



Detroit Wayne Integrated Health Network

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Q&A

MDHHS REQUIREMENTS FOR BEHAVIOR TREATMENT PLANS

Tuesday, August 9, 2022. From 10:00 a.m. to 12:00 p.m.

Quality Improvement hosted a virtual training on MDHHS requirements for Behavior Treatment Plans and the Behavior Treatment Plan Review Committees (BTPRC) procedures for DWIHN network providers. Please see below the Q&A:

- 1) Will PowerPoint be available on DWIHN website? How does one get the PowerPoint?
 - PPT is available on dwihn.org (DWIHN website) in the Providers Tab and in the Quality area under tab **BTAC Training**:
<https://www.dwihn.org/providers-quality-improvement>

- 2) IPOS often has a goal for a treatment plan to be developed. Is it not more appropriate for the IPOS goal to state that the individual be referred for a behavioral assessment/functional assessment to determine if a behavior intervention is necessary?
 - The PCP process used in the development of an IPOS will **ALWAYS** be the **FIRST STEP** to identify when a behavior treatment plan needs to be developed. The Behavior Treatment Plan should be included as an intervention within the IPOS associated with a goal or identified area of need. Following the required assessment, the clinician determines that there is a need for a BTP and develops the plan or it is not necessary and makes recommendations to address the issue that necessitated the referral.

- 3) Are we receiving CEU for this Training?
 - No CEUs. This is a technical assistance training for the DWIHN Network, to help the network to better understand MDHHS requirements for BTPs, BTPRC procedures and improve outcomes

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- 4) Would DWIHN provide like a standardized functional behavioral assessment template?
- Guidelines for Functional Behavior Assessment are given as part of DWIHN policy on Behavior Treatment Plans:
https://www.dwihn.org/providers/Policy_Use_of_Behavior_Treatment_in_Community_Mental_Health_Settings.pdf
- 5) Are there standards for who is authorized to complete FBAs to ensure appropriate credentialing?
- FBA is completed by the clinicians with required credentials, and in majority of the cases psychologists (Masters level and doctoral) and board-certified behavior analysts complete FBA.
- 6) The functional behavioral assessment is to identify the clinical need for a BTP to be implemented correct?
- The functional behavioral assessment is to identify the function and purpose of a specific behavior.
- 7) An FBA for ABA treatment is different than the IBSP, correct?
- Yes.
- 8) Doesn't the FBA need to be completed by a psychologist? Not all BSP are completed by a psychologist, nor do they include the specific functions of behavior? The BSP is a DWIHN standardized document?
- FBA is completed by the clinicians with required credentials, and in majority of the cases FBA is completed by psychologists (Masters level and doctoral) and board-certified behavior analysts complete FBA. The majority of BTP are completed by psychologists. The department is moving in the direction of making this a requirement. It's important that any author of a behavior treatment plan/FBA has a thorough understanding of behavior treatment, assessment, and implementation. If there is not a full understanding of behavior treatment principles it will be almost impossible to develop an effective behavior assessment and implementation plan.
- 9) With ORR being part of the BTPRC how would this affect an investigation regarding a complaint received involving the implementation of the behavior plan?

- A representative of the Office of Recipient Rights (ORR) shall always participate on the Committee as an ex-officio, non-voting member in order to provide consultation and technical assistance to the Committee. The ORR assigned investigators investigate the complaint and based on the information received during the investigation they make determination if the evidence is substantiated.
- For more information on DWIHN ORR, or if you need help understanding their rights, or would like to talk with someone about filing a complaint, contact the Office of Recipient Rights at Toll Free: 1-888-339-5595 TDD: 1-888-339-5588.

10) Are there only three voting members on the BTRC? Is individual consent needed to have additional non-voting members that are from the provider?

- Committee shall be comprised of at least three individuals, one of whom shall be a board certified behavior analyst or licensed behavior analyst, and/or licensed psychologist as defined in Section 2.4, Staff Provider Qualifications, in the Medicaid Provider Manual (MPM), Behavioral Health and Intellectual and Developmental Disabilities Chapter, with the specified training; and at least one member shall be a licensed physician/psychiatrist as defined in the Mental Health 2 Last Revision Date: July 29, 2020 Code at MCL 330.1100c(10). A representative of the Office of Recipient Rights (ORR) shall participate on the Committee as an ex-officio, non-voting member in order to provide consultation and technical assistance to the Committee. Other non-voting members may be added at the Committee's discretion and with the consent of the individual whose behavior treatment plan is being reviewed, such as an advocate or Certified Peer Support Specialist.

11) I am bit confused by someone' statement earlier saying IBPS does have functional assessment in it and why do a FBA for a BTP. Can you clarify this because, I do not see any items on FBA in the IBPS document that we are using. Do other PROVIDERS have IBPS that has embedded questions on FBA?

12) The PCP process used in the development of an IPOS will ALWAYS be the FIRST STEP to identify when a behavior treatment plan needs to be developed. The Behavior Treatment Plan should be included as an intervention within the IPOS associated with a goal or identified area of need. FBA and BTP are separate documents from IBPS.

12) Could you elaborate a bit more on physical management as part of BTP. What kind of training the Residential staff need to have for physical management and who trains them?

- Physical Management is a technique used by staff as an emergency intervention to restrict the movement of a recipient by direct physical contact to prevent the recipient from seriously harming himself, herself, or others. NOTE: Physical management shall only be used on an emergency basis when the situation places the individual or others at imminent risk of serious physical harm. To ensure the safety of each consumer and staff,

each agency shall designate emergency physical management techniques to be utilized during emergency situations and staff must be trained on approved techniques before implementation.

References:

[https://www.michigan.gov/documents/mdhhs/Technical Requirement for Behavior Treatment Plans P-1-4-1 638408 7.pdf](https://www.michigan.gov/documents/mdhhs/Technical_Requirement_for_Behavior_Treatment_Plans_P-1-4-1_638408_7.pdf)

[https://www.dwihn.org/providers/Policy Use of Behavior Treatment in Community Mental Health Settings.pdf](https://www.dwihn.org/providers/Policy_Use_of_Behavior_Treatment_in_Community_Mental_Health_Settings.pdf)

<https://www.michigan.gov/mdhhs/doing-business/providers/providers/medicaid/policyforms/medicaid-provider-manual>

[https://www.michigan.gov/mdhhs/-/media/Project/Websites/mdhhs/Keeping-Michigan-Healthy/BH-DD/Mental Health/BTPRC FAQ.pdf?rev=167b841ed711400ba037036794035f0f&hash=CCA5BAE795A598011B10251BA583A97B](https://www.michigan.gov/mdhhs/-/media/Project/Websites/mdhhs/Keeping-Michigan-Healthy/BH-DD/Mental_Health/BTPRC_FAQ.pdf?rev=167b841ed711400ba037036794035f0f&hash=CCA5BAE795A598011B10251BA583A97B)

<https://www.mphi.org/wp-content/uploads/2021/08/MICC-ABA-TREATMENT-GUIDE.pdf>

[https://www.michigan.gov/documents/mde/PBIS School FactSheet 666146 7.pdf](https://www.michigan.gov/documents/mde/PBIS_School_FactSheet_666146_7.pdf)