Instructions and Requirements for the Use of Protective Equipment and Mechanical Restraints in Children's Long-Term Support Programs

WISCONSIN DEPARTMENT of HEALTH SERVICES

P-02616 (02/2022)

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Section 1: Introduction

Foundations for Supporting Children and Youth With Complex Behaviors

The Wisconsin Department of Health Services (DHS) maintains that all children and youth are entitled to live their best life and must be treated with respect regardless of complex behavioral needs. A foundational assumption is that every behavior, including dangerous behavior, has a purpose or meaning for the child or youth. Furthermore, any techniques involving coercion, including restrictive measures, are the least desirable way of addressing such behavior. Restrictive measures should be considered the method of last resort and only after less intrusive, alternate strategies to address the participant's dangerous behavior have been determined ineffective. The following instructions and requirements for the use of protective equipment and mechanical restraint have been developed according to these foundational principles.

Authority

The requirement for departmental approval for the use of restrictive measures with children and youth who are receiving services for mental illness, developmental disabilities, alcoholism, or drug dependency and are enrolled in the Children's Long-Term Support (CLTS) Program or the Children's Community Options Program (CCOP) arises from Wis. Stat. §§ 50.02(2) and 51.61 (1)(i); Wis. Admin. Code ch. DHS 94.10; and the federal requirements set forth by the Centers for Medicare & Medicaid Services (CMS) which under § 1915(c) of the Social Security Act requires state agencies that administer Home and Community-Based Waivers ensure the health and welfare of waiver participants.

Failure to obtain approval for the use of restrictive measures according to the process and criteria contained in these instructions will be considered to be a violation of the child or youth's rights under Wis. Stat. §§ 51.61 and 50.09 and Wis. Admin. Code ch. DHS 94 and ch. DHS 83, as applicable, by DHS. Such failure will also be considered a violation of the terms and conditions of the state and county contract under Wis. Stat. § 46.031 and may result in a disallowance for some or all costs associated with serving the waiver participant.

Who is covered by these requirements?

These requirements apply to items, services, and supports using CLTS Program or CCOP funds, regardless of who administers the restrictive measure, including unpaid caregivers who request to purchase items or fund services or supports through CLTS or CCOP where there is a restrictive component.

An unpaid caregiver is one whose services are not paid by or arranged through DHS or the county waiver agency (CWA), often a parent/guardian or relative. The use of restrictive measures by an unpaid caregiver not using CLTS Program or CCOP funds is not subject to the patient's rights protections set forth in Wis. Stat. § 51.61 and the required approval process under Wis. Admin. Code ch. DHS 94.10. It

is the responsibility of the CWA and provider staff to alert DHS to possible problematic uses of restrictive measures to ensure participant safety.

Moreover, the inappropriate use of restrictive measures by unpaid caregivers in settings not covered by Wis. Admin. Code ch. DHS 94.10 may be considered to be abuse or neglect under Wis. Stat § 48.02. Children and youth who are receiving services for mental illness, developmental disabilities, alcoholism, or drug dependency and enrolled in the CLTS Program or CCOP are also covered by the provisions in Wis. Stat. § 51.61 and have the right to be free of restraints. To address inappropriate, at-risk, or abusive situations, see the Department of Children and Families (DCF) Report Child Abuse and Neglect webpage.

Supporting Participants Engaging in Dangerous Behavior

When dangerous behavior is present, positive behavior supports must be used and documented in the participant file. Positive behavioral supports offer an approach for developing an understanding of why a child or youth engages in the challenging and dangerous behavior and focuses on supporting them in a respectful, dignified, and person-centered manner through empowerment, choice, and connections to prevent the reoccurrence of behaviors with negative outcomes. Departmentally supported best practices for supporting children and youth are outlined in Appendix C.

Service providers and CWAs may only consider protective equipment or mechanical restraint after less restrictive behavior support strategies have been determined ineffective in eliminating significant risk of physical injury to the participant or other people. If restrictive measures are considered, a support plan must be developed and an application for county and departmental approval must be submitted as detailed in these requirements. Appendix C contains additional details and recommendations for behavior support planning.

Section 2: Instructions for Completing the Application for the Use of Protective Equipment or Mechanical Restraint

Evaluating the Need for Protective Equipment or Mechanical Restraint

Requests for the use of protective equipment and mechanical restraint must be preceded by documented attempts to use alternative behavioral strategies and investigation into the functions of and reasons behind the child or youth's behavior. Service providers, CWAs, families and participants must work together to evaluate and make changes to the support plan, individual service plan (ISP), and/or the manner in which the child's services are being delivered and identify other resources to prevent the need for further use of restrictive measures. This evaluation should ensure that the support plan includes the appropriate positive behavioral interventions, supports, and other strategies to address the behavior of concern and that adequate referrals or connections are made to supports and services for the provider, participant, and family.

If following this comprehensive evaluation, the team continues to feel that the use of protective equipment or mechanical restraint is the least restrictive intervention to maintain the participant's safety, an application for the use of protective equipment or mechanical restraint should be completed.

Preparing the Application for the Use of Protective Equipment or Mechanical Restraint

Application

The application for the use of protective equipment or mechanical restraint is F-00926. The application for the use of a medical restraint is F-00926A.

Required Components of the Application

The following items are required elements of a complete application for DHS review:

- Complete application form:
  - Personal summary (description of services, support systems, interests, dislikes)
  - Health considerations (diagnoses, health concerns, height and weight, medication list, health providers)

    - Target behaviors (description, intensity, frequency reported as an average or range, patterns, triggers)
    - Previous support strategies or interventions
    - Current and proposed strategies (proactive strategies, description of need for restrictive measures, risks and benefits)
    - List of proposed procedure or device
        - Pictures or literature outlining each proposed protective equipment or mechanical restraint
        - Purpose of measure
        - Plan for implementation (where, when, length of time, etc.)
        - Desired outcome
    - Training description (initial training, ongoing training, trainer name and credentials, duration of training, documentation of training)
    - Monitoring and review of the support plan and approved usage of the protective equipment or mechanical restraint (summary how plan will be monitored, documented, and reviewed)
- CWA letter of support
- Support plan, behavior support plan, or medical support plan
- Physician's order, signature on the application form, or letter of support
- All applicable signatures (child or youth, guardian, CWA, provider, and others who helped develop the plan)

Submitting the Application

After receiving approval through the CWA review process, the application and county approval letter must be submitted electronically to DHS via the CLTS email inbox (dhsclts@wisconsin.gov). Applications without county approval will be returned.

If the CLTS participant is in out of home care, the county Child Protective Services (CPS) program is also required to seek approval for a restrictive measure in compliance with Department of Children and Families (DCF) foster care licensing requirements. Questions related to the submission to DCF exceptions can be sent to DCFDSPFCExceptions@wisconsin.gov. If the CLTS participant requires placement in a Level 5 Exceptional Treatment Foster Home ("Level 5 Foster Home") the application must be submitted to the DCFL5FHRequests@wisconsin.gov. CWAs and CPS programs should coordinate submission of required information to their respective state agencies, who will review requests collaboratively across departments.

Section 3: Application Review

Criteria for Approval

Submitted applications must adhere to all stated requirements outlined in Section 2. The team must cooperate to develop and approve the submission, which includes authorization by the CWA, providers, the participant's guardian, and the participant. Authorization from a medical provider is required for all new and renewal requests for the use of a protective equipment or mechanical restraint. This authorization must list each requested piece of protective equipment or mechanical restraint and any contraindications for use.

In addition to these criteria, DHS and CWAs will base their approval of requests for the use of protective equipment and mechanical restraint on the following:

- The plan details use of the measure only when the child or youth's behavior actively presents an immediate danger to self or other people. Dangerous behavior does not include property damage, yelling, throwing objects, verbal threats, or other behaviors that are only disruptive.
- The protective equipment and mechanical restraint proposed is the least restrictive approach available to achieve an acceptable level of safety for the child or youth. This applies to each measure proposed and to the interactive effects, if any, of all such measures.
- There is documentation that less restrictive interventions have been tried and were ineffective in preventing the occurrence of dangerous behavior.
- The plan specifies frequencies and intervals for monitoring an individual during use of the protective equipment or mechanical restraint for signs and symptoms of adverse effects on their health and well-being specified. The frequency of monitoring must not be less than once every 15 minutes and must be clearly indicated.
- The plan outlines the maximum duration of continuous application of the item for each instance of use and the maximum duration of continuous application of all restrictive measures combined.
- The plan outlines the release criteria from the measure. Use of the protective equipment or mechanical restraint must stop when the criterion identified in the plan is met.
- The health, safety, welfare, dignity, and other rights of the child or youth are protected during use of the protective equipment or mechanical restraint.
- A provider does not use protective equipment or mechanical restraint in lieu of adequate staffing or for staff convenience.
- All staff involved in the use or monitoring of the protective equipment or mechanical restraint must receive training prior to implementation of the measure. Staff must receive ongoing training on the use of the measure at least annually.
- The team's supervision, monitoring plan, and backup arrangements are adequate to ensure effective responses to unanticipated reactions to the measure that might arise.
- The request contains a reasonable plan for reducing or eliminating the need for using the measure as soon as possible. The plan must indicate that the use of protective equipment and mechanical restraint is a temporary strategy to maintain safety and should describe replacement skill development or benchmarks to be used for reduction in usage.
- The plan includes a measurable benchmark that would lead the team to consider eliminating the use of the measure in an effort to determine whether the plan is effective.

- The plan includes a specific monitoring plan with timelines for review of restrictive measure usage data as well as the benchmarks described in the elimination and reduction plan.
- The request includes information related to how protective equipment or mechanical restraint are checked regularly to ensure they remain in good working condition.

County Approval

Wis. Admin. Code ch. DHS 94.10 requires county approval of any request for the use of restrictive measures in situations where the county is the placing agency. Each county may establish submission requirements for their own approval process independent of state submission requirements described above but must, at minimum, use the same application form and criteria for approval contained in these instructions. Counties may enhance their process so long as criteria for approval do not conflict with those in these instructions. Communication of the county's decision must be in writing, identifying each measure reviewed, and include an explanation of any conditions of approval.

The county must approve and support the application before an application can be submitted to DHS. Documentation of county approval and support must be submitted with the application to DHS for state level review. DHS will not review applications without county approval and support.

DHS Review

The Restrictive Measures Review Panel for the Bureau of Children's Services conducts application reviews for participants in the CLTS Program and CCOP.

Following review of the submitted application, the Restrictive Measures Review Panel's decision may be:

- Approval
- Denial–pending more information
- Denial

DHS will send a review decision letter to the CWA within 15 business days of receipt of a complete application unless other arrangements are made. Complex cases may take longer, but any anticipated delays will be communicated to the CWA.

Approval

Approval letters will state the date the application was received, the specific measures approved, and the approval period. Except for medical restraints, all approvals of protective equipment and mechanical restraint must have an expiration date. Medical restraints may be approved one time and do not require renewal. Expirations dates for all protective equipment and mechanical restraint for behavioral purposes will be individually determined but will not exceed one year.

Denial — Pending Additional Information Notices

If DHS requires more information or clarification prior to approving or denying a request, DHS will send a denial–pending additional information notice to the CWA. The letter will detail the specific additional information needed or necessary modifications to the application. The team is required to respond to the questions and requests for additional information within 15 business days. The CWA may request

an extension from the Restrictive Measures Review Panel if the team needs additional time to gather the requested information. If DHS does not receive a response within 45 business days of the date of denial–pending notice, the request is considered withdrawn. If the team wishes to pursue approval after that date, the CWA must submit a new request.

Denial

Denial letters will convey the specific reasons for denial. Participant and guardian appeal rights are discussed below.

Contesting DHS and County Decisions

If a decision made by the restrictive measures review panel results in the denial of a requested service or item, the CWA must issue a Notice of Adverse Action (NOA) and Participant Rights and Responsibilities Notification in accordance with the requirements laid out in Chapter 8 of the Medicaid Home and Community-Based Services (HCBS) Waiver Manual for the CLTS Waiver Program (P-02256). Participants and/ or their guardians may appeal decisions resulting in service or support denial. Providers and CWAs may not appeal restrictive measures decisions. Decisions regarding Level 5 Foster Homes are not appealable—an approval to use restrictive measures is only allowable under an exception to ch. DCF 56 requirements, and exception decisions are not appealable.

Level 5 Exceptional Treatment Foster Homes

The use of protective equipment or mechanical restraint with a child enrolled in the CLTS Program and placed in a Level 5 Foster Home must be approved by both DHS and DCF. Applications for the use of protective equipment or mechanical restraint for a child in a Level 5 Foster Home must be submitted to the DCF Level 5 Exceptions Panel using the required Application for the use of Protective Equipment or Mechanical Restraint (F-00926) and follow all requirements provided in this document.

Data collection is required for all approved protective equipment or mechanical restraints. The provider must collect data on all uses of the approved protective equipment or mechanical restraint. Monthly reports summarizing data for CLTS participants placed in a Level 5 Foster Home must also be submitted to the DCF Level 5 Exceptions Panel. See Section 4 for more details on monitoring requirements.

If a restrictive measure is used outside the scope of an approval and/or results in an injury, agencies must submit an incident report to the DHS CLTS Program and DCF Level 5 Exceptions Panel within prescribed timelines. The approval for the use of restrictive measures can be rescinded by the joint DCF Level 5 Exceptions Panel. For further information on requirements for Level 5 Foster Homes, refer to Level 5 Exceptional Treatment Foster Home Guide to Certification and Placement.

Section 4: Utilization, Monitoring, and Reporting on Approved Measures

Training Staff on Approved Measures

All staff involved in the administration of protective equipment and mechanical restraints must receive adequate training. Training must occur prior to implementing any protective equipment or mechanical restraint and at least annually thereafter. The CWA must assure that all individuals involved in the administration of restrictive measures are trained. Training must include proactive strategies to intervene at the first signs of tension to prevent further escalation, information about how to use specific restrictive measure techniques or devices properly, and how to inspect the device or equipment.

Continuous Monitoring

The oversight of the use of protective equipment and mechanical restraint is continuous and does not end with the approval decision by DHS. The team must continually monitor the use of any approved restrictive measure according to a child- or youth-specific plan that assures the participant is protected from harm and assesses if the current support plan is effective or if less restrictive supports would be effective in maintaining safety. A monitoring plan is a necessary condition for approval of an application for the use of protective equipment or mechanical restraint and should be reassessed, at minimum, upon renewal. These plans must ensure that:

- The measure is used properly and for appropriate amounts of time, as detailed in the application.
- The device is inspected and cleaned regularly.
- The participant is continuously monitored for signs of adverse effects while protective equipment or mechanical restraint is in use. The participant must be re-evaluated for de-escalation after 15 minutes, and all staff observations should be identifiably documented.
- Staff receive appropriate training according to these standards.
- Any adjustments made to the measure are appropriate and documented.

Reporting Utilization to DHS

Data collection is a requirement for all approved protective equipment or mechanical restraints. The provider must collect data on all uses of the approved protective equipment or mechanical restraint. Data summaries are to be submitted on a monthly basis via email to the CLTS inbox (dhsclts@wisconsin.gov). Monthly data reports for participants placed in Level 5 Foster Homes should be submitted to the DCF inbox (DCFL5FHRequests@wisconsin.gov). Data summaries may be requested more frequently as determined by DHS.

Monthly monitoring reports must include:

- A data summary of the number of times the item was used and duration of each use.
- A brief narrative summary of each use of the item, descriptions of the participant's perspective on or response to the intervention, and progress on the plan to reduce/ eliminate the use of the item.

Section 5: Renewing Applications for Approved Measures

Approval for the non-medical use of protective equipment or mechanical restraint will expire no later than one year from the date of approval. In some instances, the review panel may approve a request for less than one year.

If approval for the use of protective equipment or mechanical restraint is sought beyond the approval period, the CWA must submit a renewal application 45 days prior to the approval's expiration date. The renewal application occurs through the same process outlined in the previous sections of this document. Renewal applications continue to use the Application for the Use of Protective Equipment or Mechanical Restraint (F-00926), but the renewal application should not be a mere copy of the original and must reflect appropriate updates and differences. The renewal application must include a summary of restrictive measures usage during the approval period. The Restrictive Measures Review Panel for the long-term support programs for children will review renewal applications and make a decision based on the continued appropriateness of the requested measures.

Section 6: Discontinuation, Suspension and Revocation of an Approval

Temporary Suspension or Permanent Revocation of Approval

Temporary Suspension

DHS or CWA staff may impose suspensions on-site without written notification. On-site suspensions take effect immediately. Continued use of the restrictive measure is a violation of the child or youth's rights.

The entity imposing the on-site suspension must follow up with a written notification confirming the suspension, explaining the reasons for the suspension, and describing the action the provider needs to take in order to remove the suspension. The entity imposing the suspension must send the written follow-up to the provider, with copies to the other approval bodies, within five business days of the verbal order suspending approval. Written notice is required even if DHS or the CWA has lifted the suspension before the notification is delivered. The CWA must maintain the written notification of suspension and the associated provider notes in the participant's file.

DHS intends suspensions of approval to be temporary pending further fact-finding and review. CWAs should consider suspensions an interim step toward either restoration of the approval or towards revocation.

Following a suspension, the CWA will conduct an investigation to determine if the reasons for the suspension have merit. If the results of the investigation indicate that the restrictive measure is not effective, is being misused, or is having unanticipated harmful effects, approval of the use of the measure will be revoked. The CWA must complete fact-finding for a suspension within 30 business days of the initial notice of suspension. If the entity imposing the suspension does not find sufficient evidence to lift the suspension, approval may be permanently revoked.

Revocation of DHS Approval

DHS may revoke DHS approval at any time upon a determination there has been a negative impact on the child or youth. Cause for such an action may include a finding that there has been a substantial deviation in some aspect of the plan for using the measure or failure to adequately meet the conditions of approval.

DHS must be notified if a CWA investigation finds reason for revocation. DHS will issue a revocation of the approval of the measure in writing listing the reasons for the revocation. DHS prohibits the provider from using the measure when approval has been suspended or revoked.

Appendix A: Definitions

Behavior Support Plan: A behavior support plan is a specialized type of support plan developed by a professional with training or experience in addressing challenging behavior. A behavior support plan is developed following an assessment of challenging behavior including identification of the potential functions or reasons for the behavior and a plan for developing replacement skills. A behavior support plan defines the behavior of concern, describes prevention and de-escalation strategies, and response strategies. If the behavior support plan includes the use of protective equipment or mechanical restraint, it also includes prevention strategies such as communication strategies, modifications to the environment, specific schedules, or other proactive approaches; criteria for the use of protective equipment or mechanical restraint; details on how the protective equipment or mechanical restraint will be used; and criteria for ending the use of the protective equipment or mechanical restraint including maximum time limits.

Dangerous Behavior: Dangerous behavior refers to behavior that places the participant or any other person at imminent, significant risk of physical injury. Presence of dangerous behavior is the threshold for consideration of any proposed restrictive measure.

Isolation: Isolation is the involuntary physical or social separation of a child or youth from others by the actions or direction of staff, contingent upon behavior. Use of isolation in the CLTS Program or CCOP is prohibited. The following are not isolation:

- Separation in order to prevent the spread of communicable disease; and
- Cool-down periods in an unlocked room when the child or youth's presence in the room is completely voluntary and there are no adverse consequences if the child or youth refuses to go to the room.

Manual Restraint: Manual restraints, including physical holds and escorts, involve one or more people holding the limbs or other parts of the body of the child or youth in order to restrict or prevent their movement or induce movement. DHS does not consider the following actions to be manual restraints or restrictive measures:

- Holding a child or youth's limbs or body to provide support for the achievement of functional body positions and equilibrium, such as supporting someone to walk or achieving a sitting or standing position.
- Holding a child or youth's limbs or body to prevent him or her from accidentally falling.
- Use of self-protection and blocking techniques in response to aggressive behaviors.
- Use of graduated guidance, assisting the child or youth to move, but not restricting body movement, as part of an approved intervention.

Mechanical Restraint: Mechanical restraint is the use of a device within the environment or applied to any part of a child or youth's body that restricts or prevents voluntary movement within the environment or normal use or functioning of the body or body part that cannot be

easily removed by the child or youth and is above and beyond typical safety measures used for same aged peers. The following are not considered mechanical restraints:

- Medical restraints
- Mechanical supports
- Seat belts, bed rails, and transportation safety devices such as stretcher belts, intended to prevent a child or youth from accidentally falling during transport
- Devices authorized by an appropriate health care professional to aid in the treatment of an acute medical condition, such as a cast or brace
- Items recommended by an appropriate health care professional intended for a child or youth with multiple medical, mobility, and developmental needs for the purpose of preventing injury while the child or youth is sleeping

Mechanical Support: A mechanical support is any apparatus used to provide proper alignment of a child or youth's body or to help a child or youth maintain their balance. Mechanical supports include but are not limited to, postural supports, position devices, and orthopedic devices. The team must use a qualified professional to design a plan for use of mechanical supports in accordance with principles of good body mechanics, with concern for circulation, and with allowance for change in position. Mechanical supports must not impair or inhibit visual or auditory capabilities or prevent or impair speech or other methods of communication.

Medical Restraint: Medical restraints are any apparatus or procedure that restricts the voluntary, free movement during a medical or surgical procedure or prior to or subsequent to such a procedure for a participant with an ongoing medical condition to prevent further harm or to aid in recovery, or to provide protection during the time a medical condition exists.

Protective Equipment: Protective equipment are devices that do not restrict movement but do limit access to one's body and are applied to any part of a child or youth's body for the purpose of preventing tissue damage or other physical harm that may result from their behavior. Protective equipment includes but is not limited to:

- Helmets, with or without face guards
- Gloves or mitts
- Goggles
- Pads worn on the body
- Clothing or adaptive equipment specially designed or modified to restrict access to a body part

Provider or Provider Agency: An individual or agency that receives payment from a state-funded long-term support program to provide direct support services to a child or youth.

Restraint: Restraint means any device, garment, or physical hold that restricts the voluntary movement of or access to any part of a child or youth's body and cannot be easily removed by the child or youth.

Restrictive Measures: The term used to encompass any type of manual restraint, isolation, seclusion, protective equipment, medical procedure restraint, or restraint to allow healing as defined in these instructions.

Seclusion: Seclusion is a form of isolation in which the child or youth is physically set apart by staff from others through the use of locked doors. Seclusion does not include the use of devices like "wander guards" or similar products that may also involve locking doors. Seclusion is prohibited in the CLTS Program and CCOP.

Support Plan: A support plan is a written document describing the proactive and response strategies that will be used to support the child or youth. If the support plan includes the use of protective equipment or mechanical restraint, it also includes prevention strategies such as communication strategies, modifications to the environment, specific schedules, or other proactive approaches; criteria for the use of protective equipment or mechanical restraint; details on how the protective equipment or mechanical restraint will be used; and criteria for ending the use of the protective equipment or mechanical restraint including maximum time limits. A behavior support plan is a specialized type of support plan. See definition above.

Appendix B: Requirements for County Waiver Agency and Provider Records

In addition to the items required for the application listed in Section 2, the participant's record or file must include the following information for each request for the use of protective equipment or mechanical restraint. Some information must be kept in the records held by both the CWA and the provider.

County Waiver Agency Records

Behavior Support Plan Development

- The support and service coordinator on the team should document the content of technical assistance and outside consultations conducted including the content of discussions and decisions resulting from the assistance in the participant's record. The documentation should identify the professional who provided the assistance, contain a description of their credentials and the results of assessments and recommendations.
- The support and service coordinator's summary of the team's discussion of assessment results and decisions on supports.

Participant Behavior Support Plan

- The team's description of the frequency, intensity, and duration of dangerous behavior(s) along with data summaries or graphs prepared for this purpose (see creating supportive environments in Appendix B for details of what needs to be documented).
- The behavior support plan must identify and discuss each type of restrictive measure selected for use, why that measure was selected, how it relates to the child or youth's dangerous behavior. The plan must describe ways in which the use of the measure proposed can be reduced or eliminated over time
- The required release criteria must be documented. Documentation must include a description of the specific targeted behavior(s) that must cease and any other conditions that must be present before the child or youth is released.

Incident Reporting and Emergency Use

Assurance that all unplanned uses of restrictive measures are reported by providers to CWAs, who in turn submit reports to DHS as per the requirements in Chapter 9 of the CLTS Waiver Manual.

Application Review and Approval Process

- The letter approving the use of the restrictive measure and any letters denying the use of the measure must be kept in the child or youth's file.
- The written notification and provider notes associated with any suspension or revocation of the approval.

Provider Records

Participant Behavior Support Plan

- The team's description of the frequency, intensity, and duration of dangerous behavior(s) along with data summaries or graphs prepared for this purpose (see creating supportive environments in Appendix B for details of what needs to be documented).
- The behavior support plan must identify and discuss each type of restrictive measure selected for use, why that measure was selected, how it relates to the child or youth's dangerous behavior. The plan must describe ways in which the use of the measure proposed can be reduced or eliminated over time
- The required release criteria must be documented. Documentation must include a description of the specific targeted behavior(s) that must cease and any other conditions that must be present before the child or youth is released.

Staff Training and Plan Monitoring

- Training of provider staff involved in the use of the protective equipment or mechanical restraint for a participant must be documented in that participant's file or record and must be available upon request.
- The individualized protocol for provider reporting on the use of the measure to the county including a description of the content, frequency, and recipients of these reports.
- The monitoring plan for the use of the device including documentation of the inspection of the device. Documentation must include the date of the inspection, findings and the identity of the person doing the inspection. When using the device, the following must be documented:
    - Date, time and location the measure was used.
    - Reason for using the measure.
    - A description of the child or youth's condition every fifteen minutes while restrained or isolated or every thirty minutes if protective equipment was used.
    - A description of any adjustments to the measure made by the provider.
    - Name(s) of staff implementing the procedure and their signature on the notes.
    - Name of the staff continuously observing the procedure.
    - Name of person providing the required documentation.
    - Post release status/actions.

Suspension or Revocation of Approval

The written notification and provider notes associated with any suspension or revocation of the approval of a measure, which must be maintained in the participant's file.

Appendix C: Components of Support Planning

In order for children and youth to attain and maintain the highest quality of life, the support team must provide each participant with positive, proactive, and consistent support and understand the social, physiological, medical, and environmental influences to challenging and dangerous behaviors. A support plan must be flexible and incorporate social, emotional, environmental, occupational, intellectual, and physical wellness. It is through this holistic and balanced plan that the child or youth and support team can maximize strengths, preserve rights, learn and enhance skills and tools, maintain resilience, and create positive social change to fit the child or youth's needs, preferences, and outcomes.

A support plan may be as simple as an after school routine or as complex as full behavior support plan. Behavior support plans provide caregivers a structure to strategize support in a way that is unique to a given child or youth. A behavior support plan defines the behavior of concern, describes prevention and de-escalation strategies, and response strategies. Not all participants require a behavior support plan. For participants with particularly complex behavioral needs DHS recommends incorporating the following best practices in the development of a behavior support plan.

Assembling the Support Team

It is necessary to have input from all parties providing support to the child or youth for the team to best understand what the child or youth is trying to convey through their behavior and to create support strategies that will actually work for this unique child or youth. Team members bring different and valuable information based on their relationship with the child or youth. The child or youth's perspective must be included when possible.

Assessing Factors Related to Dangerous Behavior

All behavior serves a function. As such, the support team must have an understanding of the behavior and the factors contributing to the child or youth's dangerous behavior. Assessment by experts should be conducted prior to behavioral intervention. Formal assessments may be provided by physicians, psychiatrists, nurses, qualified behavior specialists, speech therapists, psychologists, special educators, social workers or mental health specialists. The support and service coordinator (SSC) on the team must document the content of these discussions and decisions resulting from technical assistance in the participant's record. Documentation should identify the provider of technical assistance; contain a description of their credentials and the results of assessments or recommendations.

Assessment Types

Assessments may include:

- **Medical and health assessments** determine whether any illnesses, injuries, conditions, efficacy of current treatments or medications, pain concerns, or dental health issues affect, contribute, or even cause the challenging and dangerous behavior.
- **Quality of life assessments** assess a child or youth's overall social, emotional, and physical wellbeing. Such assessments should consider whether the amount of independence the child or youth has during daily activities is acceptable to them; how much access the child or youth has to friends, family, and places in the community; and the extent to which these factors influence behavior.
- **Environmental assessments** determine if factors in the child or youth's physical environment cause or contribute to the challenging behavior. These may include noise level, space, attractiveness, and cleanliness; access to desired materials or possessions; opportunities to make decisions and choices about the physical environment; the responsiveness of others present in the places the child or youth frequents; and the child or youth's communication style and how friends, family, staff, and others communicate and interact with them.
- **Functional assessments** identify the purpose or function of the child or youth's challenging and dangerous behavior. This assessment may include an analysis that systematically manipulates and studies antecedent and consequent events, which may influence the child or youth's behavior. This analysis helps the team to understand the function of the behavior.
- **Psychiatric assessments** identify if a psychiatric condition is present, identify the extent to which it may influence the dangerous and challenging behavior, identify if psychotropic medication may be recommended, and determine whether changes or additions in current medication are necessary.
- **Other assessments**, such as a trauma, sensory evaluation, speech and language, communication, hearing, happiness, psychological, or psychological needs assessments, help to determine if there are other factors that may be influencing or causing the child or youth's dangerous and challenging behavior.

Developing the Behavior Support Plan

Positive behavioral supports offer an approach for developing an understanding of why a child or youth engages in the challenging and dangerous behavior and focuses on supporting them in a respectful, dignified, and person-centered manner through empowerment, choice, and connections in order to prevent the reoccurrence of behaviors with negative outcomes. Behavior support plans provide caregivers a structure to strategize support in a way that is unique to a given child or youth.

Defining the Behavior

Describing the challenging and dangerous behavior (also referred to as target behavior): Things to consider:

- What are the behaviors of concern?
- What would you see and hear during the behavior? What does the behavior look and sound like for this specific child or youth? (Include specific statements, sounds and movements the child or youth uses.)
- How long does the behavior last? How often does it occur? Does the child or youth repeat the behavior?
- What need is the child or youth trying to fulfill? (Escape, avoidance, attention, stimulation, pain relief.)
- What emotions does the child or youth connect to the behavior?

Identifying Prevention and De-escalation Strategies

- Discussing situations and circumstances where behaviors are likely to occur (such as triggers and meaning). Questions to ask:
  - Have the child or youth's physical needs been addressed?
  - When is the behavior most or least likely to occur? (Confrontation, under- or over-stimulated, specific activity, specific request from others, power struggle, specific time of day)
  - Where is the behavior most or least likely to occur? (Home, school, community, doctor visit)
  - With whom is the behavior most or least likely to occur? (Staff, family, peers, strangers)
  - What activities are most or least likely to produce the behavior? (Transition, familiarity, routine)
  - Are there positive or negative stressors? (Holidays, hungry, tired, in pain, ill)
- Noting behavioral signs and signals that occur prior to the behavior:
  - Does the child or youth change their tone of voice or content of language? (Yelling, mumbling, negative self-talk, threats)
  - Repeated questioning of others or refusal of task? (Power struggles)
  - Does the child or youth have a change in facial expression or body language? (Glaring, staring, grimacing, pouting, arms closed, stomping)
  - Is there a change in activity or engagement level? (Pacing, fidgeting, invading personal space)
  - Are there signs the child or youth is over or under-stimulated? What are the potential causes (no activity, large crowd)?

Developing Response Strategies

- Identifying how staff should respond to the child or youth when the behavior occurs such as:
  - Engage with the child or youth by using appropriate eye contact.
  - Use a nonthreatening approach and engage in de-escalation strategies.
  - Be positive and be personalized in the approach.
  - Suggest the child or youth go to another area to calm.
  - Direct staff to not react to certain behaviors, as appropriate.

- Questions the team should consider when developing verbal and physical responses:
  - What self-soothing and self-calming strategies does the child or youth know?
  - What calming strategies can others assist with?
  - What can others say in the situation?
  - How should others deliver the message? Include specific examples of what usually works with the child or youth. What approaches should people avoid? (Power struggles, dismissal, complaining, lack of empathy.)
  - What amount personal space does the child or youth prefer?
  - How should those supporting the participant position themselves to maintain safety?
  - What restrictive measures techniques are approved as part of the plan? What are the criteria for use, maximum amount of time, criteria for release, and documentation required if used? (May not be applicable to all behavior support plans.)
  - What are emergency procedures if additional staff or police intervention is needed?
  - Should those supporting the participant discuss the incident with the participant when it is over?
- Identifying how those supporting the participant can support and engage the expression of safer, alternative behavior:
  - What is the best approach to interacting with the child or youth? (Rapport, nonverbal communication, staffing pattern.)
  - What types of praise, reassurance, and positive support does the child or youth like?
  - What type of activity does the child or youth like? (Quiet, social, long or short duration, physical, or sedentary.)
  - What stress coping mechanisms does the child or youth know? What new coping mechanisms can staff teach the child or youth? When is the best time to practice new coping mechanisms? Include sensory integration if it is beneficial to the child or youth.
  - What are the child or youth's likes and dislikes? (Objects, food, smells, type of music.)
  - What type of environment does the child or youth prefer? (Lighting, temperature, number of people, noise level.)
  - What does a consistent routine or timely communication about routine changes look like for the child or youth? Does the child or youth need gradual introduction of new information, new routines, or a new residence?
  - Is there a reward or incentive program for positive reinforcement of appropriate behavior (tangibles or special activities)? Does the incentive program cause stress or anxiety for the child or youth? Is everyone involved following the incentive program the exact same way?