

FAX TRANSMITTAL COVER SHEET

“TOGETHER WE ACHIEVE THE EXTRAORDINARY”

Quality Management Department  
P. O. Box 498  
Jackson, LA 70749

Phone: 225-634-0162  
Fax: 225-634-0538

Date: 3/16/07

Page: 1 of 4

TO: Name: Dr Fields

Location: \_\_\_\_\_

Fax Number: 770-389-3700

From: Name: Kim Donaldson

Phone Number: (225) 634-0263

Comments: Behavior Management  
Committee Policy and Procedures

**CONFIDENTIALITY NOTICE**

The documents accompanying this facsimile transmission may contain confidential information, which is legally privileged. The information is intended only for the use of the individual or entity to which it is addressed. If you are not the intended recipients, you are hereby notified that any review, disclosure/redisclosure, copying, distribution, or the taking of any action in reliance on the contents of this information is strictly prohibited. If you have received this communication in error, please notify the sender immediately by telephone, and destroy this information.

**PLEASE CALL IF YOU HAVE PROBLEMS RECEIVING THIS FAX OR IF PAGES ARE MISSING.**

## **BEHAVIOR MANAGEMENT COMMITTEE POLICIES AND PROCEDURES**

---

### **PURPOSE OF COMMITTEE**

Behavior management is considered a clinical activity that warrants careful review and evaluation. Based on this consideration, the Behavior Management Committee (BMC) reviews, evaluates, and approves all behavior management plans/programs within the facility.

A secondary purpose of the committee is to provide consultation to facility treatment teams in the design and implementation of behavioral treatment plans.

The BMC recognizes that the unit/ward Psychologist is the professional responsible for designing and writing behavioral programs/plans (with input from the interdisciplinary team) which are to be submitted to the BMC for review. It further recognizes that the unit/ward Psychologist will be responsible for monitoring the implementation and operation of any behavioral plan/program which has been approved by the BMC. The schedule of monitoring will be outlined in the behavior modification plan.

Any concerns regarding the use of behavioral techniques should be reported directly to the BMC by any staff member who has such concerns. If the concern involves abuse/neglect or potential abuse/neglect, the ELMHS procedure for reporting such issues takes priority and should be followed immediately. However, the BMC should also be notified of such an occurrence so that it may investigate and provide appropriate recommendations for program/plan modifications.

### **DESCRIPTION OF COMMITTEE**

This is a multidisciplinary committee composed of members who are qualified by training and/or experience in the area of behavior management as it applies to the general psychiatric population and individuals with Mental Retardation and/or Developmental Disabilities. The BMC will meet monthly until all current hospital behavioral programs/plans have been reviewed. Meetings are currently scheduled on the first Thursday of each month at 1:30 P.M. and will be included on the hospital's schedule of meetings. Changes of meeting times can be made by consensus vote of the BMC and proper notification of all members.

Formal minutes of BMC meetings will be recorded and typed by Psychology Department secretary and serve as a record of the committee activities. Copies of the minutes are distributed to the membership, Clinical Director, CEO, Clinical Department Heads, Patients' Rights Officer, and Director of Quality Management. Quarterly summaries of

activities are filed with the Office of Quality Management and copies distributed to the Clinical Director and CEO.

### **RULES AND REGULATIONS**

The BMC will abide by:

- All applicable DHH/ELMHS Policies/Procedures;
- All applicable discipline related ethical standards and standards for use of behavioral interventions, for example:
  - Ethical Standards of Psychologists
  - APA Guidelines for Providers of Psychological Services;
  - Federal, State, Local laws
  - JCAHO Mental Health Standards governing use of behavioral programming 2005 edition;
  - Any applicable HCFA, Medicare, Medicaid standards.

All communications to and from the BMC will be in writing. All official activities of the BMC require that a quorum of the members be present. A quorum consists of at least 3 duly notified (minimum of one week's notice prior to a meeting) members, one of whom must be a Psychologist. All Committee decisions require a Majority vote of the members present who constitute a Quorum.

The BMC will use standard forms for its operation. Samples of these forms are attached and made a part of this document. The forms to be used are as follows.

- BMC-1-2005 Behavior Management Committee Submitter Checklist. This is a form to be utilized by the psychologist designing the plan to ensure compliance with BMC policy.
- BMC-2-2005 Behavior Management Committee Checklist for Review of Proposals by Committee Members. This form is utilized by the committee as they review and vote on plans
- BMC-3-2005 Behavior Management Committee, Results of Committee Review. This form is used to keep a record of the plans reviewed and will be kept by the Chair or Psychology Department Secretary.
- BMC-4-2005 Individual Behavioral Plan Progress Report Form This form is used to report progress or lack thereof after the treatment team reviews the plan at regularly scheduled treatment plan reviews.

### **PROCEDURE:**

Proposals to be submitted to the BMC must be received 1 week prior to the next scheduled meeting. The Committee Chair or Co-chair will arrange to have all materials

copied and distributed to the members in a timely manner, to allow for review before the Committee meeting. Proposals received closer than 1 week to a meeting date will be held over until the next scheduled BMC meeting with the exception of Emergency Reviews.

In special cases that require the immediate application of behavior measures to reduce the frequency of serious maladaptive behaviors, the unit Psychologist can request an Emergency Review by the BMC. Under this provision, either of the Committee Co-Chairs or designee will review the proposed intervention (can be presented verbally, but must be documented in Medical Record) and have the authority to grant Provisional Approval of the plan until it can be reviewed by the full BMC at its next scheduled meeting.

The BMC will review proposals with reference to the following:

- JCAHO Special Procedure Standards PC.10.10 to PC.10.120 inclusive (Comprehensive Accreditation Manual for Hospitals 2005). Attachment
- The established BMC requirements for proposals .Attachment
- Review of the specifics of each proposal to determine if they will accomplish the goal stated.

After review of proposals, the BMC may take one of the following actions:

- **Full Approval** = plan may be implemented.
- **Provisional Approval** = plan may be implemented under certain contingencies/recommendations. This will be a time limited status and requires that the committee reconsider the proposal for a final decision to grant Full Approval.
- **Denial** = plan will not be implemented. The BMC may make recommendations to the submitter which would improve the proposal. The proposal must then be revised and resubmitted as a new proposal.

The approval or denial status of the plan is written on the plan. Approvals (Full and Provisional) are placed in the charts. Denials are returned for further revisions. Any proposed modifications to a currently approved behavioral plan, must be submitted to the BMC for review before modifications can be implemented.

All active individual behavioral plans will be reviewed each time the treatment plan is reviewed by the treatment team. The team will then send a progress report to the BMC on Form BMC-4-2005.

All approved behavioral plans will be reviewed by BMC on a regular schedule (at least annually) at which time, the unit using the program must submit an update to the BMC with data indicating that the program remains effective. The BMC may choose to require more frequent reviews when indicated.