



## **Detroit Wayne Integrated Health Network**

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# **MEMO**

**Date: July 12, 2021**

**To: Clinically Responsible Service Providers (Mental Health)**

**From: Dr. Shama Faheem, Chief Medical Officer, and Bernard K. Hooper,  
Corporate Compliance Officer.**

**Re: Compliance with Behavior Treatment Review Requirements**

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As notified earlier, effective October 1, 2020, Detroit Wayne Integrated Health Network (DWIHN) requires all contracted Clinically Responsible Service Providers (Mental Health) to comply with Technical Requirements of Behavior Treatment Plan Review Committees (BTPRC).

Based on the findings of the Habilitation Support Wavier 1915 (c) Review (2019-2020) of DWIHN, there are opportunities to improve in the following areas:

Behavior Treatment Plan (BTP) that includes restrictive/intrusive interventions consist of a functional assessment of behavior and evidence that relevant physical, medical, and environmental causes of challenging behavior have been ruled out. BTPRC involvement requires the documentation of the required steps to be completed (functional behavior assessment, behavior treatment plan, special consent, etc.). In addition, it includes the documentation of the positive interventions used previously, less intrusive methods that were tried and did not work, including how and why they did not work, regular collection and review of data to measure the effectiveness of the modification, established time limits for periodic review of the modification and informed consent of the individual.

If restrictions are required for a clearly identified medical condition, in that case, the record and the Individual Plan of Service (IPOS) must reflect this need, with at least annual evaluation by a healthcare professional for continued use noted and documented instruction of when/how the device will be used.

Per the Technical Requirement of BTPRC, the use of medications or drugs, when used to manage or control an individual's behaviors or restrict the individual's freedom of movement and is not a standard treatment or dosage for the individual's condition, is an intrusive technique.

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Therefore, plans with intrusive or restrictive techniques require a quarterly review minimally by the BTPRC.

If the medication is prescribed to treat a mental health diagnosis and is not a standard medication for the diagnosis, or if the prescribed medication is outside the standard range, then the case needs to be reviewed by the BTPRC per Technical Requirements.

Michigan Department of Health and Human Services (MDHHS) recognizes that many medications are prescribed off-label, the prescribing physician (when doing so) must provide sufficient rationale for the symptoms being targeted when making those treatment recommendations (as standard best practice). Therefore, medication consent has specific directions from the psychiatrist regarding when and how to administer a PRN psychotropic medication. PRN medication directions are included in the BTP and the IPOS.

Utilization of physical management or requesting law enforcement may be evidence of treatment/supports failure. Should use occur more than three times within a 30-day period, the written IPOS/BTP must be revisited through the Person-Centered Planning process and modified accordingly, if needed.

**The failure to comply with the requirements discussed above will result in sanctions that may include reducing the number of member referrals to your organization or the inability to bill claims for services rendered in developing BTPs.**

Should you have any questions, please contact Quality Improvement staff, Fareeha Nadeem, at [fnadeem@dwihn.org](mailto:fnadeem@dwihn.org)

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