# New Jersey Department of Human Services Division of Developmental Disabilities

# Behavior Management Committee FAQ

## 1. What is Behavior Management Committee (BMC)?

The Division of Developmental Disabilities' Behavior Management Committee is a group of volunteers that reviews and approves strategies on Level 3 Behavior Support Plans for provider agencies that do not have their own behavior management committee. <u>Division Circular #18</u> describes the Behavior Management Committee. <u>Division Circular #34</u> describes Behavior Support Plans and the different levels of support.

# 2. What is a Level 3 Behavior Support Plan?

These are Behavior Support Plans that require approval due to the use of increased levels of restrictions in behavior support plan strategies due to the severity of the target behavior(s). The strategies that are allowed at this level are listed and described in <u>Division Circular #34</u>.

#### 3. When do we access this service?

Agencies may access this service when the Provider does not have its own BMC and it is determined that Level 3 behavior strategies are needed to support the individual and reduce the occurrence of severe problem behavior.

#### 4. How do we access this service?

If an agency does not have its own behavior management committee, a <u>Behavior Management</u> Committee Referral Form may be submitted by emailing DDD.BMC@dhs.nj.gov.

## 5. How long does the review and approval process take?

Approval is usually obtained within 3 months. A conditional approval for necessary strategies can be temporarily provided to the provider agency's behavior team for the use of Level 3 strategies at the discretion of the BMC.

### 6. What does the review process look like?

- This committee receives the referral and the appropriate documents, as listed in the referral form from the provider agency behavior team. Using the guidance of <u>Division Circular #34</u>, the committee then completes a preliminary review of the functional behavior assessment, as well as the Behavior Support Plan, and provides feedback. Initial feedback is given to the provider agency behavior team prior to the first meeting in order to initiate revisions. It is highly recommended that provider agency behavior team complete a peer review of the Behavior Support Plan internally prior to submitting it to the BMC.
- Meetings between BMC and the provider agency behavior team are scheduled to address revisions/updates/barriers/etc. to the plan and the restrictive strategies. Additional action steps and deadlines will be provided by the BMC.

### 7. What happens after approval is given for the restrictive strategies?

• The BMC provides approvals in 3 month, 6 month, or yearly intervals depending on the severity and complexity of the restrictive strategies of the Behavior Support Plan.

- <u>Division Circular #18</u> (page 4) outlines the following criteria for implementing Level 3 plans: "Complete a review by a member of the committee of all behavior plans utilizing Level 3 techniques at 30-day intervals for the first 90 days and at least every 90 days thereafter."
- This means that the provider agency behavior team must continue to meet with the BMC per the schedule above while the Level 3 strategies are in place to continue obtaining approvals at the end of the approval term. In between approval time frames, the provider agency behavior team must provide monthly updates on the individual's progress through a progress note that also includes behavior graphs.
- 8. What happens if provider agency behavior team discontinues use of restrictive strategy? When the individual successfully meets criteria outlined in the Behavior Support Plan for progress, the provider agency develops its own BMC, and/or the Level 3 strategy is found to be ineffective or problematic, the provider agency behavior team can discontinue the Level 3 strategy. A final meeting can be scheduled with BMC or BMC Chair to provide data and supports for discontinuation, and the follow up of the behavior support plan ends.
- 9. What if my provider agency has its own BMC? If your provider agency has its own BMC, then you should have that committee review the Level 3 plans. You do not need to reach out to the Division's BMC if this is the case. Per <u>Division Circular</u> #18, the minutes of each committee meeting shall be available for review by the Division, as requested.