an Incident Report!to the Office of Recipient Rights.

**Physical Restraint:** Restraint, as defined in the Mental Health Code, means the use of a physical device to restrict an individual's movement. NorthCare does not endorse the use of mechanical restraint in any circumstances outside of a highly controlled and secure environment (e.g., inpatient hospital) and only when under the direct and constant supervision of an appropriately licensed physician. This does not include the use of a device primarily intended to provide anatomical support.

Seclusion: The use of seclusion, meaning the temporary placement of an individual alone in a room where egress is prevented by the presence of a physical barrier (i.e., a locked door), is not allowed unless in an inpatient hospital environment under the supervision of a licensed physician.

Psychoactive Medication for Behavior Control: Psychoactive medication that is prescribed for the purposes of behavioral control is considered an intrusive program element and accordingly, must undergo a review by the Behavior Management Committee. This does not include those cases where psychoactive medication is prescribed for behaviors that are directly related to the presence of a substantiated mental illness (DSM -IV diagnosis). Medication prescribed for the treatment of a substantiated mental illness that does not conform to commonly accepted standards of care may be subject to Behavior Management review standards. The need for ongoing medication for individuals with a primary developmental disability and a secondary mental illness shall be clearly documented in the consumer's record.

PRN medication: Psychoactive medications prescribed on a prn (as needed) basis to address seriously maladaptive behaviors in the developmentally disabled population (e.g., self-abuse, aggression) are considered a restrictive treatment procedure and are subject to review by the BMC. These consumers **must** have an approved behavior management plan to also address the target behaviors. The consumer and/or guardian must provide informed consent for each administration of any prn medication used for behavioral control. Paraprofessional staff or direct care workers may not provide informed consent for the administration of a prn psychoactive medication. However, a physician (or nurse under a physician's direction) may, at any time, order a one-time dose or ongoing administration of a psychoactive medication with appropriate guardian consent.

## **POLICY**

It is NorthCare's intention that any restrictive, intrusive or aversive program elements of any consumer's person-centered plan be used *only* as a last resort and when absolutely necessary to protect the health and safety of consumers and others. All affiliates in the NorthCare Network shall establish local policies and procedures consistent with the standards outlined in the Medicaid Provider Manual that address the review, implementation and monitoring of each restrictive, aversive or intrusive program plan.

## **PROCEDURES**

**Behavior Management Committee**: Each affiliate in the NorthCare Network shall establish a Behavior Management Committee (BMC) that is responsible for the review and approval of all behavioral treatment plans that propose the use of restrictive or intrusive program elements. This specially constituted body shall be comprised of a minimum of three individuals, at least two of who meet the following criteria:

- One member must be a fully- or limited licensed psychologist with formal training or experience in applied behavior analysis.
- One member must be a licensed physician or psychiatrist.

The Behavior Management Committee will meet on a regular basis as necessary, but no less than quarterly, to ensure that appropriate and timely reviews of all qualified program plans. There must be a defined list of voting members of the committee, and a quorum (with a minimum of the two individuals specified above) must be in attendance to approve and review plans. Each Behavior Management Committee is encouraged to have a Recipient Rights officer in attendance at all meetings.

**Behavioral Management Review:** Any behavior management or treatment plan, where needed, shall be developed through the person-centered planning process that involves the consumer, their family members, and/or legal guardian or representative. All proposed plans must be developed with the least restrictive effective interventions available to ensure the health and safety of both the consumer and others in their environment. Significant efforts must be made to address maladaptive behaviors via positive behavioral techniques with the intent of replacing problematic behaviors with a more adaptive, safer, and healthier set of behavioral responses.

NorthCare realizes that there may be times when restrictive treatment techniques may be proposed to address seriously maladaptive behaviors. Any plan that proposes aversive, restrictive, or intrusive treatment techniques, or psychoactive medication for the purposes of behavior control must be reviewed and approved by the agency's Behavior Management Committee.

Review and approval (or disapproval) of proposed program plans shall be done in light of current research and prevailing standards of practice. Proposed plans must be based on a comprehensive functional/behavioral assessment of the needs of the consumer.

Approved plans must be designed to reduce maladaptive behaviors, to maximize behavioral self-control, or to restore normalized psychological functioning, reality orientation, and emotional adjustment so that the consumer is able to function more appropriately in interpersonal and social relationships. BMC approval must occur prior to the implementation of the proposed plan.

Each plan shall be reviewed and approved or disapproved as expeditiously as possible.

Initial requests for plan approval shall include the following:

- The specific restrictive program element that is being proposed
- Consumer diagnosis (multi-axial)
- Potential benefit to the consumer if the plan is successful
- Analysis of potential risks associated with plan implementation
- Increased opportunities for community integration and inclusion
- Any psychoactive medications that are prescribed.

When programs are approved, the BMC shall establish the frequency at which it will review the plan's implementation. When plans are not approved for use by the BMC, alternatives should be offered or other recommendations provided.

Plan reviews shall indicate the specific restrictive plan elements being utilized, the frequency of utilization, and note any progress or problems associated with the implementation of the approved plan. Any medication changes since the time of plan approval or last review shall be duly noted. Progress will be noted with the intent of replacing restrictive program procedures with more positive treatment strategies as progress is realized. The BMC shall also offer consultation to providers and plan authors when there is a lack of progress or problems associated with the implementation of the plan. Ongoing approval of the plan must be based on a continued risk/benefit analysis of

the behaviors present and consider the health and safety needs of the consumer that either supporter contraindicate continued implementation. Plan approvals and reviews must be signed by the BMC members present, including at least the two required individuals as noted above.

Documentation of Behavior Management Committee review and approval will be present in a written record of BMC activity, which shall include at a minimum:

Consumer initials and/or agency case #, date of plan approval and/or review, the specific restrictive behavioral interventions that are being reviewed, a statement regarding the progress or lack thereof associated with plan use, and the decision and/or recommendation of the Committee. This documentation shall be submitted, preferably in an electronic format, to NorthCare's UM Department for review on a quarterly basis.

Additional monitoring of local BMC processes and/or cases under review may occur at the time of the NorthCare site review.

### **REFERENCES**

Michigan Medicaid Managed Care Specialty Services & Supports Contract  
Medicaid Provider Manual (updated 1/1/05)