



HURON BEHAVIORAL HEALTH  
**PROCEDURE**

Procedure #: **BM.2.02**  
Issue Date: 02/11/04  
Rev. Date: 05/31/16  
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**Title: Responsibilities for Creating, Reviewing, and Implementing Behavior Treatment Plans Procedure**

**Prepared By: BTPRC Committee**

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**Purpose:**

To define the process for creating, reviewing, and implementing Behavior Treatment Plans.

**Scope:**

This procedure applies to all employees (including full-time employees, part-time employees, contractual providers, volunteers, students, and/or interns) of Huron Behavioral Health (HBH).

**Information:**

1. All Behavior Treatment Plans shall incorporate the standards and guidelines defined in the [“Behavior Treatment Plan Policy” \(BM.1.01\)](#) and in this procedure. In all cases behavior treatment plans will utilize the least restrictive/intrusive methodology and shall not incorporate any planned physical interventions (see also [“Emergency Physical Interventions Policy” BM.1.03](#)).
2. An internal Behavior Treatment Plan Review Committee (BTPRC) reviews all behavior treatment plans and any restrictions, limitations, or any adverse or intrusive behavior treatment technique in accordance with the requirements defined by Michigan Department of Health and Human Services (MDHHS) and the Mid-State Health Plan (MSHN) “Behavior Treatment Plan Policy”. See also [“Behavior Treatment Plan Review Committee \(BTPRC\) Procedure” \(BM.2.01\)](#).
3. A Behavior Treatment Plan must never be:
  - Used as a punishment tool
  - Developed for the convenience of staff
  - Used as a substitute for other more clinically appropriate treatments
4. The use of a behavior treatment plan must be documented in the consumer’s case record:
  - A behavior treatment plan is part of the Person-Centered Plan (PCP), but requires special consent of the guardian
  - A behavior treatment plan outlines any planned interventions
  - Progress notes document implementation
  - Periodic reviews assess effectiveness of the behavior plan

**Procedure:**

1. The primary worker and the treatment team will determine if a request for a behavior treatment plan is needed for a consumer. If it is determined that a consumer may benefit from a behavior treatment plan, the primary worker will request a meeting with the BTPRC. This is done by contacting the BTPRC chairperson, preferably through Electronic Medical Record (EMR) e-mail.
2. Whenever possible, the primary worker should collect baseline behavioral data before requesting a formal plan. Baseline data should be collected for a period of at least one month. Be advised that if baseline data is not presented with the request for a formal plan, the BTPRC may require that this be gathered before moving forward.
3. When presenting the request for a behavior treatment plan, for review and determination, the primary worker needs to prepare the following information for the BTPRC meeting:
  - Consumer name
  - Consumer address and living situation
  - Programs and Services consumer is involved in
  - Brief social history including psychological factors

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- Diagnosis
  - Current Medications
  - Medical summary, including conditions that could influence or contribute to negative or out of control behaviors as well as any medical conditions that may put the individual at risk
  - Reason Behavior Plan is Requested (i.e. Problem behaviors)
  - Supporting documentation (i.e. data sheets, incident reports, etc.)
  - Baseline data on target behaviors to include antecedents to behaviors
  - Psychological and social factors that could influence the use of an intervention
4. After the primary worker presents the request for a formal behavior treatment plan to the full BTPRC, the BTPRC will make a determination on how to proceed. If the request is approved, the BTPRC chair will determine who will conduct the initial behavioral assessment and will make the formal case assignment.
  5. The assigned behavioral specialist will conduct a behavioral assessment/evaluation and will use the results of this assessment to create a formal behavior treatment plan. The assigned behavioral specialist will then present the formal plan to the full BTPRC for final review and approval
  6. If the behavior treatment plan is approved by the BTPRC, the primary worker will then incorporate the behavior treatment plan into the PCP (or will generate a PCP Addendum if an active PCP is already in place) to include the behavior plan. The primary worker will also obtain special consent from the consumer, guardian, or parent as appropriate prior to implementing the behavior treatment plan.
  7. The primary worker is also responsible for assuring that the data sheets used to gather the baseline data are given to the respective home managers for collecting ongoing data which is supplied to BTPRC to help evaluate the effectiveness of the behavior treatment plan.
  8. After BTPRC approval of the behavior treatment plan, the primary worker will facilitate securing the equipment/supplies and for assuring that the necessary staff training is conducted for the staff that will be responsible for carrying out the behavior treatment plan.
  9. During scheduled visits, the primary worker will routinely collect and review the data being tracked in the home and will monitor the behaviors and interventions. Any data sheets remaining in the homes will be sent monthly to the primary worker and a copy retained in the homes.
  10. The primary worker is responsible for preparing the data into a summary format/report and presenting this to the BTPRC when the case is being reviewed which is done at least quarterly.

## Definitions/Acronyms:

*BTPRC* – Behavior Treatment Plan Review Committee

*EMR* – Electronic Medical Record

*HBH* – Huron Behavioral Health

*MDHHS* – Michigan Department of Health and Human Services

*MSHN* – Mid-State Health Plan

*PCP* – Person Centered Plan

## Forms:

[90-166 Behavior Treatment Plan Review Form](#)

## Records:

Behavior Treatment Plans are retained in the case record in accordance with the [HBH Record Retention and Storage Policy \(QI.1.23\)](#).

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**Reference(s) and/or Legal Authority**

- MDHHS Contract
- Michigan Mental Health Code Public Act 258 of 1974
- COA Standards
- MSHN "Behavior Treatment Policy"
- [BM.1.01 Behavior Treatment Plan Policy](#)
- [BM.103 Emergency Physical Interventions Policy](#)
- [BM.2.01 Behavior Treatment Plan Review Committee \(BTPRC\) Procedure](#)
- [QI.1.23 HBH Record Retention Policy](#)

**Change History:**

Change Letter	Date of Change(s)	Changes
None		New procedure which was broken out from the Behavior Management Policy (BM.1.01) for ease of interpretation and committee responsibilities, Removed definitions, removed "Behavior Management" terminology and replaced it with "Behavior Modification" terminology, added references.
A	03/01/04	Revised to include recommendations from MDCH Recipient Rights Office. Added "functional analysis" statement and training in item #8 of "Procedure" section(transferred from BM.1.02 Behavior Modification Policy)
B	02/10/05	Added #5 under Information and added information to the 3, 4 & 5 bullet under #9, added "restrictive techniques" to "Definition" section.
C	02/25/08	Revised to comply with AAM policies and new MDCH guidelines for behavior treatment. Changed all "BMC" terminology to "BPRC", changed "Supports Coordinator/Primary Worker" to "Primary Worker" throughout procedure, changed Form names, added acronym "BPRC", removed reference to BM.1.02 (policy was obsolete) and added reference to BM.1.03 (Physical Interventions) to comply with new regional BPRC Policies and MDCH contract guidelines,
D	04/06/09	Reviewed and revised to comply with COA 8 <sup>th</sup> edition standards – removed COA chapter-specific references (G.10, G2.5.03), added #2 in "Information" section, added last sentence in "Procedure" section #3, to 7 <sup>th</sup> bullet in #6 added "including conditions..." and to 10 <sup>th</sup> bullet added "to include..." and added 12 <sup>th</sup> bullet, in 1 <sup>st</sup> bullet #4 "Information" section added "but requires special consent of the guardian", reworded 3 <sup>rd</sup> sentence in #8, added "Level I" to 1 <sup>st</sup> sentence in #10 and added last sentence in #10.
E	12/03/09	To comply with non-compliance findings of the 2009 AAM Delegated managed care Audit, added "90-475 Behavior Assessment Form" to "Forms" section, reworded #4 to include use of 90-475.
F	09/12/12	Removed 90-421, 90-475, & 90-162 from "Forms" section as the contracted psychologist is using own templates, removed #9 & #11 from "Procedure" section which defined Level I & Level II plans and the sections of the BTP, made minor changes to "Procedure" section #1 through #10 to more clearly define current process and expectations of clinical staff, changed "BPRC" to "BTPRC" throughout document and changed "Behavior Plan Review Committee" to "Behavior Treatment Plan Review Committee" to reflect new regional terminology from Technical Requirements.
G	08/19/14	Reviewed and revised to comply with MSHN policy "Behavior Treatment Policy" adopted 07/02/14 – removed "AAM" throughout document (2 places), removed "AAM" from "Acronym" section and added "MSHN",
H	05/31/16	Total rewrite of procedure – see Controlled Documentation Manager for revisions and/or previous versions of this document