MDHHS Behavior Treatment Plan Review Committee (BTPRC)

Frequently Asked Questions

Update: 6/6/22

Please note, examples used in this document should not be considered an exhaustive list of situations requiring or not requiring BTPRC monitoring and any decision must be based on the Administrative Rules (AR) 330.7199(2)(g):

Limitations of the recipient's rights. Limitations of the recipient's rights, any intrusive behavior treatment techniques, or any use of psycho-active drugs for behavior control purposes shall be reviewed and approved by a specially constituted body (BTPRC). Any limitation shall be justified, time-limited, and clearly documented in the plan of service. Documentation shall be included that describes attempts that have been made to avoid limitations, as well as what actions will be taken as part of the plan to ameliorate or eliminate the need for the limitations in the future**.**

Excerpt from MDHHS/CMHSP Managed Mental Health Supports and Services Contract FY20, Attachment C6.8.3.1, Standards for Behavior Treatment Plan Review Committees:

The purpose of the Committee is to review and approve or disapprove any plans that propose to use restrictive or intrusive interventions, as defined here in section IV, with individuals served by the public mental health system who exhibit seriously aggressive, self-injurious or other challenging behaviors that place the individual or others at imminent risk of physical harm. The Committee shall substantially incorporate these standards, including those herein for its appointment, duties, and functions.

The emphasis for the purposes of the BTPRC is on *individuals…who exhibit seriously aggressive, self-injurious or other challenging behaviors that place the individual or others at imminent risk of physical harm.*

Further questions related to this FAQ or new questions can be submitted to the BTPRC Workgroup at ldoyle@miottawa.org.

Additional resources include the BTPRC MiFast review. The MIFAST BTPRC group can perform a remote review and consultation with any local CMH's BTPRC committee to review the implementation of the Standards for BTPRC as well as all supplementary Frequently Asked Questions. Request for a MIFAST BTPRC review and/or BTP trainings should email

MDHHS-MIFAST@michigan.gov.

1. **Is BTPRC review needed when using a protective device?**

Yes, the MDHHS Administrative Rules (AR) defines a protective device and this definition is in the Standards for Behavior Treatment Plan Review Committees . The definition is as follows:

> *A device or physical barrier to prevent the recipient from causing serious self-injury associated with documented and frequent incidents of the behavior. A protective device as defined in this subdivision and incorporated in written individual plan of service shall not be considered a restraint as defined in the standard.*

Although the AR states that a protective device is not a restraint (also defined and prohibited by Michigan Department of Licensing and Regulatory Affairs in a licensed setting), in the definition above it is being used to address a behavior causing serious injury and therefore it requires BTPRC review.

The use of protective devices for clearly documented medical conditions that are not related to seriously aggressive, self-injurious, or other challenging behaviors that place the individual or others at risk of physical harm may not require BTPRC involvement. Use of a protective device for anatomical support or for medical conditions must be ordered by a physician, OT, or PT at least annually and documented in the IPOS with ongoing evaluation by a healthcare professional for continued need for the device and instruction of when the device will be worn or used. See questions #2 & #3 below for more detail.

Example of when BTPRC review is needed:

- If the protective device is being used to address a behavior of self- injury that is causing or preventing skin breakdown such as a glove to prevent mouthing or chewing on the hand.

2. **Is BTPRC review needed when implementing interventions for health and safety i.e., a helmet for an individual with seizures or bed rails for an individual who rolls out of bed or is a fall risk?**

If interventions limit rights or use intrusive treatment techniques whether for health or safety reasons, as defined in section IV of the Standards for Behavior Treatment Plan Review Committees , **with individuals who are currently exhibiting seriously aggressive, self-injurious or other challenging behaviors** that place the individual or others at risk of physical harm, then **YES**, the plan must be reviewed.

Examples of when BTPRC review is needed:

- When there is documentation that neither positive behavior supports nor other kinds of less restrictive interventions were successful, and the intervention proposed is to have the individual wear a helmet due to challenging self-injury behavior, such as head-banging, that places the individual at risk of serious injury, then a Behavior Treatment Plan (BTP) is needed and must be

reviewed and approved by the Behavior Treatment Plan Review Committee prior to implementation. This also applies to the following interventions:

- Using a gait belt to prevent an individual from walking where they want to go.
- Placing an ambulatory person in a wheelchair to prevent elopement during community activities.
- Or using bed rails to limit a person from trying to get out of bed on their own due to a fall risk as opposed to using the bedrails to prevent falls from involuntary movements related to a medical condition.

The use of protective devices for clearly documented medical conditions that are **not related to seriously aggressive, self-injurious or other challenging behaviors that place the individual or others at risk of physical harm may not require BTPRC involvement**. This includes anatomical supports.

Examples of protective devices for documented medical conditions:

- a helmet due to frequent seizures
- wheelchair to address stamina issues for an individual aging/declining in health
- gait belts to prevent falls during ambulation
- hand splints to prevent atrophy/contractures
- bed rails for an individual with seizures or spasticity

Use of a protective device for anatomical support or for medical conditions must be ordered by a physician, OT, or PT **at least annually and documented in the IPOS** with ongoing evaluation by a healthcare professional for continued need for the device and instruction of when the device will be worn or used.

3. Is BTPRC review needed when a physician limits food access for an individual as it relates to a serious medical condition?

If the need for the limitation is necessary because the individual is currently exhibiting seriously aggressive, self-injurious, or other challenging behaviors in trying to access food items and the individual at risk of physical harm, then yes, a behavior treatment plan must be written and reviewed by BTPRC.

For any necessary limitation on rights due to health and safety that is not related to a behavior, the individual plan of service (IPOS) should include a clear description of the condition that is directly proportionate to the specific assessed need. it is strongly encouraged that these cases be reviewed at

least annually by a qualified group within the CMHSP (this may be the BTPRC) for appropriateness and ongoing need.

If the limitation is due to a medical or adaptive need and is not related to behavior the following should be in place:

- Documentation of the positive interventions and supports used previously; Documentation of less intrusive methods that were tried and did not work, including how and why they did not work
- Include regular collection and review of data to measure the effectiveness of the modification
- Include established time limits for periodic review of the modification
- Include informed consent of the individual
- Include assurances that the modifications will cause no harm to the individual.

If the limitation is not necessary for another individual receiving services in the same setting, it should be documented that the individual who does not need limitation has been given an accommodation to ensure full access, other housing options, and chooses to continue receiving services in that setting with the limitation in place.

4. **Are door alarms/chimes limiting of rights or intrusive behavior treatment techniques and do they need to come to BTPRC?**

Yes, if the alarms/chimes are intended for an individual who is currently exhibiting seriously aggressive, self-injurious or other challenging behaviors that place the individual or others at risk of physical harm, then the plan must be reviewed. See #3 above for further guidance.

A doorbell or other auditory notification that is used to alert staff and residents that someone has entered or exited the home/program for facility safety is not considered limiting or intrusive.

Example of when BTPRC review is needed:

- An alarm is installed for an individual because they are at risk for elopement and they cannot leave the home without setting off the alarm. This is a limitation of their freedom of movement.

5. **Is the use of a Personal Emergency Response System (PERS) limiting of rights or intrusive behavior treatment techniques and does it need to come to BTPRC?**

No, **voluntary** use of PERS would not require BTPRC review. PERS is an electronic device that allows individuals to secure help in the event of an emergency. The individual may also wear a portable "help" button to allow for mobility. The system is connected to the person's phone and programmed to signal a response center once the button is activated. The response center is staffed by trained professionals. PERS should be limited to individuals living alone (or living with a roommate who does not provide

supports), or who are alone for significant parts of the day; who have no regular support or service provider for those parts of the day; and who would otherwise require extensive routine support and guidance.

6. **Are video cameras limiting of rights or intrusive behavior treatment techniques and do they need to come to BTPRC?**

The use of video surveillance versus the use of photographs, including motion pictures and recordings for training and treatment purposes are delineated in MHC 1724 (please refer to November 6, 2020 memo…"Use of Photographs, Including Motion Pictures and Recordings in Home and Community-Based Settings and Video Surveillance in Psychiatric Hospitals.". If the use of "video cameras" is intended to address behaviors and meets the definition of an intrusive techniques below, it would require the development of a BTP and require review by the BTPRC. Video surveillance as defined in the memo is prohibited in a home or community-based service setting.

*Definition of Intrusive Techniques from Standards for Behavior Treatment Plan Review Committees:

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 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 of dosage for the individual's condition. Use of intrusive techniques as defined here requires the review and approval by the committee.

7. **Is limiting personal property limiting of rights or intrusive behavior treatment techniques and does this need to come to BTPRC?**

Yes, see # 3.

8. **Can a provider use an individual's personal funds to cover the cost of property damage?**

Using funds to cover the cost of property damage would be considered Response Cost and this will require a BTP and BTPRC review. If an individual is being required to correct the consequences of his/her behavior, the BTP should include a clear description of the condition that is directly proportionate to the specific assessed need.

Additionally, if the restitution is determined to be clinically appropriate the following should be in place:

- The restitution should further a goal/objective(s) identified in the individual's IPOS;
- The individual must understand the restitution plan.
- Individual's treatment team should establish the restitution amount in partnership with the individual using a person-centered planning process by carefully considering his/her resources.

- The restitution amount cannot exceed the individual's ability to pay nor can it adversely impact the ability to fund items or activities that are necessary to further IPOS goals/objectives; and

- An invoice and explanation of the cost for each restitution payment is reviewed and approved prior to any payments being made.

- Any such BTP requires consent.

9. Are safety measures utilized inside vehicles considered limiting of rights or intrusive behavior treatment techniques?

Seatbelts do not need BTPRC approval, but seatbelt child safety locks/guards/harnesses need to come to BTPRC.

The use of any device that is designed to restrict movement in the vehicle or restrict access to the seatbelt lock, such as a Buckle Buddy/Guard or harness, is considered to be restrictive and/or intrusive and requires a behavior treatment plan and reviewed by BTPRC**. See #3.**

10. Do court ordered limitations require review by BTPRC? Should the limitations be added to the individual's plan of service? Can a court order be denied? Does a court order override the special consent?

Court orders must be followed by the individual, and any limitations ordered should be reviewed, monitored, and documented in the IPOS. There should be a BTP to eliminate or ameliorate the need for the limitation as ordered by the court if the individual is currently exhibiting seriously aggressive, self-injurious or other challenging behaviors and this BTP should be reviewed by the BTPRC.

The NGRI status of an individual does not affect the need for BTPs or BTPRC review of limitations on rights or intrusive behavior treatment techniques and the same rules apply.

11. If an individual does not have any challenging behaviors or a current Behavior Treatment Plan and measures that are limiting of rights or intrusive behavior treatment techniques are being utilized, does the BTPRC need to review the plan?

All interventions that limit rights or are intrusive should be reviewed by the BTPRC. If, after a thorough review, a limitation does not appear to be necessary, the CMHSP shall ensure the measures are discontinued.

12. If medications are kept in a locked cabinet is this considered limiting of rights or an intrusive behavior treatment technique? There has been some conflicting information about this especially when in a specialized residential setting.

For AFCs or any setting in which Medicaid is funding services - Locked medications are not considered a restriction, as it is a licensing requirement that all medications be kept locked up and secured. Locked

areas should be kept to a minimum, ensuring fullest access to common areas. **See #3 for further clarification.**

If the need for the locked medication cabinet is necessary because the individual is currently exhibiting seriously aggressive, self-injurious, or other challenging behaviors in trying to access restricted medications and the individual at risk of physical harm, then yes, a behavior treatment plan must be written and reviewed by BTPRC.

13. Does the use of Dedicated Staffing require review by the Behavior Treatment Plan Review Committee? See #3

Dedicated staffing may be defined by a very low ratio of caregivers to consumers (e.g., 1:1 or 2:1) or by a proximity of caregivers to consumers (e.g., "within arm's reach" or "within line of sight") for a designated period of time.

The use of dedicated staffing may or may not require BTPRC review. If the need for the dedicated staff is necessary because the individual is currently exhibiting seriously aggressive, self-injurious, or other challenging behaviors and the individual is at risk of physical harm, then yes, a behavior treatment plan must be written and reviewed by BTPRC. If the additional staff is to support a medical need or provide general support, then a plan is not needed and BTPRC review is not required.

Note the definition of an intrusive technique in question #6.

Supportive Examples of dedicated staffing:

1. Dinner is a stressful time in the home so there is an extra staff member available.

2. An extra staff attends community outings.

3. Staff remain within arm's reach for a consumer that has a poor gait and is at significant risk of falling.

4. Staff are required to maintain line of sight for a consumer prone to aspirating and/or choking during meals .

5. 1:1 staff is needed to assist a consumer during periods of toileting, bathing, propelling a wheelchair, positioning and other activities of daily living or health care.

Restrictive/Intrusive Examples of dedicated staffing:

1. 1:1 staff is required at all times, due to a person's behaviors related to PICA.

2. Line of sight is required due to a person's unanticipated physical aggression.

3. Staff need to stay within arm's reach of a person who is an elopement risk.

14. **When providers are aware that they are not able to write physical management strategies into their behavior plans, some seem intent to add these measures into an Emergency Intervention Plan (Crisis Plans). Is this OK?**

No, physical management or the use of restraint or seclusion cannot be authorized in a behavior treatment plan or a crisis plan. Language in the behavior treatment plan or crisis plan may state "If all other less restrictive measures have failed, staff should implement the least restrictive techniques necessary according to the organization's approved physical intervention policy to maintain safety and avoid injury." Specific techniques that may be most appropriate, or prohibited in an emergency situation, based upon the individual's medical condition or trauma history may be included.

15. **Are mats used for blocking aggressive or self-injurious behaviors viewed as intrusive? I can see where a helmet would be as they are made to wear it, however a mat that is used to put between a consumer's head or to block kicks with?**

It depends on what the mat is being used for. If the mat encroaches 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, a behavior treatment plan must be written and reviewed by BTPRC.

If the mat is being used to protect staff from being injured then it would not be considered intrusive however it is recommended that if the aggression is ongoing, a behavior a treatment plan should be written to address the behavior.

16. **If a consumer is required to "check in and check out" with staff so that they know where they are at all times, is that considered a restriction?**

The answer to this question depends on several variables. If the intent of the "check in and check out" is to address seriously aggressive, self-injurious, or other challenging behaviors that place the individual or others at risk of physical harm, or if there is a negative consequence to not abiding by this rule, then a Behavior Treatment Plan (BTP) is needed and must be reviewed and approved by the Behavior Treatment Plan Review Committee prior to implementation. If the consumer willingly agrees to the "check in and check out" and its purpose is to provide general safety information such as the consumer's destination and expected time of their return, then this would not be considered limiting or intrusive.

17. **What is considered an elopement?**

Generally, elopement is defined as a situation where a consumer wanders away from or intentionally leaves the home or treatment setting without the required supervision as defined in the Individual Plan of Service (IPOS).

18. **What are the expectations to show IPOS aligns with the Behavior Treatment Plan (BTP), is there more required than just the mention that the consumer has a BTP in the IPOS?**

The Behavior Treatment Plan should be included as an intervention within the IPOS associated with a goal or identified area of need.

19. **Is there a delineation of when staff become intrusive when taking consumers into the community? For example, is it intrusive when staff have to intervene if the consumer steals or becomes agitated and aggressive when they do not have enough money to make a purchase in the community?**

It is best practice (rather than intrusive) to have treatment guidelines for supervision of individuals that are consistent with the individual's level of cognitive functioning and adaptive skills. It could be neglectful of a caregiver to withhold providing necessary supports and supervision with individuals who lack the understanding of certain social norms, emotional insight, and impulse control. If this is an ongoing behavior that may limit freedom of movement or for example, the ability of a consumer to use money as they wish, then a functional assessment should be completed, and a BTP developed.

20. **Should the Functional Behavioral Assessment (FBA) be specific in past interventions utilized to curb behaviors? I often get FBA's that state "the home uses gentle teaching techniques". Is this sufficient or does there need to be more specifics?**

It is not sufficient to identify a philosophy like gentle teaching in lieu of an FBA. An FBA is composed of specific assessment techniques in order to identify the causal factors related to the behavior of interest.

The FBA should be more specific and include analyses of: Symptoms(s) or behavior(s) of concern named and defined; Baseline frequency, intensity or duration of symptom(s); Current frequency, intensity or duration of symptom(s); Antecedent events/circumstances that may trigger the symptoms(s) or behavior(s); Consequences following the symptom(s) or behavior(s); Medical/physiological conditions significantly associated with the symptoms(s) or behavior(s); Environmental conditions significantly associated with the symptoms(s) or behavior(s); Daily living challenges significantly associated with the symptoms(s) or behavior(s); and, Communication and social challenges significantly associated the symptoms(s) or behavior(s).

21. **CMH has a client who lives in a home near a busy highway. Staff asked for limitation based on the fact that he runs toward the highway and often expresses self-harm. Committee refused to authorize the limitation.**

    A. **Does the committee have to justify and document their decision?**

Yes. It is expected that the committee provide at least a general reason to decline the approval. There could be numerous reasons to not approve a plan with limitations (i.e., a lack of guardian consent, alternative & reasonable less restrictive interventions were not ruled out, the functional analysis was insufficient or did not support the restrictions.

    B. **Is there an appeal process?**

The MDHHS Standards for BTPRC does not have a formal appeal process. The local BTPRC can be requested to reconsider a plan that uses the use of the intrusive or restriction intervention if additional information is presented that may modify their original decision.

The executive director can request outside consult if the BTPRC does not appear to understand the standards or is leaving individuals at imminent risk.

22. **What is the responsibility of the CMHSP when an individual lives in the family home where they use restrictive/intrusive techniques but will not cooperate with BTPRC requirements such as trying less restrictive means and data collection?**

Answer: Restrictive and/or intrusive interventions cannot be rendered by Medicaid funded staff without the Standards for Behavior Treatment Plan Review Committees being followed. Services can still be provided, but with clear documentation, in the record, that any restrictive/intrusive interventions being implemented by the family, will not be implemented by staff. Further, documented efforts should continue, by the CMHSP, to engage the family in behavioral treatment options that could move the individual away from needing restrictive/intrusive interventions, on-going.

23. **If there is polypharmacy but there are current diagnoses which those medications appropriately address, is BTRC necessary?**

Refer to the standards of when medications need to be reviewed and see Question #6 for the definition of Intrusive Techniques.

24. **Is it necessary for BTC to review homes installing security systems? What if the security cameras are only in common areas?**

Cameras used for security or surveillance should not be installed in the home. If photographs, including motion pictures, are being utilized for treatment or training purposes they need to be part of the IPOS. If the use is intrusive by definition, then a BTP should be developed and reviewed. External security devices would not fall under this requirement.

25. **Are Token Economies restrictive and do they need to have BTPRC review?**

Token economy is a systematic arrangement within an individual's environment whereby the individual receives tokens contingent on the occurrence of specified appropriate behaviors. The tokens serve as generalized conditioned reinforcers for appropriate behaviors and they may be exchanged for a variety of items or privileges.

Individuals must not be required to spend tokens to purchase items or privileges that are guaranteed to them as Rights, (e.g., meals, a bed, personal property, freedom of movement, access to entertainment).

There are two types of Token Economy programs: those with response cost and those without response cost.

Response cost is the response-contingent removal of a positive reinforcer or response-contingent postponement or omission of the presentation of a positive reinforcer

Token economy programs with response cost are considered to be restrictive and therefore require BTPRC review. Token economy programs without response cost are not restrictive as nothing is being taken away and therefore do not require BTPRC review.

26. **What are the requirements of a CMSHP when medications are prescribed outside of the individual's diagnosis or condition and appear to be used as an intrusive technique? Do all of the BTP standards, including the medications as an intrusive technique, need to be included in the behavior plan? It is clear that the committee is responsible for "review and monitoring"**

of those medications. What is required as proof of that "review" if the measures aren't included in a behavior plan?

Behavioral use of psychotropic medications is the use of a medication or drug when it is used to manage, control, or extinguish an individual's behavior (that is seriously aggressive, self-injurious or places the individual or others at risk of physical harm) or restricts the individual's freedom of movement and is not a standard treatment or dosage for the individual's condition. Behavioral use of psychotropic medications is considered to be restrictive and/or intrusive and requires a behavior treatment plan and should be reviewed by BTPRC. If the medication in this circumstance is prescribed by a "community provider" efforts should be made to include the prescribing professional in the plan to reduce and/or end the intrusive/restrictive intervention. Although it is not always possible to get the cooperation of community prescribers the efforts to do so should be documented in the IPOS.

To further clarify, the committee would be reviewing the effectiveness of the Behavior Treatment Plan/BTP, in addressing those behaviors that have led to the individual needing (in part, per assessment of the treating physician) medications to address their behavioral vulnerabilities, with the intent of the BTP (in part) of moving the individual away from needing such interventions. Though the Psychological Assessment/FBA informing the BTP would not be recommending psychotropic medications, it is entirely appropriate for such an assessment to include current prescribed medications the individual is taking, during their course of treatment. All of this should be available to the BTPRC, during their quarterly monitoring.