MISSOURI DIVISION OF DEVELOPMENTAL DISABILITIES

Improving lives THROUGH supports and services THAT FOSTER self-determination.

Division Directive 4.300 and Draft Behavior Support Rule: Assuring positive, least restrictive strategies

Part 1: Reviewing elements of the directive / draft rule

Objectives of training the two part training

MISSOURI DIVISION OF DEVELOPMENTAL DISABILITIES

- Review definitions of some major elements of Directive
  - Reactive Strategies, Restrictive Strategies, Rights Restrictions
  - Time out
  - Chemical restraints
- Review the expectations for planning teams and the Area Behavior Analyst and Regional Offices
- Discuss some examples of some of the elements that have been confusing
- Inform all about prohibited practices,
- Review the role and function of the Regional Behavior Support Review Committees,
- Provide information about the special review process that will be followed if possible use of a prohibited practice is discovered
- Relate all these requirements to HCBS

What is the relationship of the directive to the draft behavior supports rule?

- Rule is in process of being promulgated (fancy legal word meaning becoming law)
- Directive is DMH/DD policy until rule is in effect
- Directive covers all persons receiving or providing any paid services through DD
- CMS transition plan for HCBS is requiring the rule development and procedures within the directive

What does HCBS Setting Rule have to do with behavior supports?

HCBS Setting Requirements The Settings (Services) must:

MISSOURI DIVISION OF DEVELOPMENTAL DISABILITIES

- Ensure the person is integrated in and supports access to the greater community
- Provide opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources
- Ensure the individual receives services in the community to the same degree of access as individuals not receiving Medicaid HCBS
- Be selected by the individual from among setting options including non-disability specific settings
- Ensure and individual's rights of privacy, respect, and freedom from coercion and restraint
- Optimize individual initiative, autonomy, and independence in decision making
- Facilitate individual choice regarding services and supports and who provides them

Important Information from HCBS 1915(c), Final Rule

- ISP must reflect services and supports that are important to the individual and meet assessed, functional needs of that individual
  42 CFR 441.301 (c) (2)
- ISP identifies risk factors and describes plan to minimize them, including back-up plans and strategies (e.g., safety crisis plan) 42 CFR 441.301 (c) (2) (vi)

Important Information from HCBS 1915(c), Final Rule cont.

- ISP identifies individual/entity responsible for monitoring the plan 42 CFR 441.301 (c) (2) (viii)
- Modifications to plan (i.e., **restrictions**) must be supported by assessed, functional need and justified in ISP 42 CFR 441.301 (c) (2) (xiii)

All interventions that modify or restrict a person's rights must be justified

MISSOURI DIVISION OF DEVELOPMENTAL DISABILITIES

- There is a need(s) identified through assessment
- Positive approaches are in place
- Less intrusive (i.e. restrictive) methods have been documented, tried and failed
- Data is being collected and reviewed regularly
  - Data *should* be reviewed at least monthly
- Proposed modifications (i.e., restrictions) include time-limits and criteria for discontinuation
- Assurance that "interventions and supports will cause no harm to the individual" 42 CFR (c) (2) (xiii) (H)

What does justified mean?

A. There is a need(s) identified through assessment
B. Positive approaches are in place
C. Less intrusive (i.e. restrictive) methods have been documented, tried and failed
D. Data is being collected and reviewed regularly
   Data *should* be reviewed at least monthly
E. Proposed modifications (i.e., restrictions) include time-limits and criteria for discontinuation
F. Assurance that "interventions and supports will cause no harm to the individual"
G. Each and every one of the above
H. Any one of the above

Directive 4.300

MISSOURI DIVISION OF DEVELOPMENTAL DISABILITIES

- In place until the behavior support rule is promulgated
- Part of function is to take steps towards meeting CMS requirements
- Describes the Division's policy regarding reactive strategies
  - Focuses on building up independent and community skills (i.e., teaching approach)
  - Focuses on preventing and mitigating challenging behaviors in a way that is least restrictive (i.e., positive approach)
  - Establishes boundaries for reactive strategies that are restrictive/intrusive
- Lays out the steps that need to be taken to implement restrictive strategies

The Prohibited Procedures

- Prone restraints (on stomach); restraints positioning the person on their back supine, or restraint against a wall or object;
- Restraints which involve staff lying/sitting on top of a person;
- Restraints that use the hyperextension of joints;
- Any technique or modification of a technique *(system)* not been approved by the Division with Division-approved training for implementer;
- Mechanical restraints;
- Any strategy that may exacerbate a known medical or physical condition, or is medically contraindicated, or endangers the individual's life;
- Any techniques that interfere with breathing or any that covers the individual's face;
- Use of any reactive strategy or restrictive intervention on a "PRN" or "as required" basis; *(you can not have a standing order to use whenever necessary)*
- Standing orders for use of restraint procedures not part of a comprehensive safety crisis plan;

The Prohibited Procedures continued

MISSOURI DIVISION OF DEVELOPMENTAL DISABILITIES

- Any procedure used as punishment, for staff convenience, or as a substitute for engagement, active treatment or behavior support services;
- Use of law enforcement or emergency departments incorporated into individual support plans or behavior support plans as contingencies to eliminate or reduce problem behaviors;
- Reactive strategy techniques administered by other individuals who are being supported by the agency;
- Corporal punishment or use of aversive conditioning
- Overcorrection strategies;
- Placing persons in totally enclosed cribs or barred enclosures other than cribs; and
- Any treatment, procedure, technique or process prohibited by federal or state statute.

Which of the following are prohibited in Missouri?

A. Any technique or modification of a technique *(system)* not been approved by the Division with Division-approved training for implementer;
B. Mechanical restraints;
C. Safety Crisis Management curricula other than Mandt or NCI/CPI
D. Any strategy that may exacerbate a known medical or physical condition, or is medically contraindicated, or endangers the individual's life;
E. Any techniques that interfere with breathing or any that covers the individual's face;

Mechanical restraints defined:

MISSOURI DIVISION OF DEVELOPMENTAL DISABILITIES

- Any device, instrument or physical object used to confine or otherwise limit an individual's freedom of movement that cannot be easily removed. Mechanical restraints are prohibited from use in home and community based settings.

- The following are not considered mechanical restraints:

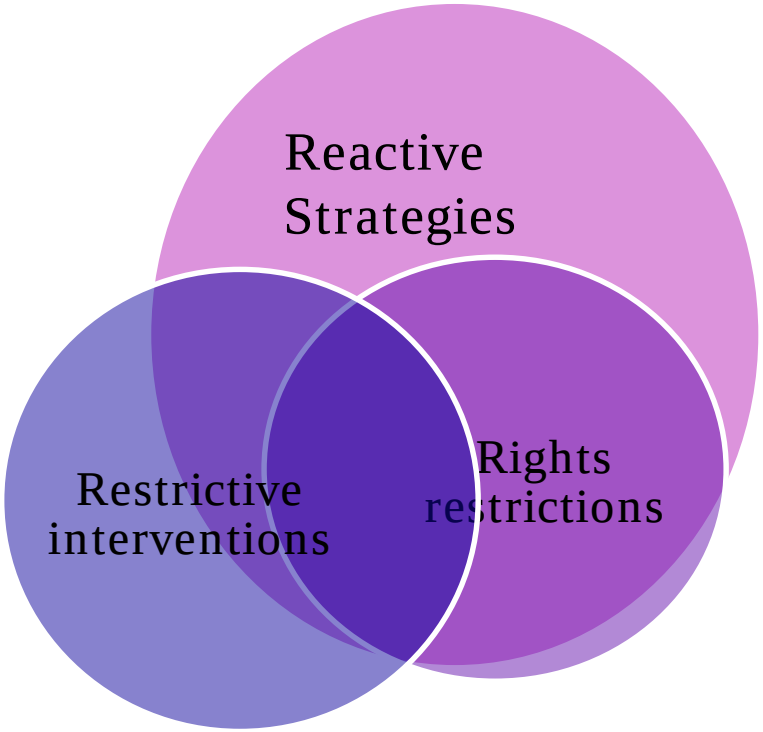
1. Medical protective equipment prescribed as part of medical treatment for a *medical* issue;
2. Physical equipment or orthopedic appliances, surgical dressings or bandages, or supportive body bands or other restraints necessary for medical treatment, routine physical examinations, or medical tests;
3. Devices used to support functional body position or proper balance, or to prevent a person from falling out of bed, falling out of a wheelchair;
4. Typical equipment used for safety during transportation, such as seatbelts or wheelchair tie-downs; or
5. Mechanical supports or supportive devices used in normative situations to achieve proper body position and balance.

Which of these is probably an example of a mechanical restraint?

A. locking a wheelchair for a person that can manipulate the wheel chair and the lock
B. taking crutches away from a person who needs them to walk
C. taking power mechanism from wheelchairs
D. special seat belts that cannot be removed by the individual

Reactive strategies, restrictive interventions and rights restrictions

- Are related, sometimes one strategy is all three, sometimes not
- Context is important and must be considered
- Restrictive Interventions is a CMS term and definition

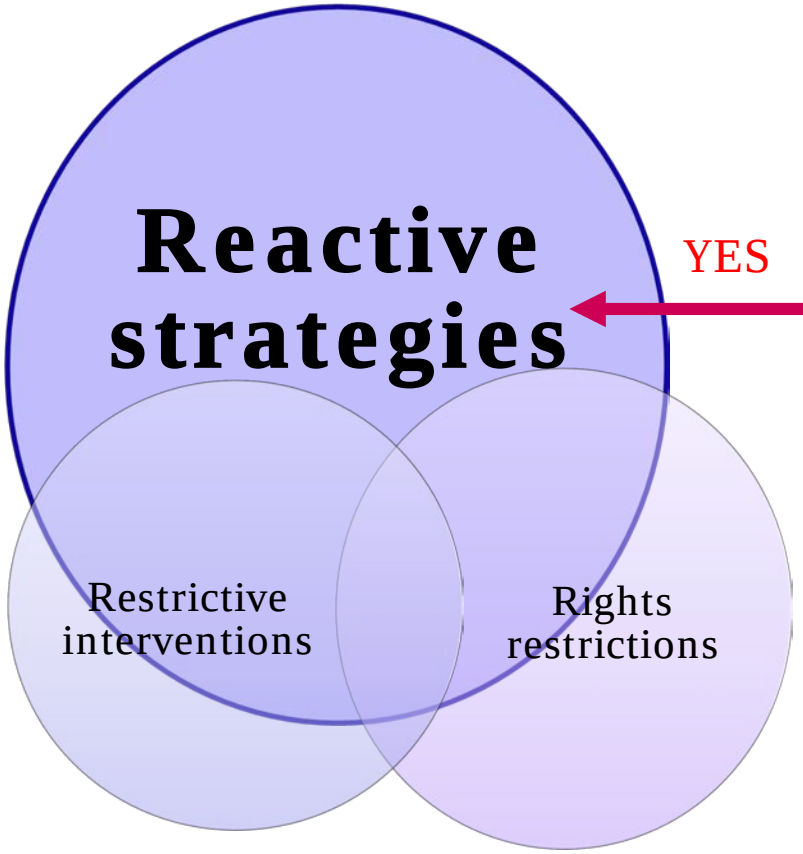


Definition of reactive strategy

- The use of immediate and short term procedures that are necessary to address dangerous situations related to behaviors that place the person or others at risk
- Includes blocking and physical restraints
- *Includes responses that are more delayed such as restricting access to the community or increased levels of supervision*
- Any procedures used in direct response to the undesirable behavior as opposed to proactive and preventative strategies designed to address the undesirable behaviors in a positive fashion

Division Directive 4.300, Definitions

Classifying Strategies: Reactive Strategies

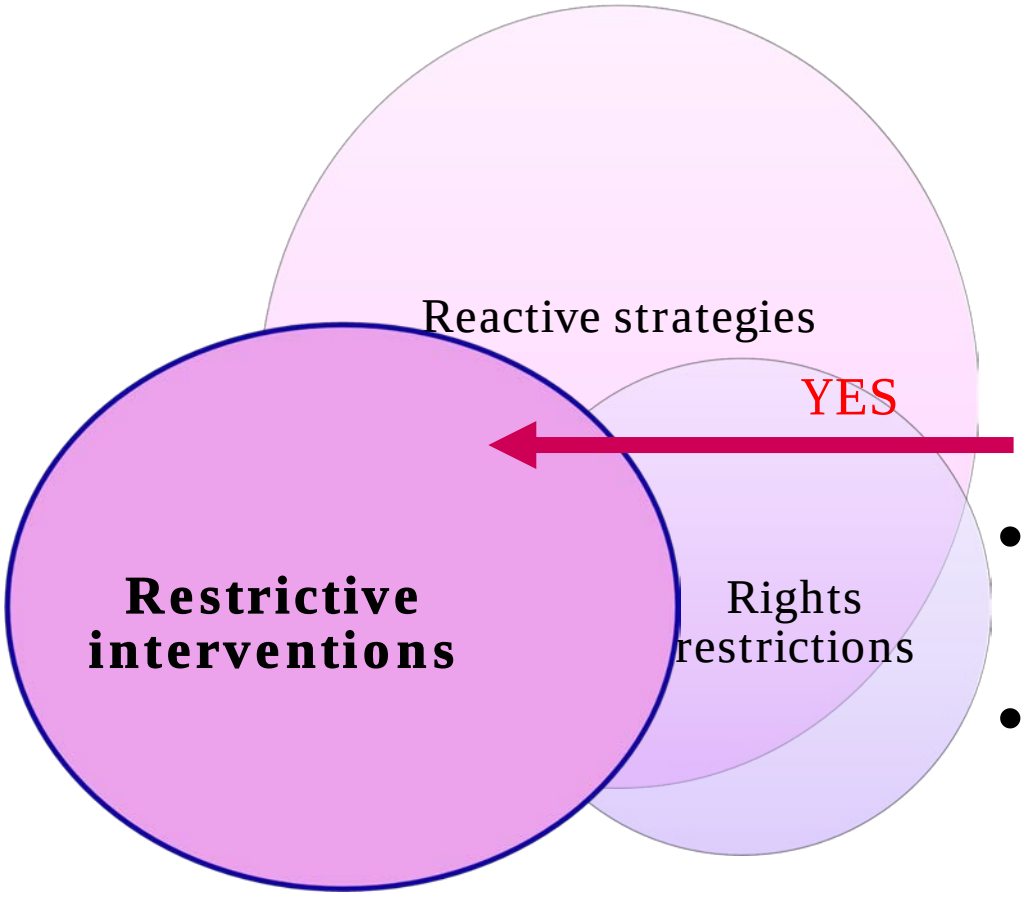


- Is it used in response to an undesirable behavior?
- Is the aim of the strategy to bring about an immediate change in the environment, situation or behavior?
- (To reduce risk associated with the behavior?)

Ask yourself: Is it used in response to an undesirable behavior? Answer yes for each example you would consider a reactive strategy

A. Validating feelings
B. Stay Close Hot
C. Moving breakables
D. Blocking someone from traffic
E. Asking others to leave room
F. Turning off noise
G. Physical crisis management procedures
H. Seclusion time out

Classifying Strategies: Restrictive Interventions

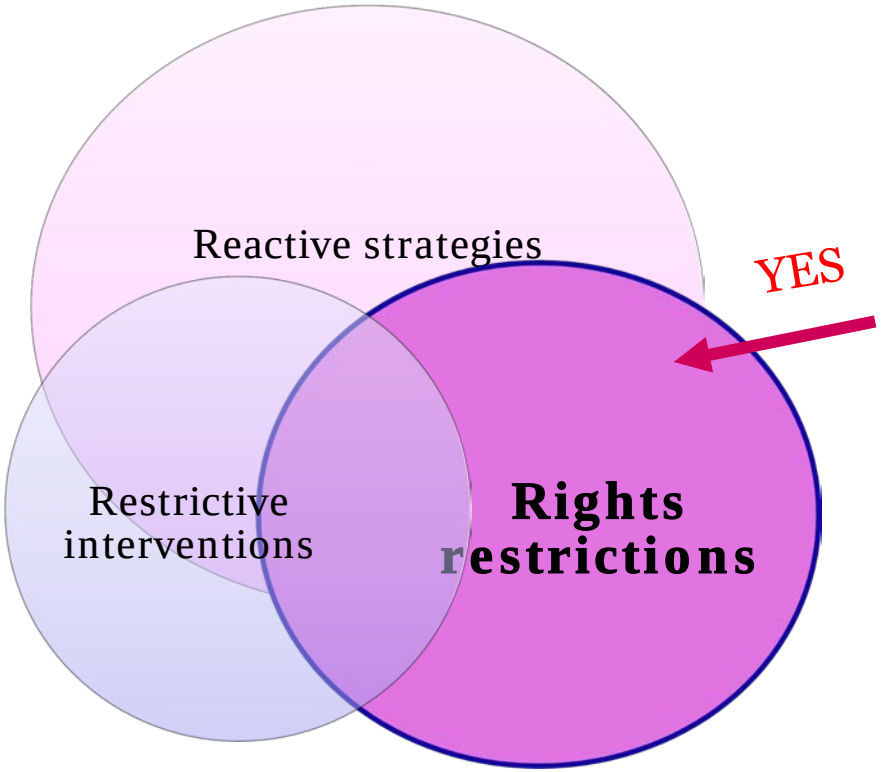


- Is it an intervention that restricts movement, access to other individuals, locations, activities, or personal objects?
- Is it an intervention that restricts rights?
- Does it employ aversive methods?

Ask yourself? Does it restrict movement, access, rights, is it aversive/coercive? Answer yes for each example you would consider a restrictive intervention.

A. Only allowed/supported to go to locations with no food available
B. Only provided choice of outings from limited list
C. Seclusion time out
D. Most clothes, possessions kept in area not under control of the person
E. Restricting access to cigarettes, requiring a smoking schedule
F. Not allowing access to public areas of home: kitchen, front yard

Classifying Strategies: Rights Restrictions



- Does it place a limitation of any general liberties that are available to all citizens?
- Does it limit freedom of movement?
- Does it limit choice?
- Does it limit communication with others?
- Does it limit leisure activities, personal property or $, access to parts of the home or community?
- Does it limit any of the rights assured to clients of the Department of Mental Health?
- Does it promote treating the person with respect, dignity and least restrictive environment?

Ask yourself: Is it limiting the person in ways the "typical" citizen is not limited? Answer yes for each example you would consider a rights restriction.

A. Only allowed or supported to go to locations with no food available
B. Only provided choice of outings from limited list created by staff
C. Seclusion time out following a dangerous behavior with an approved BSP
D. Most clothes, possessions kept in area not under control of the person because of not putting them away or taking care of them
E. Restricting access to cigarettes, requiring a smoking schedule at guardians insistence
F. Not allowing access to public areas of home: kitchen, front yard because of public exposure risk.

The reactive strategy threshold

MISSOURI DIVISION OF DEVELOPMENTAL DISABILITIES

- Was "The use of three or more reactive strategies within a six month period or two or more reactive strategies in a two month period"
  Division Directive 4.300, Definitions
- Changed to: reactive strategies that also meet the definition of restrictive-the use of five (5) or more within a **one (1)** month period

When does the draft rule mandate RBSRC?

- If threshold for restrictive reactive strategies is met for three consecutive quarters, then Planning Teams ***must*** refer individual to the Regional Behavior Supports Review Committee for consultation
- If threshold for restrictive reactive strategies is met for 3+ quarters in a 2-year period, then Planning Teams ***must*** request behavioral services

When do the draft rule & Directive 4.300 mandate Behavioral Services?

A. After 3 or more quarters in 2 year period the planning team *requests* behavioral services
B. When there has been a request for implementation of a rights restriction
C. When dangerous behavior is exhibited

Seclusion Time Out

MISSOURI DIVISION OF DEVELOPMENTAL DISABILITIES

- Seclusion time out – the involuntary confinement of an individual *alone in a room or an area* from which the individual is *physically prevented from having contact with others or leaving* for a period of time not determined by the person
- Locked rooms (using a key lock or latch system not requiring staff directly holding the mechanism) are prohibited.
- This is sometimes referred to as a safe room or calm room.
- (Application for a §1915(c) Home and Community-Based Waiver [Version 3.5, Includes Changes Implemented through November 2014] Instructions, Technical Guide and Review Criteria. Release Date: January 2015).

Responsibilities of Provider / Service Coordinator: Seclusion Time-out

MISSOURI DIVISION OF DEVELOPMENTAL DISABILITIES

Recognize that seclusion time-out ***may not*** be used unless *all* the following conditions are met:

- Qualified Behavioral Service Provider
  - completes a functional assessment,
  - Completes a comprehensive Behavior Support Plan (BSP) that has been approved by RBSRC, and is
  - Providing ongoing services
- Prior Approval by the Chief Behavior Analyst

See Attachment C in Directive 4.300

Responsibilities of Regional Office: Seclusion Time-out

MISSOURI DIVISION OF DEVELOPMENTAL DISABILITIES

- BSP that includes seclusion time-out/safe room procedure is
  - reviewed by the Due Process Review Committee and
  - reviewed and approved by the RBSRC
- If prohibited procedures are discovered during review then follow procedures in directive

Which of these is an example of the use of seclusion time out?

A. Joe has been trying to bite staff and housemate while everyone was in the living room watching TV. Staff escort Joe to his bedroom and require him to stay in the bedroom by closing his door and blocking his leaving.

B. Joe has been trying to bite his roommate several times while the roommate is in bed. His housemate has cerebral palsy and cannot defend himself. Staff move Joe to a separate room in his home after he engages in this behavior and *remain there with him* until he is calm.

Questions?

- Tune in for part 2 on September 25, 2018

Division Directive 4.300 and Draft Behavior Support Rule

Part 2: Continued discussion on requirements for meeting the reactive strategy threshold, RBSRC, BSPs and Safety Crisis Planning

Objectives of training

MISSOURI DIVISION OF DEVELOPMENTAL DISABILITIES

- Review definitions of some major elements of Directive
  - Reactive Strategies, Restrictive Strategies, Rights Restrictions
  - Time out
  - Chemical restraints
- Discuss some examples of some of the elements that have been confusing
- Inform all about prohibited practices,
- Relate all these requirements to HCBS
- Review the expectations for planning teams and the Area Behavior Analyst and Regional Offices
- Review the role and function of the Regional Behavior Support Review Committees,
- Provide information about the special review process that will be followed if possible use of a prohibited practice is discovered

What is the planning (or support) team?

- All the people involved with supporting the individuals (SC, Residential or PA provider, guardian, individual, family of individual, and any one else the individual chooses)
- The people who work for the residential provider
- The guardian and the support coordinator
- The regional office and Area Behavior Analyst

Reminder the reactive strategy threshold is:

- applied to reactive strategies that also meet the definition of restrictive-
- the use of five (5) or more within a **one (1)** month period

Don’t wait to need reactive strategies to do something

Actions Specified for Service Providers for reactive strategies

MISSOURI DIVISION OF DEVELOPMENTAL DISABILITIES

Implement & Monitor Positive, Proactive Strategies
Develop Processes to review reactive strategy use

Use NO Prohibited Procedures

If Reactive strategies for an individual are considered likely/necessary

- Consider the need for additional specialized services
- Create a Safety Crisis Plan

Consider if Physical Restraints likely to be necessary

Train all staff in physical restraint system
Review use of Physical restraints as Reactive Strategy

If Reactive Strategies that are Restrictive used AND use for an individual reaches Reactive strategy threshold- Extensive Review

Planning Team complete review within 5 business days

- Review includes identify triggers, preventative strategies and barriers to use of less restrictive strategies
- Consider need for FBA or BSP or revision of BSP

If use for an individual reaches threshold for 3 consecutive quarters in two years
Request Behavioral Services

Even before using reactive strategies or restrictive interventions

MISSOURI DIVISION OF DEVELOPMENTAL DISABILITIES

- Service Providers have trained staff and ensure they implement a Division-approved PBS curriculum *(ensure staff are using the skills/concepts consistently)*
- Positive Approaches are documented in ISP and implemented
- Needs assessed-(see the supplemental questions in the ISP guide)
  - If the individual has a history of dangerous behavior and/or the
  - individual has challenging behavior has potential to become dangerous, then the
  - individual needs a Safety Crisis Plan
- Provider and/or Service Coordinator utilizes available in-house review committees, such as Due Process and Regional Behavior Support Review Committee

Even before reactive strategies or restrictive interventions are used:

MISSOURI DIVISION OF DEVELOPMENTAL DISABILITIES

- Provider is certified in Division-approved crisis management system *if needs assessment or individual's history*, *identifies* that an individual is likely to, or has the potential to need that level of response
- Provider collects and regularly reviews data to guide decision-making
- Provider develops a process to review usage of reactive strategies that are restrictive/intrusive, which should include documenting that this review occurred in the relevant EMT report

When *one* reactive strategy is used:

MISSOURI DIVISION OF DEVELOPMENTAL DISABILITIES

- A Safety Crisis Plan *should* be developed by the planning team
  - See Attachment A and B of Directive 4.300
  - The team shall be proactive and consider need form more specialized support strategies and services
- When reactive strategies that are also restrictive interventions are used they must be monitored and evaluated for effectiveness

Who tracks when a provider meets the threshold for a person?

A. The RBSRC
B. The QE unit for the regional office
C. The provider whose staff uses the restrictive reactive strategies
D. The PR unit for the regional office
E. The guardian for the person
F. The Support Coordinator

Requirements for a planning team when the threshold is met

- Planning Teams ***must*** implement a developed process for reviewing reactive strategies
- Planning Teams *should* consider requesting behavioral services

Other Considerations

- If threshold is met for three consecutive quarters, then Planning Teams ***must*** refer individual to the Regional Behavior Supports Review Committee for consultation
- If threshold is met for 3+ quarters in a 2-year period, then Planning Teams ***must*** request behavioral services

The team meeting about reactive strategy threshold

Heightened review of an individual's supports done by team

- Are right strategies in plan?
- Are these strategies used correctly and consistently?
- Could there be a medical problem?
- Are there environmental changes that could prevent episodes?
- Is there need for other services to assist?
- What is the quality of life for this individual, can we improve it?
- What can be changed in the plan (strategies) to make need for reactive strategies less likely in the future?

Consider need for functional assessment & behavioral services

What is the purpose of the team meeting when threshold reached? Choose all that apply

A. To review the problems related to the use of reactive strategies
B. To review the crisis safety plan
C. To find other ways to prevent and address the problem that will be more successful
D. To prevent further escalation and possible liability because of not attempting to respond more effectively

Actions Specified for Support Coordinators

MISSOURI DIVISION OF DEVELOPMENTAL DISABILITIES

- With Planning Team create ISP that is person centered and specifies positive, proactive and preventative strategies that support quality of life and secure services to meet needs
- Documented the assessed need requiring the use of reactive strategies as a potential strategy in ISP, and the periodic review is specified in ISP and use of reactive strategies is documented in monthly summaries
- Document the less intrusive and restrictive interventions that have been attempted and the outcomes of these

Support Coordinator cont.

MISSOURI DIVISION OF DEVELOPMENTAL DISABILITIES

- Obtain individual or legal guardian informed consent for use of specified reactive strategies
- If Crisis Safety Plan (CSP) is appropriate facilitate planning team development of the plan and create document
  - Crisis Safety Plan updated as required as planning team implements
- Regularly assess needs and refer for additional services to address problem behaviors if ISP and CSP strategies are ineffective or reactive strategies are frequently necessary

Quality Assurance responsibilities of the Support Coordinator ensure:

MISSOURI DIVISION OF DEVELOPMENTAL DISABILITIES

- the service providers are able to meet needs of the individual as documented in the ISP
- monitor implementation of ISP and that strategies used as stated in ISP (including Crisis Safety Plan and Behavior Support Plan if these are in place),
- the individual is afforded all rights or rights restrictions/modifications receive due process,
- no prohibited strategies are used,
- if threshold is reached that planning team meets to review, document the review and decisions
- the reactive strategies utilized will cause no harm to the individual and document planning team assessment of this

Responsibilities of Regional Office Supporting Providers & Service Coordinators

MISSOURI DIVISION OF DEVELOPMENTAL DISABILITIES

- Provide ongoing training and consultation to promote positive, least restrictive strategies such as
  - Person Centered Approach
  - Tools of Choice
  - Tiered Supports
- Utilize available committees:
  - Regional Behavior Support Review Committee (RBSRC)
  - Due Process Review Committee
  - Includes referring individuals for review as well as attending committee meetings
- Consult with region's Area Behavior Analyst for individuals identified as "high risk"
- Monitor through established processes (L&C, PR, QE)

Responsibilities for the Area Behavior Analyst

MISSOURI DIVISION OF DEVELOPMENTAL DISABILITIES

- Review data for high risk outcomes
- Invite individuals who meet high risk criteria to Regional Behavior Support Review Committee RBSRC)
- Review EMTs and other information for potential use of prohibited procedures and implement special review process to assist the planning team in utilizing less restrictive strategies
- Chair the RBSRC, document meeting and follow up with each planning team as indicated
- Meet time lines in directive

Safety Crisis Plan

Safety Crisis Assessment and Plan

MISSOURI DIVISION OF DEVELOPMENTAL DISABILITIES

- What is it? Risk assessment and mitigation for behavioral issues, helps family/staff respond in as planned a manner as possible to reduce impact of the crisis situation.
- Who needs one? Anyone who is likely to have behavioral crisis.
- Who should do it? - Created by planning team, if LBA part of team she/he takes the lead and it should be consistent with behavioral principles. Team should always be part of developing content of ISPs.
- Medical professional (e.g. Community RN) can review to be sure there are no contraindications or special issues to consider.
- Where is this plan? If no BSP it is in an ISP, if BSP it is in BSP.

What is a safety crisis plan?

An individualized plan outlining reactive strategies designed to

- *most* safely address dangerous behaviors at the time of occurrence or
- prevent their imminent occurrence

Responsibilities of Provider / Service Coordinator: Safety Crisis Plan

MISSOURI DIVISION OF DEVELOPMENTAL DISABILITIES

- Recognize situations in which a safety crisis plan is indicated or *required*
- Ensure ongoing implementation of positive, proactive approaches
- Ensure procedures are both *least restrictive* and *within safety parameters*
- Identify specific criteria and procedures ***if*** *physical restraint* or *time-out* are included
- Ensure guardian or individual consents
- Incorporate the safety crisis plan into ISP

Who writes the safety crisis plan if there are no behavioral services in place? Choose all that apply to this question.

A. The planning team
B. The support coordinator
C. The behavior resource team
D. The licensed behavior analyst

What is a chemical restraint?

Any medication (prescription of over-the-counter)

- administered with the primary intent of restraining a patient who presents a likelihood of serious physical injury to himself or others and
- Not prescribed to treat a person's medical conditions.

i.e., medication given in response to an emergency situation with the intention of controlling behavior

Division Directive 4.300, Definitions; RMSo 630.005 (3)

Chemical Restraint vs. Psychotropic PRN

RSMo 630.005 (3) definition is vague; however, consider the following:

- Psychotropic PRN is a reactive strategy and a restrictive intervention
- Repeated use of reactive strategies *should* suggest, and ***may*** require, additional consultation
- Restrictive interventions ***must*** be justified
- ISP ***must*** assure that interventions cause no harm to individual

Chemical restraints clarification

MISSOURI DIVISION OF DEVELOPMENTAL DISABILITIES

- PRN means you don't give it regularly it is prescribed for specific situations that are defined clearly
- Effect on the person determines if a PRN medication (or any medication) is a chemical restraint
- IF the medication makes the person unable to function in their typical environment it is probably a chemical restraint, no matter what the medication or how it is administered
- A PRN might be a chemical restraint if it disables the person, makes them unable to function as they would in their typical environment

How would you classify the following example of a use of a PRN?

- Someone who gets very upset, hyperventilates, fights everyone when going to gynecologist is administered a PRN Ativan for those appointments. The person can come home and function okay, can get through DR appt without too much trauma.

A. It is not a chemical restraint
B. It is a chemical restraint because it is restrictive
C. It is a chemical restraint because it is not a regular part of the person's medication regime
D. It is not a chemical restraint because Ativan is not addicting

Responsibilities of Provider / Service Coordinator: Chemical Restraint

MISSOURI DIVISION OF DEVELOPMENTAL DISABILITIES

- ***Must*** be *justified*
- Must have a physician's order for no longer than 3 hours
- Written order must be in the individual's record and contain specific information indicated in directive/rule
- Can not be a PRN (as needed)
- Ongoing visual observation of the individual and safety checks must occur
- Designated medical professional must observe individual within 3o minutes of administration
- Must document as indicated in the directive

ABA and medications- what is our role?

- BACB Ethical and Compliance Code 2.09 (d) Treatment/Intervention Efficacy
- (d) Review and appraise effects of any treatment about which they are aware that might impact the goals of the behavior change program, and their possible impact on the behavior change program, to the extent possible.

- Rule states: 6 (M) Target behavior(s) related to the symptoms for which psychotropic medications were prescribed and when they should be administered and the process for communicating data with the prescribing physician

THE BEHAVIOR SUPPORT PLAN (BSP)

Responsibilities of the Support Coordinator

MISSOURI DIVISION OF DEVELOPMENTAL DISABILITIES

- Write addendum to ISP to ensure service request has need identified and goal
- Submit UR request for services as designed by behavioral professional
- Monitor to see if services provided, plan is implemented and if it is working (problem getting better)
- NOT to write or re-write BSP into ISP

Responsibilities of the support providers

- Contribute to the development of the strategies in the BSP
- Give feedback to the behavioral professional developing the BSP
- Implement the BSP with fidelity

Responsibilities of Providers of Behavioral Services

- Must be developed by a licensed behavioral service provider in collaboration with the individual's support system.
- The techniques included, in the plan, must be based on a functional assessment of the target behaviors.
- The techniques must meet the requirements for the practice of applied behavior analysis under Section 337.300. to 337.345 RSMo.

Specific elements of a BSP

MISSOURI DIVISION OF DEVELOPMENTAL DISABILITIES

The plan must include the following information in a way that can be understood and consistently carried out by family and/or staff:

- Proactive strategies to prevent challenging behaviors, improve quality of life, and promote desirable behaviors
- Teaching plan for functionally equivalent or related behaviors to replace challenging behavior, including communicative, coping, independent, and community skills
- Identify behaviors related to the symptoms for which psychotropic medications were prescribed

See Directive 4.300 (3) for full criteria

Specific elements of a BSP cont.

The plan must include the following information in a way that can be understood and consistently carried out by family and/or staff:

- Data collection and review plan for the
  - ongoing collection of behavioral data to
  - guide continuing assessment of progress,
  - ensure fidelity of the intervention(s), and
  - communicate progress to the individual's supports, including prescribing physician
- Specific strategies to <u>generalize and maintain</u> progress once BSP is faded

See Directive 4.300 (3) for full criteria

Specifications for BSPs cont.

MISSOURI DIVISION OF DEVELOPMENTAL DISABILITIES

The plan must include the following information in a way that can be understood and consistently carried out by family and/or staff:

- Safety crisis plan (if necessary)
- If physical restraint or time-out are included, specific criteria and procedures are identified including health status monitoring every 15-minutes for 1-hour
- Justification that level of restriction is *least* restrictive and *most likely* to be effective
- Staff or Family training plan for competency of staff or family implementing and overseeing the plan

See Directive 4.300 (3) for full criteria

THE RBSRC

Regional Behavior Support Review Committee

Review Criteria for Regional Behavior Support Review Committees

MISSOURI DIVISION OF DEVELOPMENTAL DISABILITIES

- Review criteria- prioritized individuals with challenging behaviors and restrictive interventions (from the identified high risk individuals in the region)
- How many and who prioritized on this list is decided upon by the regional committee and area behavior analyst based on issues and capacity
- Consultative function of committee added to draft rule language

Clarification On The Committee Review

- *Not* reviewing *all* individuals with restrictive interventions or reactive strategies-only those referred, requested
- *Not* reviewing *all* individuals with challenging behaviors
- *Not* reviewing *all* individuals with behavioral services

When is it mandated that a services & plan be reviewed at the RBSRC?

A. Reactive, restrictive strategies are included in the ISP or BSP

B. Reactive strategy threshold is met

C. Seclusion Time Out is used by support staff or included in the BSP

D. All of the above

Time lines for review of referrals by the RBSRC

MISSOURI DIVISION OF DEVELOPMENTAL DISABILITIES

- Committee will review referrals of individuals who meet the established criteria within 30 days of receipt of the request
- Committee chair will provide written summary to SC and provider within 5 working days of review
- Review by RBSRC is separate from the Due Process Committee and one does not depend on the decision/review of the other

MISSOURI DIVISION OF
DEVELOPMENTAL
DISABILITIES

Improving lives THROUGH
supports and services
THAT FOSTER self-determination.

Questions?