

**Franklin County Board of Developmental Disabilities**



# **Behavioral Support Procedures Manual**

**January 2018**



# Behavioral Support Procedures Manual – January 2018

## PREFACE

This publication is a comprehensive revision of previous versions of Franklin County Board of Developmental Disabilities' (FCBDD) Behavior Support Procedures Manuals. This manual and related fillable forms are available on the agency's website, [www.fcbdd.org](http://www.fcbdd.org), and on the Psychology Department's intranet page.

This revision reflects the change in Administrative Rule 5123:2-2-06 (Behavioral support strategies that include restrictive measures), effective 1-1-15. The manual is for use by FCBDD staff, service providers, and others who have an interest in the provision of positive, high-quality behavioral supports to persons with intellectual/developmental disabilities.

This revision would not have been possible if not for the collaborative efforts of FCBDD staff from various departments (i.e., psychology, service coordination, adult services, and Medicaid relations); contracted partners; and others who use the methods and forms. Psychology Secretary, Lindsay Harding-Smith, compiled and revised the ideas and documents of this manual many times.

The FCBDD Psychology Department will offer periodic trainings to review the key concepts in this revised manual. FCBDD staff, providers, and/or other agencies and individuals are welcome to request training by contacting the Psychology Department, 614-342-5952.

### HIGHLIGHTED CHANGES:

1. Restraints, seclusionary timeout, and rights restrictions are now termed, "restrictive measures." Use of any of these techniques requires oversight by a Human Rights Committee (HRC).
2. Appendix 3 highlights new behavioral support terms and forms to be used by persons providing behavioral supports under the FCBDD Psychology Department umbrella. Behavior "plans" no longer exist; recommended strategies are to be fully integrated into each person's Individual Support Plan (ISP).
3. The every 30-day timeframe for team review of use of restrictive measures is being maintained by the FCBDD. This is a higher standard than what is required in Administrative Rule 5123:2-2-06.
4. Several fillable forms have been updated since published in March 2016. "January 2018" is noted on all updated forms.
5. There is increased focus on
  - understanding the role of trauma and its impact on the functioning, especially behavioral choices, of the individual;
  - providing skill training, especially to build resilience, for persons served; and
  - reducing the use of restrictive measures, especially physical restraints.

# Behavioral Support Procedures Manual

## January 2018

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## CHAPTER 1: Introduction/Purpose

*The mission of the Franklin County Board of Developmental Disabilities (FCBDD) is to provide programs, services and supports to eligible children, adults and their families so individuals with developmental disabilities may successfully live, work, learn and participate in the community.*

This manual promotes the mission of the FCBDD. It provides guidelines for developing, implementing, and monitoring supports necessary to promote the well-being and protect the health and safety of individuals served and others. It is intended for use with persons of all ages, who have all types of developmental disabilities, in all settings. Use of these guidelines for behavioral support will help each person live a full life and achieve his/her personal goals. The manual is “user friendly” in its organization. It facilitates the provision of high quality person-centered and trauma-informed services by local support teams.

### **PURPOSE**

This manual is designed primarily for those employed by or contracting with the FCBDD whose job it is to ensure quality life experiences via positive supports. It also serves as a reference for persons served, parents/guardians, and staff from other departments/agencies who need to understand the philosophy, procedures, and requirements of behavioral supports provided by and/or overseen by the FCBDD. The manual includes guidelines and requirements to ensure that supports are positive, compassionate, respectful, and consistent with individuals’ rights (Appendix 1).

There is a focus on providing opportunities for more quality choice making and self-monitoring; building hope and resilience; developing effective and socially acceptable ways to handle difficult situations; and minimizing dangerous/ disruptive behaviors or rendering them ineffective. Use of positive supports is expected, but for some people, in situations where their actions are dangerous to self/others and/or likely to result in legal sanction, it is permissible to recommend/use restrictive strategies. **Restrictive strategies are to be used as a last resort and oversight must be provided as specified in Ohio Administrative Code** (OAC) 5123:2-2-06, effective 1-1-15 (Appendix 2).

### **PRINCIPLES**

The methods and procedures of support outlined in this manual are based on the principles of person-centered planning, positive culture, trauma-informed care, and applied behavior analysis (the study of human behavior that involves the design, implementation, and evaluation of environmental modifications to produce socially significant improvement in human behavior). Chapter two details the

concepts of these philosophies and of behavior analysis so that positive guiding principles balanced with evidenced-based practices inform all behavioral assessments and recommended support strategies.

### **POSITIVE CULTURE, TRAUMA-INFORMED CARE, AND RULE COMPLIANCE**

This manual helps ensure that the behavioral support procedures used by FCBDD staff and contractors 1) protect the human rights, safety, welfare, and opportunity for due process of all persons served and 2) are in compliance with current Ohio Administrative Code. The FCBDD supports the positive culture philosophy of the Ohio Department of Developmental Disabilities (DODD) and the trauma-informed care model developed by the United States' Substance Abuse and Mental Health Services Administration (SAMHSA). A positive culture is an intentional way of supporting people that focuses on truly knowing and valuing each person; creating healthy relationships; acknowledging the difficulties each person may face; offering encouragement and support; and providing safe interactions during times of crisis. **Appendix 3** summarizes new terms and forms used by FCBDD that are consistent with person-centered planning, positive outcomes, and Administrative Rule.

### **QUALIFICATIONS OF STAFF INVOLVED IN BEHAVIORAL SUPPORTS**

All FCBDD staff and contractors involved in supporting persons with developmental disabilities should understand and embody the concepts of positive culture, person-centered planning and trauma-informed care, and shall be identified and properly trained for the level appropriate to their position and duties. Persons conducting behavioral assessments, compiling case histories, and/or recommending support strategies (especially restrictive measures) shall:

- be clearly identified to the individual being served and all other members of that person's team;
- know the person well or gain knowledge of the individual via a comprehensive assessment; and
- be knowledgeable and experienced in principles of person centered planning, behavioral support, functional analysis, developmental disabilities, applicable DODD rules, current FCBDD behavioral support guidelines, and responding to a person in crisis (RPC) procedures.

Ohio Administrative Code 5123:2-2-06 (D) (6) specifies the qualifications required for persons who conduct assessments and develop behavioral strategies that include restrictive measures.

Licensed/certified staff are governed by the ethics and scope of their professional practice. Via their website ([www.dodd.ohio.gov](http://www.dodd.ohio.gov)), DODD provides webinars about the rule and its implementation.



## CHAPTER 2: Guiding Principles

The methods and procedures of behavioral support outlined in this manual are based on the principles of person-centered planning, positive culture, trauma-informed care and functional behavior analysis, which are summarized in this chapter. All persons who support individuals with developmental disabilities should be familiar with the core concepts of the philosophies and scientific method described herein, and with how these tenets intertwine and lead to positive outcomes.

### **PERSON-CENTERED PLANNING**

Specialized services (including behavioral assessment and treatment) for individuals served by FCBDD must be based on person-centered planning, a practice that helps persons with intellectual and developmental disabilities advocate for services that reflect their own needs and desires. The latest SSA Rule (OAC 5123:2-1-11, effective 3-17-14) focuses on person-centered planning and strengthening involvement of individuals served.

#### *Key principles of person-centered planning:*

- 1. Beginning with a comprehensive understanding of the person is essential.*
- 2. Empowering informed choices increases independence.*
- 3. Involving trusted supports increases opportunities for success.*
- 4. Enhancing natural (non-paid) supports increases community membership.*
- 5. Ensuring plans and services are driven by the person is vital.*

Conducting an individualized behavioral assessment will lead to a more comprehensive understanding of an individual, the first key principle of person-centered planning (above). This evaluation should be completed via direct observation of and interactions with that individual, as well as interviews and standardized questionnaires completed by parents, staff members, and others who know the person well. Assessment results and clinical judgement guide the development of a functional behavioral analysis.

***An individualized behavioral assessment should be conducted AFTER or in conjunction with a comprehensive medical examination of the person.***

***Many “behaviors” are symptoms of physical illness/injury.***

## **TRAUMA-INFORMED CARE**

The United States' Substance Abuse and Mental Health Services Administration (SAMHSA), conceptualizes trauma as follows: "Individual trauma results from an **event**, series of events, or set of circumstances that is **experienced** by an individual as physically or emotionally harmful or life threatening and that has lasting adverse **effects** on the individual's functioning and mental, physical, social, emotional, or spiritual well-being" (SAMHSA, 2014, p. 7). Events may be actual or threats of physical or psychological harm or severe neglect. Individuals experience life events differently. How one describes, assigns meaning to, and has his/her life disrupted by an event determines whether the event is experienced as "traumatic." Adverse effects may occur immediately or have a delayed onset; they may be long or short-term in duration.

*The FCBDD psychology department utilizes trauma-informed interventions in its provision and oversight of mental and behavioral health services, and is working to further incorporate trauma concepts into how the agency and contractors serve persons with developmental disabilities.*

SAMHSA's trauma-informed approach to care is based on four assumptions and six key principles.

### Key assumptions:

1. ALL persons must have a **REALIZATION** about trauma and understand how trauma affects people (individuals, groups, organizations, etc). Behaviors must be interpreted in the context of coping strategies that help one survive adversity/stress/unexpected circumstances. Persons must understand that trauma has a role in substance abuse and symptoms of mental illness.
2. Persons in a trauma-informed organization must **RECOGNIZE** the signs of trauma. The signs may be exhibited by persons working in an organization and/or by individuals served.
3. A trauma-informed system must **RESPOND** or function on a daily basis by utilizing the principles of trauma-informed care across ALL areas of service. Staff must be trained; budget allocations made; and policies informed by the principles of trauma-informed care.
4. **RESIST RE-TRAUMATIZATION** of staff and persons served. Have policies in place and teach staff to recognize and use practices that avoid RE-TRAUMATIZATION.

Key principles of a trauma-informed approach:

1. **Safety**, both psychological and physical. The perception of safety by persons served is critical.
2. **Trustworthiness and transparency.** Services are provided and decisions made with the goal to build and maintain trust in all relationships.
3. **Peer support.** Help from others who have experienced trauma and self-help are important ways to establish safety, hope and trust, and promote recovery and healing.
4. **Collaboration and mutuality.** Partnerships are encouraged; power and control differences based on job title/responsibilities are minimized; and ALL have important roles in a trauma-informed system.
5. **Empowerment, voice, and choice.** The strengths and experiences of staff and persons served are acknowledged and built up. Supports are designed to foster empowerment and decision-making.
6. **Cultural, historical, and gender issues.** Policies, protocols, and processes are responsive to racial, ethnic and cultural needs of persons served. Traditional cultural connections are valued and utilized for natural (non-paid) supports.

Behavioral assessments provided and overseen by the FCBDD must incorporate the assumptions and principles detailed above. Behavioral specialists must ask, “What has happened to this person?” rather than “What is wrong with this person?” when assessing. Data should be interpreted in the context of a person’s trauma history and how that has affected current brain and body functioning. Behaviors are sometimes more quickly changed via trauma-informed strategies than by traditional methods.

**POSITIVE CULTURE INITIATIVE**

A positive culture is an intentional way of supporting people that focuses on truly knowing and valuing each person; creating healthy relationships; acknowledging the difficulties each person may face; offering encouragement and support; and providing safe interactions during times of crisis.

***Core concepts of a positive culture:***

1. *If we change the way we see people who are affected by disabilities, then we will change our approach to supporting them.*
2. *ALL behaviors are messages about the kind of life a person is living.*
3. *If we focus on helping a person engage in the life he/she wants, other issues become unimportant.*
4. *The change we seek is within ourselves as caregivers, rather than in the person supported.*

Conditions that define a positive climate for behavior support and are consistent with the DODD's positive culture initiative include:

- Using people-first language rather than referring to an individual by trait, behavior or disability.
- Engaging in interactions and speech that reflect respect, dignity, and a positive regard for each person.
- Valuing/encouraging warm and engaged relationships.
- Eliminating demeaning, belittling or degrading punishment or speech.
- Using speech that is even-toned and in positive and personal terms without threatening overtones or coercion.
- Having conversations with, rather than about, an individual while in that person's presence.
- Respecting one's privacy by not discussing him/her with someone who has no right to the information.
- Knowing an individual's preferences, strengths and needs, and personal goals.
- Being aware of medical conditions that might account for inappropriate, dangerous behaviors.
- Ensuring that an individual never disciplines another, except as part of an organized system of self-government.

The values of a positive culture are easy to state, but not so easy to implement consistently. It is well documented that when practiced consistently and combined with well informed, assessment-driven planning and interventions, positive supports hold the promise of greatly enhanced effectiveness over more reactive or restrictive methods. Supporting persons in an environment that is consistently positive and trauma-informed in its methods and mindful of the fundamental value of feeling safe, comfortable, and connected to others is the right thing to do. FCBDD behavioral support references, terminology, and forms (Appendices 3-13) have been updated to be more consistent with the principles of person-centered planning, positive supports, and trauma-informed care. Users of this manual are encouraged to seek continued training and support from those who adopt the philosophies of person-centered planning, positive culture and trauma-informed care, and are committed to finding tangible and viable methods for achieving positive outcomes.

## **FUNCTIONAL ANALYSIS**

Functional behavioral analysis is the study of human behavior that involves the design, implementation, and evaluation of environmental modifications to produce socially significant improvement in human behavior. Functional analysis methodology focuses on the identification of variables or factors that influence the occurrence of problem behavior and has become a hallmark of contemporary approaches to behavioral assessment. Specific methods or instruments for behavioral assessment are not prescribed by the FCBD. However, it is expected that specialists will use evidence-based means of assessment and treatment, and will update the behavioral assessment annually as required by rule [OAC 5123:2-2-06 (D)(5)(b)]. It is also expected that functional analyses will be conducted by specialists who are trained in the scientific method and in the philosophies of person-centered planning, positive culture initiative, and trauma-informed care. Results of the specialized assessment will be reviewed with the person evaluated and his/her support team so that choices for goals and ISP outcomes are well-informed regarding what is important to and for him/her.

## **SUMMARY**

When used together, the principles of person-centered planning, trauma-informed care, positive culture initiative, and functional behavior analysis help answer the questions:

**“What has happened to you?” and “What did you do to survive?”**

Answering these questions with and for someone leads teams to more timely, effective, and positive outcomes. Often one’s behavioral choices are “survival” strategies. A neurobiological focus allows one to look beyond the traditional reasons for a person’s actions and assess the deeper, possibly trauma-impacted, functions. Getting to the emotional center of the matter should be the focus of specialized behavioral assessments.

### **Crossing the Bridge to the Neurobiological Purpose of Behavior:**

#### Traditional View:

1. Attention
2. Escape
3. Tangibles
4. Bored
5. Pain

#### We all want: (Burke, 2014)

1. To feel connected, accepted, & loved
2. To feel safe & secure
3. To have some say or control in your life
4. To have a purpose in life
5. We are ALL HARDWIRED to avoid pain

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## CHAPTER 3: Behavioral Support and the ISP Process

FCBDD staff and contractors whose job it is to ensure person-centered, trauma-informed, high-quality behavioral supports must be well informed on how their role as specialists fits into the overall process of Individual Service Plan (ISP) development, evaluation, and modification. At the same time, FCBDD service coordinators must be knowledgeable about their responsibilities to insure that general supports are used whenever possible; that use of restrictive strategies is minimized; and that proper human rights committee oversight is obtained for any restrictive measure included in an ISP.

Per Ohio Administrative Code, the needs of an individual with developmental disabilities and his/her goals or outcomes may be detailed in an Individual Service Plan (ISP). An ISP is authored by a FCBDD service coordinator based on input by the individual, his/her parent/guardian/family, and others who are important to/for the person. [Not all persons eligible for FCBDD services choose to have a service coordinator/ISP. Also, children 0-6 or 6-22 may have their needs identified and outcomes noted only in an Individual Family Support Plan (IFSP) or Individual Education Plan (IEP), respectively.]

For persons who choose to have a service coordinator, Administrative Code designates the service coordinator [known as Service and Support Administrator (SSA) in other Ohio counties] as the person responsible for authoring the ISP and meeting all deadlines relative to arranging specialized supports and managing funding for those services. The FCBDD service coordination department has developed a timeline for ISP development (Appendix 4). When restrictive strategies are recommended and therefore, Human Rights Committee (HRC) oversight is required, the timelines for annual ISP development and HRC review of restrictive supports are synchronized (Appendix 4).

*Supports recommended for a person, particularly restrictive behavioral measures, should be “developed in accordance with the principles of person-centered planning and incorporated as an integral part of the individual plan or individual service plan.” [OAC 5123:2-2-06 (D)(8)(a)]*

Many persons with developmental disabilities have a court-appointed guardian (family member; lawyer; Advocacy & Protective Services, Inc. representative; or other legally recognized individual) who must be part of decisions made by/for the ward. Guardians have an important role in team discussions regarding what is important to and for their wards. Responsibilities of the guardian

are more clearly defined in the new rules. A summary of the changes to guardianship rules is found in **Appendix 5**.

*All decisions by a guardian must impose the least restrictions on the ward's rights, freedom, or ability to control the ward's environment, unless otherwise approved by the court. [Responsibilities of the Guardian Defined, 66.08 and 66.09.]*

A person's ISP outcomes are based on information and data obtained from a variety of sources. These data are summarized in the "My Assessment" tool. The FCBDD service coordination department revised the ISP and My Assessment documents (**Appendix 6**) pursuant to a renewed focus on person-centered planning. The latest versions of these documents are available from one's service coordinator. As appropriate for an individual, other evaluation reports should also be part of the record and shared with service providers to inform person-centered, trauma-informed, high quality, effective supports.

If current, valid information is not available, the person's service coordinator will make a referral for specialized assessment. All team members should be familiar with the Decision Tree regarding FCBDD Targeted Assessment for Specialized Supports (**Appendix 7**). This decision tree was developed to help all involved make accurate decisions about what type of supports might be needed for a person at this time in his/her life and what oversight is needed should restrictive strategies be recommended.

Occasionally, a team realizes that what may be a restrictive support is in a person's ISP without the required HRC oversight. In these cases, the service coordinator must convene the team and the group must decide: A) if the person's need/behavior/risk rises to the level that would support use of a restrictive strategy for that individual at this time, and B) if for this person at this time, the recommendation is indeed restrictive. The Rights Restriction Survey (a fillable form, **Appendix 12F**) is a tool to help teams determine if a restrictive strategy is necessary and if so, to designate whether the service coordinator or specialized service provider will be responsible for obtaining HRC approval and providing ongoing monitoring for use of that support. Some possible rights restrictions are listed in **Appendix 8**.

*Conditions/circumstances will determine if a support is restrictive and therefore requires HRC oversight. Reviewing Figure 1 and Appendix 8, and completing a "Rights Restriction Survey" (Appendix 12F) will help the team make an informed decision.*

In cases where a team decides that a restrictive strategy IS needed for a person served and a FCBDD service coordinator is the individual designated to monitor the use of and obtain HRC approval for the support, guidelines have been developed to help the service coordinator through the process. The directions are slightly different when a provider compliance review has resulted in a citation for lack of HRC oversight for a restrictive strategy in an ISP. See **Appendix 9** for the relevant procedures.

If a referral for a behavioral assessment is deemed necessary, the specialist will complete the evaluation and provide results and recommendations to the individual and his/her team via the FCBDD Behavioral Assessment Report (BAR; a fillable form, **Appendix 12A**). Details for how a specialist should respond to a referral for behavioral assessment are in Chapter four.

*Use of all recommended support strategies, whether general or restrictive, must be consented to and monitored in conjunction with a person's individualized plan (i.e., ISP, IEP, IFSP) span dates. Plan addendums must be done if new strategies are introduced mid-span. Span dates of one's individualized plan are indicated on behavioral support forms.*



## CHAPTER 4: Responding to a Referral for Behavioral Assessment

Referrals are made for “specialized assessment” rather than for a “behavior plan.” When a FCBDD or contracted behavioral specialist receives a referral, his/her agency policies and procedures should be followed regarding gathering of consent to evaluate, releases of information, and collateral documentation. FCBDD and contracted behavioral specialists and their supervisors must insure that OAC 5123:2-2-06 and standards of professional conduct are followed when selecting assessment tools and reviewing evaluation results and recommendations. **Appendix 10** specifies the process for submitting documents for HRC review and paperwork deadlines.

*The timeline from referral to approved use of recommended supports should be as short as possible, especially for persons whose actions are dangerous to self or others, or may result in legal sanction.*

### **DOCUMENTING BEHAVIORAL ASSESSMENT RESULTS**

Forms have been developed to provide a standardized way for all involved in behavioral support to communicate with each other and translate one’s needs/risks into practical approaches of care. Whether results of a behavioral assessment lead to recommendations of general or restrictive supports, the following documents should be used for reporting results to referral source and other team members, and for ongoing monitoring of the effectiveness of recommended strategies:

<ul style="list-style-type: none"> <li>• Behavioral Assessment Report (BAR)</li> </ul>	<ul style="list-style-type: none"> <li>• Strategies Summary</li> </ul>
<ul style="list-style-type: none"> <li>• Review Meeting Minutes - BSS</li> </ul>	<ul style="list-style-type: none"> <li>• Review Meeting Attendance Sheet - BSS</li> </ul>
<ul style="list-style-type: none"> <li>• Summary Data Form - BSS</li> </ul>	<ul style="list-style-type: none"> <li>• Training Documentation Form - BSS</li> </ul>

The additional documents listed below must be used by FCBDD and contracted specialists and submitted to the FCBDD Psychology Department when restrictive measures are recommended and therefore HRC oversight is required:

- Informed Consent to Restrictive Support Strategies
- Physical/Mental Health Checklist (if restraints or timeout are recommended)
- Routing Slip

Instructions for use and sample wording for several of the required forms are found in **Appendix 11**, Instructions for Completing Fillable Forms.

The **Behavioral Assessment Report (BAR; Appendix 12A)** is used to document evaluation results and recommendations. This report should be as detailed as appropriate for the person and his/her team regarding areas of need/risk, the case history of the person evaluated, and support strategies. Recommendations must be based on results of a comprehensive behavioral analysis; must clearly address the person's needs and risks (whether specified in the referral or discovered when assessment is in process); and should focus on skill training as well as on reducing specific needs/behaviors/risks. The Behavioral Assessment Report (BAR) serves as supporting documentation for ISP outcomes. It must be sent to and reviewed with the individual, his/her service coordinator, and other team members.

The **Strategies Summary (Appendix 12H)** is where recommended supports are to be **SUMMARIZED**. This summary is taken directly from a person's Behavioral Assessment Report section VII.C. This summary must be sent to the person's service coordinator for placement into the FCBDD ISP template after the page titled "My Risk Summary." If the person assessed has a different type of individualized plan (i.e., IEP, IFSP), the Strategies Summary should be sent to the staff in charge of writing/monitoring that plan. For persons who have a plan other than an ISP, the team will need to decide how and where to best incorporate the Strategies Summary into that person's existing plan. The **SUMMARIZED** information corresponds to the risks/needs identified in a person's individualized plan and will be used by direct care staff to support this person in specific settings (i.e., on the bus, at work, in a classroom).

When restrictive strategies are recommended, the **Informed Consent to Restrictive Support Strategies (Appendix 12B)** must be signed by the individual and/or his/her legal guardian for use of restrictive measures during a specified period, usually the ISP (or other individualized plan) span dates.

### **DOCUMENTING BEHAVIORAL TREATMENT RESULTS**

Staff responsible for teaching recommended replacement skills and using recommended support strategies must be appropriately trained. The **Training Documentation Form - BSS (Appendix 12J)** is the place to record the names/signatures of persons who receive training specific to recommendations in a Behavioral Assessment Report for a particular individual. This form should be kept with an individual's file and updated whenever new staff are assigned to serve this person. When

recommended strategies include restrictives, this training documentation form is part of the packet sent for annual HRC review.

*The first time a restrictive measure is recommended for a person, it must receive full HRC team approval prior to staff being trained on use of the strategy. If a restrictive measure is used as crisis intervention prior to HRC team approval, an incident report must be written and sent to designated supervisory reviewers and the FCBDD Major Unusual Incident (MUI) department.*

Data must be collected on the teaching of replacement skills, the occurrence of target behaviors/needs, and the use of recommended support strategies. Data collection is best practice and is required by Rule. The format in which data are collected on a daily basis should be determined by an individual and his/her team and should be in the format that best answers the presenting questions/behavioral needs in the most timely manner. If data sheets are used, they must be user-friendly and designed so that information gathered addresses behavioral assessment recommendations. Teams may decide that data will be collected qualitatively (i.e., via descriptive report) rather than staff counting and documenting every occurrence of new learning or behavior to decrease. The narrative information can be provided by staff either verbally or in writing, but is to be included as part of regular team reviews. When strategies are based on the principles of trauma-informed care and a positive culture, it may be more important for staff to be emotionally present and building supportive relationships rather than counting every instance of new learning or behavior to decrease. Monthly data are to be tracked by FCBDD and contracted behavioral specialists using the **Summary Data Form - BSS (Appendix 12I)**. This form should be completed monthly even if the team only meets every 90 days.

*The FCBDD guidelines of every 90 days to review general supports and every 30 days to review restrictive measures are minimum requirements. Review meetings should be scheduled more frequently as dictated by a person's needs and changing life experiences.*

When a team meets to review an individual's progress on behavioral outcomes (whether every 30 or 90 days), the discussion and data should be summarized on the **Review Meeting Minutes - BSS (Appendix 12E)**. The **Review Meeting Attendance Sheet (Appendix 12D)** should be used to record who was present at a review AND who was not there, but was contacted in regards to the information discussed at a meeting.

## CHAPTER 5: Support Options

Supporting persons in ways that promote individual decision-making, skill building, physical and mental health, and supportive relationships can be done on several levels. Keeping in mind that supports and planning must be individualized, it is important to assess each person's needs at the time of referral and recommend use of the least restrictive, most general strategies possible. When a person's needs are such that some type of restrictive support is necessary to minimize risk or decrease the likelihood of legal sanction (i.e., arrest, incarceration, or eviction), there are rules in place to insure proper human rights oversight of the restrictive measures. This chapter details prohibited supports AND the types of strategies that can be recommended for people.

*Determination of whether a specific support strategy is or is not restrictive depends on the individual's skills/needs/risks AND the person's desire for or resistance to the recommended strategy. There is not a simple yes/no, always/never categorization except for prohibited actions. Decisions MUST be person-centered!*

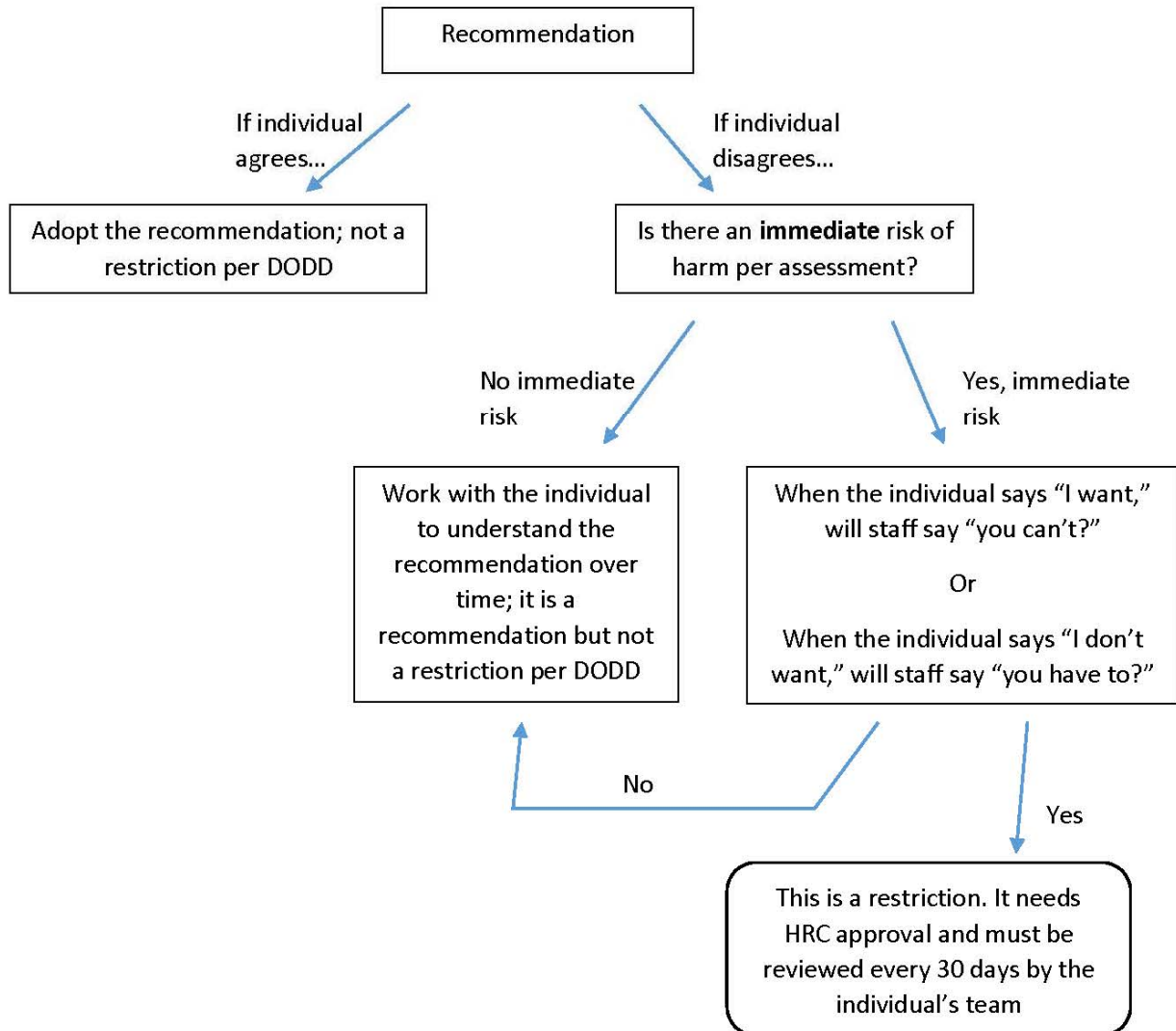
The preferred choices to help a person gain skills and confidence to live, learn, and work in the community are those that are positive and promote self-monitoring; use common or natural consequences applied in the most typical settings; and are routinely used to support persons without developmental disabilities in the same situations. These strategies build a person's hope and resilience; increase a person's skills; and minimize danger and risk. Expectations and strategies should be appropriate for the situation and for the age and developmental level of the person. The goals of supports should be to:

- mitigate risk of harm or likelihood of legal sanction;
- reduce and ultimately eliminate the need for any type of restrictive strategy; and
- ensure that a person is in environments where he/she has access to preferred activities and is therefore less likely to engage in unsafe actions due to boredom, frustration, lack of effective communication, or unrecognized health issues.

Figure 1. (below) is a simple flow chart that helps determine if a recommended strategy should be considered general or restrictive for an individual.

# Figure 1: When is a recommended strategy a restriction?

Based on DODD's behavior support rule (OAC 5123 : 2-2-06)



Adapted from Rose-Mary Center, Euclid, OH.

Additional considerations include:

- What is the level of power exerted WITH the person versus OVER the person? The former is relationship-building; the latter is usually viewed as restrictive.
- What is the amount of imposition exerted? Does the person feel “put upon”?
- Does the person resist the support? Is the resistance occasional or all the time? Does the resistance cause harm to relationships? Does the resistance lead to life-threatening consequences?
- Does the strategy delay or impede choice? If a person has to wait for a “strategy” to be implemented, it is likely restrictive.
- What is the impact of a person’s cognitive level? Is the team insuring the safety of a person with severe cognitive delays when in the community OR is the team trying to minimize occurrence of behaviors such as sexual offending?
- Is the recommended strategy for a single person or is it an agency-wide policy?
- What are the movements or statements of staff? Is the strategy “passive” versus “active” to the individual? The former is not usually restrictive; the latter is usually viewed as restrictive. For example, “trailing” a person who walks outside is different from “immediately use a manual escort to return the person to his/her home.”
- What is the response of the individual to the sensory experience (i.e., alarms)?
- What are the specific types of prompts or what is the script/order of redirections to be used?
- Is the strategy “client-directed” versus “staff-directed”?
- Does the recommended support impede or increase one’s path to independence?

### **PROHIBITED MEASURES**

No matter a person’s complex needs or what is determined as “important to/for” a person, the following strategies may not be used under any circumstances. These are considered damaging to a person’s health or safety, mental and emotional well-being, and/or personal dignity. A prohibited measure is defined in rule as “a method that shall not be used by persons or entities providing specialized services.” **The use of any prohibited measure shall be reported to the FCBDD Major Unusual Incident (MUI) department in accordance with Administrative Rule.**

**Prohibited measures in current rule [5123:2-2-06 (C) (8) (a-k)] include:**

1. Using prone restraint: a method of intervention where a person's face and/or frontal part of his/her body is placed in a downward position touching any surface for any amount of time.
2. Using a manual restraint or mechanical restraint that has the potential to inhibit or restrict a person's ability to breathe or that is medically contraindicated.
3. Using a manual restraint or mechanical restraint that causes pain or harm to a person.
4. Disabling a person's communication device.
5. Denying breakfast, lunch, dinner, snacks, or beverages.
6. Placing a person in a room with no light.
7. Subjecting a person to damaging or painful sound.
8. Applying electric shock to a person's body.
9. Subjecting a person to any humiliating or derogatory treatment.
10. Squirting a person with any substance as an inducement or consequence for behavior.
11. Using any restrictive measure for punishment, retaliation, instruction or teaching, convenience of providers, or as a substitute for specialized services.

**GENERAL STRATEGIES**

General strategies promote the principles of a positive culture and person-centered planning; are consistent with trauma-informed care; and are generally viewed as good instructional, replacement skill building, and preventive techniques. By definition, they have no risk of physical and emotional harm, and the person being served does not resist them. These types of supports shall be included in a person's Individual Service Plan (ISP) as "important to/for" and they may require no formal oversight by a specialist.

When general strategies (preventives or interventions) are recommended as part of a specialized assessment and are to increase a skill and/or reduce a targeted need, it may be helpful to the person and his/her team for the supports to be monitored by a specialist. When a specialist is involved, teams should meet at least every 90 days to review the integrity of use and effectiveness of the general supports. Reviews should occur more frequently if the general strategies are not meeting the person's needs or are not being implemented correctly, and/or the person's behavior is becoming more dangerous and therefore the team is considering use of more restrictive measures. Consent for use of general supports is obtained as part of the individual plan process.

There are multitudes of behavioral strategies/best practices that are considered “general.” It is up to the specialists and teams to determine if a strategy is “general” for a given person. Environments should always be set up to help a person be successful. Strategies and techniques must be selected with the input of the person served and each team member’s knowledge of that individual.

*Reminder: Determination of whether a specific support strategy is general or restrictive depends on a variety of conditions.  
Every person and situation is unique.*

## **RESTRICTIVE MEASURES**

Supports defined as “restrictive measures” per Ohio Administrative Code 5123:2-2-06 (C) (11) are “methods of last resort that may be used by persons or entities providing specialized services only when necessary to keep people safe and with prior approval by the human rights committee in accordance with paragraph (F) of this rule.” Restrictive strategies are to be used only in situations in which withholding them would put the person at greater risk for harm or legal sanction. It must also be well documented that less restrictive supports have not helped the individual reduce dangerous actions.

The categories of restrictive supports include restraints (manual, mechanical, and chemical); time-out; and rights restrictions (as detailed in section 5123.62 of the Ohio Revised Code). Each category is defined in 5123:2-2-06 (C) (11). Time-out and restraints may only be used when an individual’s actions pose risk of harm. A recommended strategy may include restriction of a person’s rights only when that individual’s actions pose risk of harm OR are very likely to result in the individual being the subject of a legal sanction (i.e., eviction, arrest, incarceration). Restrictive measures are to be used to establish safety; they are NEVER to be used for staff convenience, to teach, to alter behavior, or as a substitute for active treatment.

Restrictive supports are categorized as either “preventives” or “interventions.” Restrictive “preventives” are used BEFORE an action occurs (“non-contingently”) to minimize or prevent risk of harm or legal sanction due to a documented history of issues which are a threat to health and safety. Examples of restrictive preventives may include a bus vest worn for all trips to/from school or work (when NOT for medical reasons or because the person’s feet do not touch the floor); close visual supervision while near children or checking a public restroom for the presence of children prior to use



by a person served who engages in inappropriate sexual behavior. Restrictive “interventions” are used AFTER an action that poses risk of harm or legal sanction occurs. Use of any type of restrictive intervention MUST cease immediately once risk of harm has passed. Restrictive preventives and interventions must be noted in a person’s ISP and must be reviewed by a Human Rights Committee (HRC) prior to use.

*FCBDD requires that the use and effectiveness of ANY type of restrictive measure must be reviewed by the person’s team at least once every 30 days and the minutes of the review meeting must be sent to the psychology department as part of the HRC review process.*

## CHAPTER 6: Levels of Review

### **LOCAL TEAM**

One's "local" team may consist of the person served, his/her guardian (as applicable), service providers, service coordinator, licensed/certified professionals, and any other people the individual desires to involve in identifying what is important to/for him, making choices, and developing his/her service plan. The majority of persons served by the FCBDD are supported by general, best practice strategies that are agreed to by the individual. A person's strengths, risks, and needs are clearly identified in his/her Individual Service Plan (ISP) and corresponding supports are listed. The individual served and the rest of his/her team together determine the frequency required to review the effectiveness of general support strategies and progress on new skill development.

Some persons, at various times in their lives, exhibit complex needs (i.e., symptoms of co-occurring mental illness and developmental disabilities) and require supports that are defined as restrictive to maximize safety and minimize risk of harm/legal sanction. When a need arises that requires specialized assessment, the FCBDD service coordinator usually makes a referral for evaluation.

### **INFORMED CONSENT**

When recommended support strategies include restrictive measures, informed consent (Appendix 12B) is required prior to the use of the restrictive supports and annually as long as the strategies are still in place. When restrictive measures are recommended for the first time for an individual who is his/her own guardian, the team should determine whether additional evaluation is needed to determine the person's ability to provide informed consent. If additional assessment of competency to provide informed consent is needed, the service coordinator should make a referral to a psychologist qualified to complete such an evaluation.

### **HUMAN RIGHTS COMMITTEE (HRC)**

Human Rights Committee (HRC) oversight of restrictive measures is required by Rule. FCBDD currently has three HRC teams. It is the responsibility of one's team to ensure timely development of and HRC approval for use of any recommended restrictive measure. Types of HRC reviews are defined in Appendix 13.

Each HRC team has responsibility to review, approve or reject, monitor, and reauthorize restrictive measures. Section (F) of Rule 5123:2-2-06 specifies the required membership and defines the responsibilities of an HRC. Minutes (Appendix 13) are kept of each review and distributed by the psychology secretary.

*A quorum of 3 voting members is required to review and approve restrictive measures.*

When an HRC member is unable to attend a meeting, he/she is encouraged to provide written or verbal input about each case to the HRC chairperson prior to the meeting. The FCBDD Psychology Department will maintain the roster of trained HRC team members, including alternates in the event of an anticipated absence of a standing committee member. Substitutions will maintain the required “equal representation” of an HRC team. The FCBDD Psychology Department will also maintain documentation of training required for each HRC member/alternate.

The FCBDD Psychology Secretary receives all required paperwork for ISPs and/or Behavioral Assessment Reports that include restrictive measures. The paperwork may be submitted by either a person’s service coordinator or behavioral support specialist. The Psychology Secretary schedules all HRC reviews (including preliminary reviews of rule criteria). Upon receipt of required paperwork, the packet will be reviewed at the next available committee meeting or as previously scheduled. The chairperson of each HRC team records the minutes of each meeting and the Psychology Secretary logs the cases reviewed and distributes the review minutes within two business days of the meetings.

*Human Rights Committees will disapprove the use of a restrictive measure if data are not available and/or if data do not support the level of risk or likelihood of legal sanction required by Rule.*

## **TRAINING REQUIREMENTS**

Prior to the use of restrictive measures, implementers must be trained on the recommended behavior support strategies. The training should include a review of the person’s ISP, the most current Behavioral Assessment Report (which includes information about the person’s intellectual, adaptive, medical, and social/emotional abilities and needs), as well as in-depth training on the specific strategies. Usually, the person’s behavioral support specialist and/or service coordinator provides and documents the training. **EXCEPTION:** If a manual restraint from a crisis intervention package other than the FCBDD Responding to a Person in Crisis (RPC) program is recommended, then the person(s) specifically trained in the non-FCBDD techniques will be designated as responsible for training all users of that restraint. Training of all team members on approved supports should be documented using **Appendix 12J**.

## **RESTRICTIVE MEASURES NOTIFICATION (RMN)**

Rule 5123:2-2-06 requires that the Ohio Department of Developmental Disabilities (DODD) be notified of HRC-approved restrictive measures PRIOR TO their use. Upon receipt of HRC approval minutes, the FCBD Director of Psychology or her designee will complete the RMN via DODD-specified method. Screen shots of the current RMN are in **Appendix 14**

The RMN specifies that restrictive strategies may only be used for the following categories of behaviors that are usually high risk and/or pose likelihood of legal sanction:

- Aggression to others
- Transportation safety
- Sexual offending
- Self-injury
- Stealing
- Other (must be specified)

FCBDD HRC teams define self-injury beyond “a person striking or otherwise injuring him/herself with his/her own body part or other instrument” (i.e., hitting head with fist; slapping self with open hand; cutting self). Self-injury for some persons may be expressed as running into the street; eating raw food; eating to the point of severe injury/death; and/or trying to leave or being out of seat in a moving vehicle.

The transportation safety category should be used when a person’s risky actions take place in any type of moving vehicle. This may mean that a person who engages in aggression to others at home AND in a moving vehicle would have an RMN that is checked in both categories with corresponding support strategies specified for each.

For purposes of FCBD behavioral support/HRC review of restrictive measures, unless a person is identified by the courts as a sexual offender, that person’s actions that put him/her at risk for legal sanction should be described as “inappropriate sexual behavior” rather than “sexual offending.” The RMN submitted will reflect this distinction.

***REMINDER: Restrictive measures are to be faded as soon as danger or risk of legal sanction has passed. An RMN will be submitted when restrictive measures are discontinued.***

## **CHAPTER 7: Working for Positive Outcomes and Improved Quality of Life: Teaching New Skills and Fading Restrictive Measures**

Persons with intellectual/developmental disabilities (IDD) have the same rights as others who live, learn, work, and play in their communities. One's rights are not to be restricted except in circumstances of risk of harm or likelihood of legal sanction. OAC 5123:2-2-06 (F) (3) (d) specifies that restrictive measures be temporary in nature and only occur in certain situations.

The fading of restrictive strategies can occur in many ways: by location, by targeted need, by specific support, by increase in demonstration of new skill, by thinning reinforcement schedule, and/or by implementers. Expectations for people with IDD should be the same as those for people without disabilities; too often individual plans for persons with IDD include criteria that are much higher/unrealistic when compared to the real-life criteria used by persons without disabilities. Fade criteria should celebrate small decreases rather than require an "all or none" approach. Some examples include:

- A rights restriction continues at work, but not at home.
- A rights restriction (i.e., locked sharps) continues only when staff cannot provide safe supervision.
- A baskethold is reduced to a braced arm escort.
- A restraint is used only for the most dangerous aggression to others.
- A restrictive strategy will not be used for a targeted need IF the person engages in a higher frequency of desired replacement behavior.
- Have a person go longer periods of time or perform at a higher level before earning reinforcers.

### **CELEBRATE ALL SUCCESSES, no matter how small!**

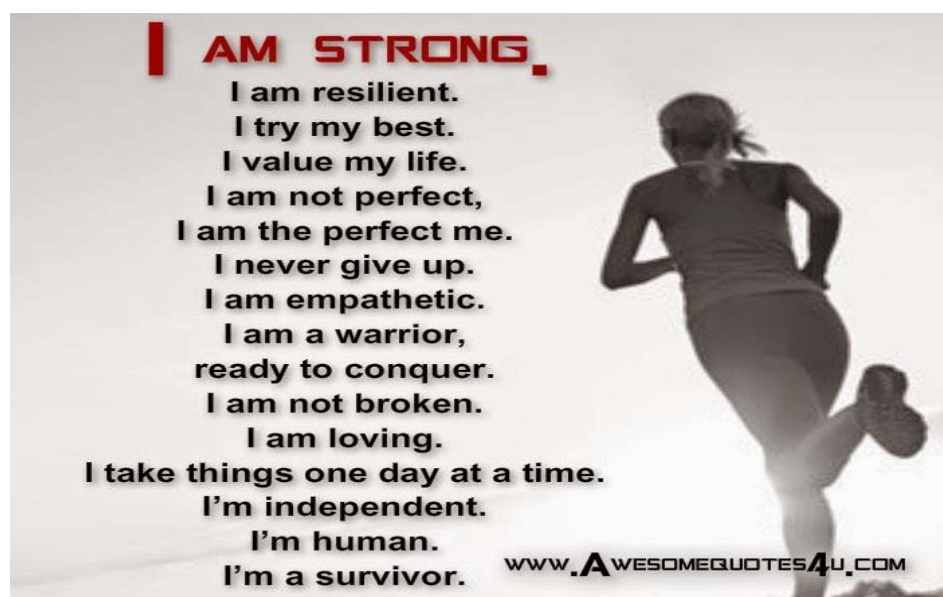
Behavioral recommendations and other ISP outcomes should include methods for building resilience and new skills in persons served. According to trauma-informed literature, the top five resilience factors include:

- 5) Autonomy (agency): What decisions can the person make for her life? How does she define power?

- 4) Self-esteem: sense of self (personal preferences); sense of self-worth (when does person feel loved and valued?); sense of self-efficacy (how does person affect change/make things happen?)
- 3) External supports: system of meaning; How does the person make sense of her world?
- 2) Affiliation (with a cohesive supportive group working toward a positive goal and/or recognition of one's own acts that contribute to the greater good)
- 1) Positive experiences with safe adults, especially people in positions of authority, who support the person and tell him, "well done!"

Specialized behavioral recommendations should include ways to build each of these factors. Trauma-informed and trauma-responsive care focus on increasing perceived safety so that behavioral choices made as efforts to "survive" a perceived stressful situation can be safer, less risky, and more socially appropriate. Strategies should foster independence and opportunities for failure in safe environments without blame or shame for one's choices.

When based upon the assumptions and principles of person-centered planning, positive culture, trauma-informed care and functional analysis, and when consistently and correctly implemented, the recommendations of behavioral assessments can lead to positive, less restrictive, effective, and life-changing outcomes. A person's Individual Support Plan truly becomes all of those things: based on the individual's preferences/skills/needs, a way to build up the person ("support"), and a guide for life.



# APPENDIX 1

## Bill of Rights for Persons with Developmental Disabilities

## 5123.62

# Bill of Rights

## *of persons with a developmental disability*

*The rights of persons with a developmental disability include, but are not limited to, the following:*

- (A) The right to be treated at all times with courtesy and respect and with full recognition of their dignity and individuality;
- (B) The right to an appropriate, safe, and sanitary living environment that complies with local, state, and federal standards and recognizes the persons' need for privacy and independence;
- (C) The right to food adequate to meet accepted standards of nutrition;
- (D) The right to practice the religion of their choice or to abstain from the practice of religion;
- (E) The right of timely access to appropriate medical or dental treatment;
- (F) The right of access to necessary ancillary services, including, but not limited to, occupational therapy, physical therapy, speech therapy, and behavior modification and other psychological services;
- (G) The right to receive appropriate care and treatment in the least intrusive manner;
- (H) The right to privacy, including both periods of privacy and places of privacy;
- (I) The right to communicate freely with persons of their choice in any reasonable manner they choose;
- (J) The right to ownership and use of personal possessions so as to maintain individuality and personal dignity;
- (K) The right to social interaction with members of either sex;
- (L) The right of access to opportunities that enable individuals to develop their full human potential;
- (M) The right to pursue vocational opportunities that will promote and enhance economic independence;
- (N) The right to be treated equally as citizens under the law;
- (O) The right to be free from emotional, psychological, and physical abuse;
- (P) The right to participate in appropriate programs of education, training, social development, and habilitation and in programs of reasonable recreation;
- (Q) The right to participate in decisions that affect their lives;
- (R) The right to select a parent or advocate to act on their behalf;
- (S) The right to manage their personal financial affairs, based on individual ability to do so;
- (T) The right to confidential treatment of all information in their personal and medical records, except to the extent that disclosure or release of records is permitted under sections [5123.89](#) and [5126.044](#) of the Revised Code;
- (U) The right to voice grievances and recommend changes in policies and services without restraint, interference, coercion, discrimination, or reprisal;
- (V) The right to be free from unnecessary chemical or physical restraints;
- (W) The right to participate in the political process;
- (X) The right to refuse to participate in medical, psychological, or other research or experiments.





## APPENDIX 2

### Behavioral Support Strategies Rule

Ohio Administrative Code (OAC)

5123:2-2-06

“Behavioral support strategies that  
include restrictive measures”

Effective 1/1/15

5123:2-2-06

**Behavioral support strategies that include restrictive measures.**(A) Purpose

This rule limits the use of and sets forth requirements for development and implementation of behavioral support strategies that include restrictive measures for the purpose of ensuring that:

- (1) Restrictive measures are used only when necessary to keep people safe;
- (2) Individuals with developmental disabilities are supported in a caring and responsive manner that promotes dignity, respect, and trust and with recognition that they are equal citizens with the same rights and personal freedoms granted to Ohioans without developmental disabilities;
- (3) Services and supports are based on an understanding of the individual and the reasons for his or her actions; and
- (4) Effort is directed at creating opportunities for individuals to exercise choice in matters affecting their everyday lives and supporting individuals to make choices that yield positive outcomes.

(B) Scope

- (1) This rule applies to persons and entities that provide specialized services regardless of source of payment, including but not limited to:
  - (a) County boards of developmental disabilities and entities under contract with county boards;
  - (b) Residential facilities licensed pursuant to section 5123.19 of the Revised Code, including intermediate care facilities;
  - (c) Providers of supported living certified pursuant to section 5123.161 of the Revised Code; and
  - (d) Providers of services funded by medicaid home and community-based services waivers administered by the department.
- (2) Individuals receiving services in a setting governed by the Ohio department of education shall be supported in accordance with administrative rules and policies of the Ohio department of education.

(C) Definitions

- (1) "County board" means a county board of developmental disabilities.
- (2) "Department" means the Ohio department of developmental disabilities.

- (3)"Director" means the director of the Ohio department of developmental disabilities or his or her designee.
- (4)"Individual" means a person with a developmental disability.
- (5)"Individual plan" or "individual service plan" means the written description of services, supports, and activities to be provided to an individual.
- (6)"Informed consent" means a documented written agreement to allow a proposed action, treatment, or service after full disclosure provided in a manner the individual or his or her guardian understands, of the relevant facts necessary to make the decision. Relevant facts include the risks and benefits of the action, treatment, or service; the risks and benefits of the alternatives to the action, treatment, or service; and the right to refuse the action, treatment, or service. The individual or his or her guardian, as applicable, may revoke informed consent at any time.
- (7)"Intermediate care facility" means an intermediate care facility for individuals with intellectual disabilities as defined in rule 5123:2-7-01 of the Administrative Code.
- (8)"Prohibited measure" means a method that shall not be used by persons or entities providing specialized services. "Prohibited measures" include:
- (a)Prone restraint. "Prone restraint" means a method of intervention where an individual's face and/or frontal part of his or her body is placed in a downward position touching any surface for any amount of time.
  - (b)Use of a manual restraint or mechanical restraint that has the potential to inhibit or restrict an individual's ability to breathe or that is medically contraindicated.
  - (c)Use of a manual restraint or mechanical restraint that causes pain or harm to an individual.
  - (d)Disabling an individual's communication device.
  - (e)Denial of breakfast, lunch, dinner, snacks, or beverages.
  - (f)Placing an individual in a room with no light.
  - (g)Subjecting an individual to damaging or painful sound.
  - (h)Application of electric shock to an individual's body.
  - (i)Subjecting an individual to any humiliating or derogatory treatment.

(j)Squirting an individual with any substance as an inducement or consequence for behavior.

(k)Using any restrictive measure for punishment, retaliation, instruction or teaching, convenience of providers, or as a substitute for specialized services.

(9)"Provider" means any person or entity that provides specialized services.

(10)"Qualified intellectual disability professional" has the same meaning as in 42 C.F.R. 483.430 as in effect on the effective date of this rule.

(11)"Restrictive measure" means a method of last resort that may be used by persons or entities providing specialized services only when necessary to keep people safe and with prior approval by the human rights committee in accordance with paragraph (F) of this rule. "Restrictive measures" include:

(a)Manual restraint. "Manual restraint" means use of a hands-on method, but never in a prone restraint, to control an identified action by restricting the movement or function of an individual's head, neck, torso, one or more limbs, or entire body, using sufficient force to cause the possibility of injury and includes holding or disabling an individual's wheelchair or other mobility device. An individual in a manual restraint shall be under constant visual supervision by staff. Manual restraint shall cease immediately once risk of harm has passed. "Manual restraint" does not include a method that is routinely used during a medical procedure for patients without developmental disabilities.

(b)Mechanical restraint. "Mechanical restraint" means use of a device, but never in a prone restraint, to control an identified action by restricting an individual's movement or function. Mechanical restraint shall cease immediately once risk of harm has passed. "Mechanical restraint" does not include:

(i)A seatbelt of a type found in an ordinary passenger vehicle or an age-appropriate child safety seat;

(ii)A medically-necessary device (such as a wheelchair seatbelt or a gait belt) used for supporting or positioning an individual's body;  
or

(iii)A device that is routinely used during a medical procedure for patients without developmental disabilities.

(c)Time-out. "Time-out" means confining an individual in a room or area and preventing the individual from leaving the room or area by applying

physical force or by closing a door or constructing another barrier, including placement in such a room or area when a staff person remains in the room or area.

(i)Time-out shall not exceed thirty minutes for any one incident nor one hour in any twenty-four hour period.

(ii)A time-out room or area shall not be key-locked, but the door may be held shut by a staff person or by a mechanism that requires constant physical pressure from a staff person to keep the mechanism engaged.

(iii)A time-out room or area shall be adequately lighted and ventilated and provide a safe environment for the individual.

(iv)An individual in a time-out room or area shall be protected from hazardous conditions including but not limited to, sharp corners and objects, uncovered light fixtures, or unprotected electrical outlets.

(v)An individual in a time-out room or area shall be under constant visual supervision by staff.

(vi)Time-out shall cease immediately once risk of harm has passed or if the individual engages in self-abuse, becomes incontinent, or shows other signs of illness.

(vii)"Time-out" does not include periods when an individual, for a limited and specified time, is separated from others in an unlocked room or area for the purpose of self-regulating and controlling his or her own behavior and is not physically restrained or prevented from leaving the room or area by physical barriers.

(d)Chemical restraint. "Chemical restraint" means a medication prescribed for the purpose of modifying, diminishing, controlling, or altering a specific behavior. "Chemical restraint" does not include medications prescribed for the treatment of a diagnosed disorder identified in the "Diagnostic and Statistical Manual of Mental Disorders" (fifth edition) or medications prescribed for treatment of a seizure disorder. "Chemical restraint" does not include a medication that is routinely prescribed in conjunction with a medical procedure for patients without developmental disabilities.

(e)Restriction of an individual's rights as enumerated in section 5123.62 of the Revised Code.

(12)"Risk of harm" means there exists a direct and serious risk of physical harm to the individual or another person. For risk of harm, the individual must be capable of causing physical harm to self or others and the individual must be causing physical harm or very likely to begin causing physical harm.

(13)"Service and support administrator" means a person, regardless of title, employed by or under contract with a county board to perform the functions of service and support administration and who holds the appropriate certification in accordance with rule 5123:2-5-02 of the Administrative Code.

(14)"Specialized services" means any program or service designed and operated to serve primarily individuals with developmental disabilities, including a program or service provided by an entity licensed or certified by the department. If there is a question as to whether a provider or entity under contract with a provider is providing specialized services, the provider or contract entity may request that the director of the department make a determination. The director's determination is final.

(15)"Team," as applicable, has the same meaning as in rule 5123:2-1-11 of the Administrative Code or means an interdisciplinary team as that term is used in 42 C.F.R. 483.440 as in effect on the effective date of this rule.

(D)Development of a behavioral support strategy that includes restrictive measures

(1)A behavioral support strategy shall never include prohibited measures.

(2)A behavioral support strategy may include manual restraint, mechanical restraint, time-out, or chemical restraint only when an individual's actions pose risk of harm.

(3)A behavioral support strategy may include restriction of an individual's rights only when an individual's actions pose risk of harm or are very likely to result in the individual being the subject of a legal sanction such as eviction, arrest, or incarceration. Absent risk of harm or likelihood of legal sanction, an individual's rights shall not be restricted (e.g., by imposition of arbitrary schedules or limitation on consumption of food, beverages, or tobacco products).

(4)The focus of a behavioral support strategy shall be creation of supportive environments that enhance the individual's quality of life. Effort is directed at:

(a)Mitigating risk of harm or likelihood of legal sanction;

(b)Reducing and ultimately eliminating the need for restrictive measures; and

(c)Ensuring individuals are in environments where they have access to preferred activities and are less likely to engage in unsafe actions due to boredom, frustration, lack of effective communication, or unrecognized health problems.

(5)A behavioral support strategy that includes restrictive measures requires:

(a)Documentation that demonstrates that positive and non-restrictive measures have been employed and have been determined ineffective; and

(b)An assessment conducted within the past twelve months that clearly describes:

(i)The behavior that poses risk of harm or likelihood of legal sanction;

(ii)The level of harm or type of legal sanction that could reasonably be expected to occur with the behavior;

(iii)When the behavior is likely to occur; and

(iv)The individual's interpersonal, environmental, medical, mental health, and emotional needs and other motivational factors that may be contributing to the behavior.

(6)Persons who conduct assessments and develop behavioral support strategies that include restrictive measures shall:

(a)Hold professional license or certification issued by the Ohio board of psychology; the state medical board of Ohio; or the Ohio counselor, social worker, and marriage and family therapist board; or

(b)Hold a certificate to practice as a certified Ohio behavior analyst pursuant to section 4783.04 of the Revised Code; or

(c)Hold a bachelor's or graduate-level degree from an accredited college or university and have at least three years of paid, full-time (or equivalent part-time) experience in developing and/or implementing behavioral support and/or risk reduction strategies or plans.

(7)A behavioral support strategy that includes restrictive measures shall:

(a)Be designed in a manner that promotes healing, recovery, and emotional wellbeing based on understanding and consideration of the individual's history of traumatic experiences as a means to gain insight into origins and patterns of the individual's actions;

- (b) Be data-driven with the goal of improving outcomes for the individual over time and describe behaviors to be increased or decreased in terms of baseline data about behaviors to be increased or decreased;
  - (c) Recognize the role environment plays in behavior;
  - (d) Capitalize on the individual's strengths to meet challenges and needs;
  - (e) Delineate measures to be implemented and identify those who are responsible for implementation;
  - (f) Specify steps to be taken to ensure the safety of the individual and others;
  - (g) As applicable, identify needed services and supports to assist the individual in meeting court-ordered community controls such as mandated sex offender registration, drug-testing, or participation in mental health treatment; and
  - (h) As applicable, outline necessary coordination with other entities (e.g., courts, prisons, hospitals, and law enforcement) charged with the individual's care, confinement, or reentry to the community.
- (8) When a behavioral support strategy that includes restrictive measures is deemed necessary by the individual and his or her team, the qualified intellectual disability professional or the service and support administrator, as applicable, shall:
- (a) Ensure the strategy is developed in accordance with the principles of person-centered planning and incorporated as an integral part of the individual plan or individual service plan.
  - (b) Submit to the human rights committee documentation based upon the assessment that clearly indicates risk of harm or likelihood of legal sanction described in observable and measurable terms and ensure the strategy is reviewed and approved by the human rights committee in accordance with paragraph (F) of this rule prior to implementation and whenever the behavioral support strategy is revised to add restrictive measures, but no less than once per year.
  - (c) Secure informed consent of the individual or the individual's guardian, as applicable.
  - (d) Provide an individual or the individual's guardian, as applicable, with written notification and explanation of the individual's or guardian's right to seek administrative resolution if he or she is dissatisfied with the strategy or the process used for its development.



(e)Ensure the strategy is reviewed by the individual and the team at least every ninety days to determine and document the effectiveness of the strategy and whether the strategy should be continued, discontinued, or revised. A decision to continue the strategy shall be based upon review of up-to-date information which indicates risk of harm or likelihood of legal sanction is still present.

(E)Implementation of behavioral support strategies with restrictive measures

(1)Restrictive measures shall be implemented with sufficient safeguards and supervision to ensure the health, welfare, and rights of individuals receiving specialized services.

(2)Each person providing specialized services to an individual with a behavioral support strategy that includes restrictive measures shall successfully complete training in the strategy prior to serving the individual.

(F)Human rights committees

(1)Each county board, or county board jointly with one or more other county boards, or county board jointly with one or more providers, and each intermediate care facility shall establish a human rights committee to safeguard individuals' rights and protect individuals from physical, emotional, and psychological harm. The human rights committee shall:

(a)Be comprised of at least four persons;

(b)Include at least one individual who receives or is eligible to receive specialized services;

(c)Include qualified persons who have either experience or training in contemporary practices for behavioral support; and

(d)Reflect a balance of representatives from each of the following two groups:

(i)Individuals who receive or are eligible to receive specialized services or family members or guardians of individuals who receive or are eligible to receive specialized services; and

(ii)County boards or providers.

(2)All information and documents provided to the human rights committee and all discussions of the committee shall be confidential and shall not be shared or discussed with anyone other than the individual and his or her guardian and the individual's team.

(3)The human rights committee shall review, approve or reject, monitor, and reauthorize strategies that include restrictive measures. In this role, the human rights committee shall:

(a)Ensure that the planning process outlined in this rule has been followed and that the individual or the individual's guardian, as applicable, has provided informed consent and been afforded due process;

(b)Ensure that the proposed restrictive measures are necessary to reduce risk of harm or likelihood of legal sanction;

(c)Ensure that the overall outcome of the behavioral support strategy promotes the physical, emotional, and psychological wellbeing of the individual while reducing risk of harm or likelihood of legal sanction;

(d)Ensure that a restrictive measure is temporary in nature and occurs only in specifically defined situations based on risk of harm or likelihood of legal sanction;

(e)Verify that any behavioral support strategy that includes restrictive measures also incorporates actions designed to enable the individual to feel safe, respected, and valued while emphasizing choice, self-determination, and an improved quality of life; and

(f)Communicate the committee's determination in writing to the qualified intellectual disability professional or service and support administrator submitting the request for approval.

(4)Members of the human rights committee shall receive department-approved training within three months of appointment to the committee in: rights of individuals as enumerated in section 5123.62 of the Revised Code, person-centered planning, informed consent, confidentiality, and the requirements of this rule.

(5)Members of the human rights committee shall annually receive department-approved training in relative topics which may include but are not limited to: self-advocacy and self-determination; role of guardians and section 5126.043 of the Revised Code; effect of traumatic experiences on behavior; and court-ordered community controls and the role of the court, the county board, and the human rights committee.

(G)Use of a restrictive measure without prior approval by the human rights committee

(1)Use of a restrictive measure, including use of a restrictive measure in a crisis situation (e.g., to prevent an individual from running into traffic), without prior approval by the human rights committee shall be reported as

"unapproved behavior support" in accordance with rule 5123:2-17-02 of the Administrative Code.

(2)Nothing in this rule shall be construed to prohibit or prevent any person from intervening in a crisis situation as necessary to ensure a person's immediate health and safety.

(H)Reporting of behavioral support strategies that include restrictive measures

After securing approval by the human rights committee and prior to implementation of a behavioral support strategy that includes restrictive measures, the county board or intermediate care facility shall notify the department in a format prescribed by the department.

(I)Recording use of restrictive measures

Each provider shall maintain a record of the date, time, duration, and antecedent factors regarding each use of a restrictive measure other than a restrictive measure that is not based on antecedent factors (e.g., bed alarm or locked cabinet). The provider shall share the record with the individual and the individual's team whenever the individual's behavioral support strategy is being reviewed or reconsidered.

(J)Analysis of behavioral support strategies that include restrictive measures

(1)Each county board and each intermediate care facility shall compile and analyze data regarding behavioral support strategies that include restrictive measures and furnish the data and analyses to the human rights committee. Data compiled and analyzed shall include, but are not limited to:

(a)Nature and frequency of risk of harm or likelihood of legal sanction that triggered development of strategies that include restrictive measures;

(b)Nature and number of strategies reviewed, approved, rejected, and reauthorized by the human rights committee;

(c)Nature and number of restrictive measures implemented;

(d)Duration of strategies that include restrictive measures implemented; and

(e)Effectiveness of strategies that include restrictive measures in terms of increasing or decreasing behaviors as intended.

(2)County boards and intermediate care facilities shall make the data and analyses available to the department upon request.

(K)Department oversight

- (1)The department shall take immediate action as necessary to protect the health and welfare of individuals which may include, but is not limited to:
- (a)Suspension of a behavioral support strategy not developed, implemented, documented, or monitored in accordance with this rule or where trends and patterns of data suggest the need for further review;
  - (b)Provision of technical assistance in development or redevelopment of a behavioral support strategy; and
  - (c)Referral to other state agencies or licensing bodies, as indicated.
- (2)The department shall compile and analyze data regarding behavioral support strategies for purposes of determining methods for enhancing risk reduction efforts and outcomes, reducing the frequency of restrictive measures, and identifying technical assistance and training needs. The department shall make the data and analyses available.
- (3)The department may periodically select a sample of behavioral support strategies for review to ensure that strategies are developed, implemented, and monitored in accordance with this rule.
- (4)The department shall conduct reviews of county boards and providers as necessary to ensure the health and welfare of individuals and compliance with this rule. Failure to comply with this rule may be considered by the department in any regulatory capacity, including certification, licensure, and accreditation.

(L)Waiver of provisions of this rule

For adequate reasons and when requested in writing by a county board or provider, the director may waive a condition or specific requirement of this rule except that the director shall not permit use of a prohibited measure as defined in paragraph (C)(8) of this rule. The director shall grant or deny a request for a waiver within ten working days of receipt of the request or within such longer period of time as the director deems necessary and put whatever conditions on the waiver as are determined to be necessary. Approval to waive a condition or specific requirement of this rule shall not be contrary to the rights, health, or safety of individuals receiving services. The director's decision to grant or deny a waiver is final and may not be appealed.

5123:2-2-06

Replaces: 5123:2-3-25, part of 5123:2-1-02  
Effective: 01/01/2015  
Five Year Review (FYR) Dates: 01/01/2020

CERTIFIED ELECTRONICALLY

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Certification

12/22/2014

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Date

Promulgated Under: 119.03  
Statutory Authority: 5123.04, 5123.19, 5123.62, 5124.02, 5124.03, 5126.08  
Rule Amplifies: 5123.04, 5123.19, 5123.62, 5124.02, 5124.03, 5126.08  
Prior Effective Dates: 07/01/1976, 10/31/1977, 09/30/1983, 12/11/1983,  
07/01/1991 (Emer.), 09/13/1991, 04/22/1993,  
06/02/1995 (Emer.), 12/09/1995, 02/28/1996 (Emer.),  
05/28/1996, 07/12/1997, 08/01/2001, 03/21/2002



Department of  
Developmental Disabilities

Division of Legal & Oversight

John R. Kasich, Governor  
John L. Martin, Director

TO: SSA Directors  
Intermediate Care Facilities  
Providers  
Superintendents  
COG Directors

FROM: Kathryn Haller, Deputy Director  
Teresa Kobelt, Assistant Deputy Director

SUBJECT: Behavioral Support Strategies  
Ohio Administrative Code Section 5123:2-2-06

DATE: December 22, 2014

On January 1, 2015, a new rule regarding behavioral support strategies will go into effect. This rule builds upon the progressive work that our community has engaged in over the past several years, such as the positive culture initiative and most recently, person-centered planning initiatives. We were fortunate to have an engaged group of stakeholders come together over the course of a year to develop this new rule. The group included self-advocates, advocates, licensed professionals, representatives of waiver providers and intermediate care facilities, people with experience in writing plans and people experiencing plans.

We know that for some, portions of the rule will produce change in current practice. For others, this will be an affirmation of what they are already doing. Regardless, we understand that a certain roll out period would be helpful to all.

**January 1, 2015 – June 30, 2015:** We will not cite boards for non-compliance with the new rule unless the action or activity would also have been a violation of paragraph (J) of 5123:2-1-02. We will not cite intermediate care facilities for non-compliance with the new rule unless the action or activity would have been a violation of 5123:2-3-25 or the federal conditions of participation. We do encourage boards and intermediate care facilities to follow the new rule as they write or renew plans during this period.

Boards and providers should examine the composition of their Human Rights Committees and adjust membership as indicated in the rule. OSDA and People First are available to locate candidates who may be interested in membership.

Boards and providers should also examine and update their policies and procedures.

30 E. Broad Street (800) 617-6733 (Phone)  
12th Floor (614) 752-8551 (Fax)  
Columbus, Ohio 43215 [dodd.ohio.gov](http://dodd.ohio.gov)  
*The State of Ohio is an Equal Opportunity Employer and Provider of Services*

During this period we will be:

- a. Offering training on a regional basis to boards and providers, families and individuals.
- b. Developing on-going training which will be on-line and will address specific topics or specific audiences (e.g., members of Human Rights Committees).
- c. Offering technical assistance to boards and providers as we conduct regular reviews.

**July 1, 2015 ongoing:** At the time of the annual review, any individual plans with restrictive measures must be reviewed and revised in accordance with the new rule. Any new plans must conform to the new rule.

Human Rights Committee requirements should be met.

Revised policies and procedures should be in place.

Boards and providers should develop a plan to identify and revise existing plans allowing restrictive measures in circumstances that are not permitted under this rule. We would expect these plans to be modified by December 31, 2015 even if the annual review would normally occur later.

The Office of Provider Standards and Review will continue to offer technical support during this period but will also issue citations when there is substantial non-compliance with the rule.

#### **Restrictive Measures Notification:**

The rule requires that county boards, intermediate care facilities and DODD compile and analyze data regarding behavioral support strategies, particularly those including restrictive measures. In addition, county boards and intermediate care facilities are to notify DODD of behavioral support strategies which include restrictive measures. DODD has developed the Restrictive Measure Notification form ("RMN") (which replaces the Time-out Restraint Notification). This form and instructions for its use are attached to this memo. A link to the electronic form will be made available. It will also be available on our website. Boards must submit this form to DODD for any plan with a restrictive measure initiated or renewed after January 1, 2015. Intermediate care facilities must complete and submit this form for any plan with a restrictive measure initiated or renewed after July 1, 2015.

cc:    APSI                    OPRA  
      ARC                     OSDA  
      OHCA                   OWN  
      OHIO SIBS            PEOPLE FIRST  
                              VFA





# APPENDIX 3

## A Bridge from Old to New Behavioral Support Forms, Terms

January 2018

## A Bridge from “Old” to “New” Behavioral Support Forms & Terms

### Old

### New

**BSS = Behavioral Support Strategies**

472 Behavior Support Plan	Behavioral Assessment Report (BAR)
472A Training Documentation Form	Training Documentation Form - BSS
472B Quick Reference Form (QRF)	Strategies Summary - BSS
473 Consent to Behavior Support Plan Form	Informed Consent to Restrictive Support Strategies
474 ABSC Meeting Minutes	NONE
475 HRC Meeting Minutes	HRC Review Minutes
476 Behavior Support Summary Data Form	Summary Data Form - BSS
477 Behavior Support Plan Review Form (UBSC minutes)	Review Meeting Minutes - BSS
(not separate)	Review Meeting Minutes Attendance Sheet - BSS
484 Notice of Emergency Removal	NONE
485 Notice of Intention to Suspend	NONE
486 Notice of Suspension	NONE
486A Restraint/Time-Out Log Form	Daily Data Sheet (individualized by monitor of supports); Summary Data Form - BSS
487 Licensed Healthcare Professional’s Statement Regarding Use of Aversive Procedures (LHC) form	Physical/Mental Health Checklist OR Guardian’s Statement on Consent Form
488 Time Out Room Inspection Form	NONE
Behavior Support Self-Review Form (’03)	NONE
DODD Behavior Support Plan Using Restraint or Time-Out Notification Form (TRN)	DODD Restricted Measures Notification (RMN) Form
NONE	Routing Slip – Requesting Human Rights Committee (HRC) Review
Service Referral forms (location specific)	SAME
“aversive”	“restrictive”
Behavior Support Plan	BSS Packet: Assessment, Strategies Summary, Training Documentation, ISP
“interventions”	“supports”; “strategies”; “measures”
Agency Behavior Support Committee (ABSC)	NONE; “technical assistance” provided by HRC chairperson(s) prior to HRC rule reviews
“technical assistance” provided by HRC chairperson(s) prior to HRC rule reviews	HRC Review of Rule Criteria
Unit Behavior Support Committee (UBSC)	SAME

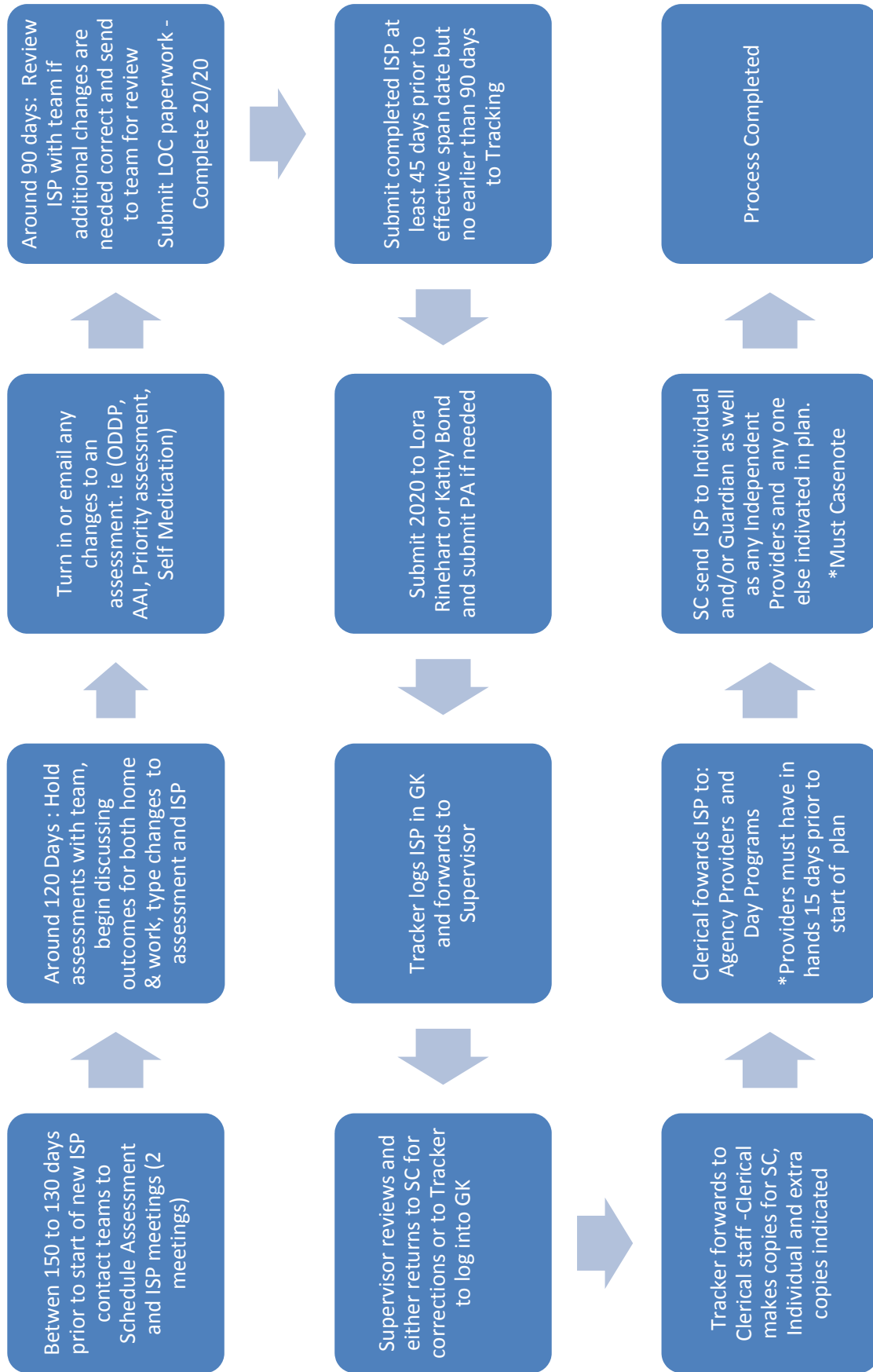
## APPENDIX 4

### Timelines for ISP Development and Integrating Restrictive Supports

# Timeline for Completion of Individual Service Plan (ISP)

Crystal Schneider, June 2015

No Changes as of January 2018



**Timeline for Annual ISP development & HRC\* review of restrictive supports:**

# days from ISP start date:	120 - 180	105	90	75	60	45	30	ISP Span Start date
SC/ISP** process:	"My Assessment" & other parts of "annual planning process" begins	"My Assessment" results reviewed w/ team	75-90 days out: ISP team mtg			ISP to supervisor	ISP to individual, provider, & other team members	
BSS*** process:	Specialized assessments begin		Specialized assessments completed; signatures for restrictive supports gotten at ISP mtg <b>or before</b> ; packet sent to psych for HRC <b>review</b>	All paperwork for restrictive supports to psych sec'y for review/scheduling of HRC <b>team</b> review	HRC review scheduled 60-75 days from ISP start date; restrictive supports are "approved for training." HRC minutes sent by psych sec'y to SC & others.	Implementers trained; once implementers are trained, restrictive supports can be used during dates on consent. Send training documentation form(s) to psych sec'y	New implementers trained as needed (ongoing)	HRC-approved restrictive supports begin to be used. Reviewed every 30 days by specialist <b>or svc coord</b>

\*HRC: Human Rights Committee  
 \*\*SC/ISP: service coordination/individual service plan  
 \*\*\*BSS: behavioral support specialist

**Timeline for mid-span ISP addendum & HRC review of restrictive supports:**

Follow decision tree and service coordination "Procedures to Request HRC Review of a Restrictive Support." Specialist should complete assessment & provide recommendations for supports as soon as possible. Once signatures have been obtained on consent to restrictive supports and team page, send required documents to psychology department for scheduling of HRC review. Each case is added to the HRC team schedule as soon as possible.



# APPENDIX 5

## Guardian Rules – Summary of Major Changes

Gwynn Kinsel, FCBDD Legal Counsel

6/12/15

No changes as of January 2018



## Franklin County Board of Developmental Disabilities

*Helping people to live, learn and work in our community*

2879 Johnstown Road • Columbus, Ohio 43219 • 614-475-6440 • [www.fcbdd.org](http://www.fcbdd.org)

Gwynn Kinsel  
Legal Counsel

### Major Overhaul of the Guardian Rules in Effect NOW

The Supreme Court of Ohio has issued new rules affecting all guardians in Ohio. Many of these changes will affect how staff at county boards interacts with guardians and affect how guardians will interact with individuals served by county boards. Below is a summary of the substantial changes. You can access a copy of the Ohio Superintendence Rules 66.01-66.09 and 73 in their entirety [here](#).

#### Best Interest Defined (66.01)

A guardian is required to act in the ward's best interest. R.C. 2111.50. However, the term "best interest" was not clearly defined in Ohio law. This allowed the courts and guardians leeway to interpret what they thought was "best" for the ward. Now the guidance is clearer on what it means to act in the ward's best interest.

"Best interest" means the course of action that maximizes what is best for a ward, including consideration of the least intrusive, most normalizing, and least restrictive course of action possible given the needs of the ward." (Emphasis added)

#### Responsibilities of the Guardian Defined (66.08 and 66.09)

All guardians must meet with the ward at least once prior to appointment.

Generally, ten days prior to a change in residence, the guardian must notify the court of the move and the reason for the move.

A change in the ward's residence to a more restrictive setting is subject to the probate court's approval, unless the delay would affect the health and safety of the ward.

All guardians must file an annual plan (in addition to the guardian's report). The plan must state the guardian's goals for meeting the ward's personal and financial needs.

A guardian must communicate with the ward about decisions on the ward's behalf.

All decisions by the guardian must impose the least restrictions on the ward's rights, freedom, or ability to control the ward's environment, unless otherwise approved by the court.

Person-centered planning: A guardian must advocate for services based on the ward's wishes and needs to reach his/her full potential. A guardian must strive to balance a ward's maximum independence and self-reliance with the ward's best interest.

A guardian must try to foster and preserve positive relationships in the ward's life unless the relationships are substantially harmful to the ward.



A guardian must meet with the ward at least quarterly and speak with the ward privately.

A guardian must notify the court if the ward's level of care is not being met.

A guardian must monitor and coordinate all of the ward's services and benefits by: having regular contact with service providers, maintaining eligibility for all benefits, communicating with other guardians, i.e. guardian of the estate, as needed.

### **Court Required to Consider Limited Guardianship First (66.03)**

The probate court must consider a limited guardianship before establishing any guardianship.

### **Local Rules to Establish Complaint Process (66.03)**

The probate court must establish local rules to detail a complaint process. Franklin County has not yet adopted these new local rules. The process will require that the guardian receive a copy of the complaint. Also, the court must notify both the complainant and the guardian of the resolution of the complaint.

### **Education Required (66.06 and 66.07)**

All current guardians will be required to attend six hours of training by June 1, 2016. All newly appointed guardians must attend this training within six months of appointment. Then, all guardians will be required to take three hours of training each subsequent year.

### **Applied to All Guardians (66.02)**

These rules apply to all guardians unless the court finds good cause to exempt a guardian who is related by blood or marriage to the ward.

Questions or concerns can be directed to Franklin County Board of Developmental Disabilities Legal Counsel, Gwynn Kinsel, 614-342-5988, gwynn.kinsel@fcbdd.org.

***Disclaimer:** This information is not intended to provide legal advice and should not be relied upon in lieu of consultation with an attorney. The materials have been prepared for education and information purposes only. This information is not intended to create, and receipt of it does not constitute, an attorney/client relationship.*



# APPENDIX 6

## Individual Service Plan (ISP) and My Assessment Templates

Revised May 2017

Completed by FCBDD Service Coordinators

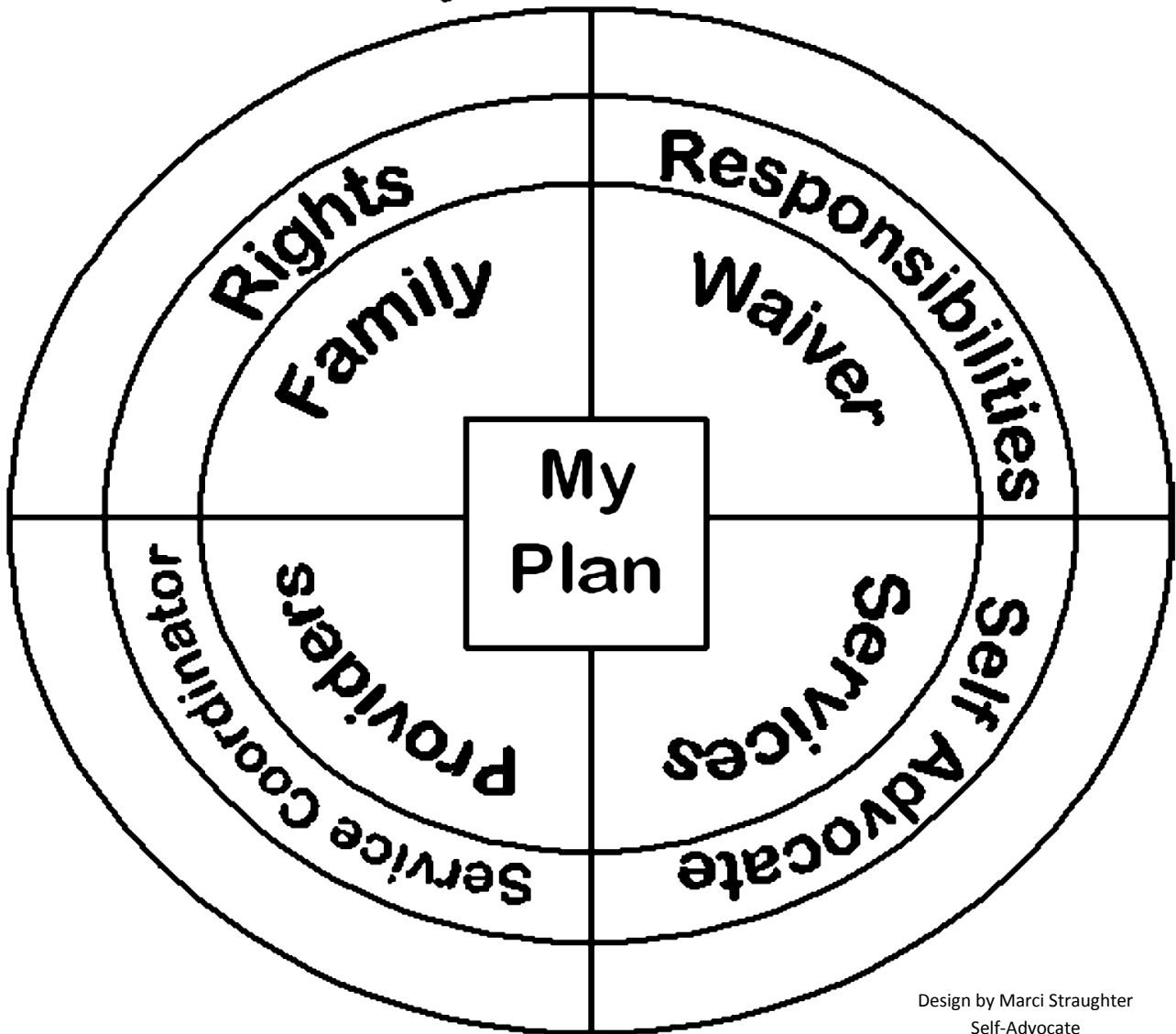
No changes as of January 2018

Name \_\_\_\_\_  
 DODD# \_\_\_\_\_  
 Assessment Meeting Date \_\_\_\_\_  
 Annual Span \_\_\_\_\_  
 Revision Span \_\_\_\_\_

ISP Meeting Date \_\_\_\_\_  
 to \_\_\_\_\_  
 to \_\_\_\_\_

Annual  
 Revision

# iSP



Design by Marci Straughter  
 Self-Advocate

Name:

Span:

### All About Me

What is important to me?

What makes a good day for me?

What do I want people to know about me (what do I do well, etc.)?

What are my interests?

What makes a bad day for me?

What makes me nervous/uncomfortable?

What do I want to accomplish or do this year?

Name:

Span:

### Important People to Me

#### Me

- Legal name
- Preferred name
- Address
- Home Phone
- Cell Phone
- Email address
- Date of Birth

#### Relationship

Name

Phone

Email

Address

#### Relationship

Name

Phone

Email

Address

#### Relationship

Name

Phone

Email

Address

#### Relationship

Name

Phone

Email

Address

#### Relationship

Name

Phone

Email

Address

#### Relationship

Name

Phone

Email

Address

Name:

Span:

### Important for Me

Pertinent health information (e.g. g/j tube, prevention/treatment of medical conditions/illness, promotion of wellness – diet/exercise information, etc):

Pertinent safety information (e.g. physical and emotional well-being, environmental needs, fears, etc.):

How others see this person as valued and a contributing member of their community:

Name:

Span:

### Continuous Review Process/Summary

#### Continuous Review Process (CRP)

**My team has decided that we will complete a review of my plan at a frequency no less than \_\_\_\_\_ time (s) during this ISP span.**

**We understand that, should my circumstances change, we can increase the scope, type and frequency of the continuous review process.**

Summary of Previous Year (including status of outcomes and my supports)



Name:

Span:

### My Desired Outcomes and Action Plans

<b>Outcome</b>		
<b>Action Steps</b> (include frequency when applicable)		<b>If I need help, who will help me?</b>
<b>A.</b>		
<b>B.</b>		
<b>C.</b>		
<b>D.</b>		
<b>E.</b>		

<b>Outcome</b>		
<b>Action Steps</b> (include frequency when applicable)		<b>If I need help, who will help me?</b>
<b>A.</b>		
<b>B.</b>		
<b>C.</b>		
<b>D.</b>		
<b>E.</b>		

<b>Outcome</b>		
<b>Action Steps</b> (include frequency when applicable)		<b>If I need help, who will help me?</b>
<b>A.</b>		
<b>B.</b>		
<b>C.</b>		
<b>D.</b>		
<b>E.</b>		

Name:

Span:

### Path to Employment/ Day Service Outcomes

<b>Current Status:</b>	Choose an item
<b>Place on Path to Employment:</b>	
Choose an item	
Choose an item	
<b>Action Steps</b> (include frequency when applicable)	
<b>A.</b>	Choose an item
<b>B.</b>	Choose an item
<b>C.</b>	Choose an item
<b>D.</b>	Choose an item
<b>E.</b>	Choose an item

Choose an item	
<b>Action Steps</b> (include frequency when applicable)	
<b>A.</b>	Choose an item
<b>B.</b>	Choose an item
<b>C.</b>	Choose an item
<b>D.</b>	Choose an item
<b>E.</b>	Choose an item

Choose an item	
<b>Action Steps</b> (include frequency when applicable)	
<b>A.</b>	Choose an item
<b>B.</b>	Choose an item
<b>C.</b>	Choose an item
<b>D.</b>	Choose an item
<b>E.</b>	Choose an item



Name:

Span:

## My Supervision

*Describe specific supports in each section. Select locations as applicable from drop-down boxes. Supervision levels and supports should be consistent with identified area (s) of My Assessment.*

<b>Home</b>

<b>Choose a location</b>

<b>Choose a location</b>

<b>Choose a location</b>

<b>Choose a location</b>

Name:

Span:

### My Supports

*This section will be used to identify important supports needed, as well as being used, by the individual including but not limited to waiver supports, natural supports, Medicaid home health/Healthchek, Private Duty Nursing, County-Funded Therapy, Money Management, Personal Funds etc.*

Type of Support (HPC, ADWS, NMT, Natural, CFT, etc.)	Support (Description)	Who will be providing the support?	Frequency (How Often?)

Name:

Span:

### My Important Medical Information

Diagnoses:	_____
Allergies:	_____
Adaptive Equipment:	_____

### My Important Information

<b>Housing</b> <input type="checkbox"/> Renters Insurance		
<b>Creative Housing</b> <input type="checkbox"/> Rent Subsidy <input type="checkbox"/> Section 8 <input type="checkbox"/> HUD <input type="checkbox"/> Regular	<b>Non-Creative Housing</b> <input type="checkbox"/> Section 8 <input type="checkbox"/> HUD <input type="checkbox"/> Family home: <input type="checkbox"/> Other: _____	<input type="checkbox"/> Licensed Home I understand that this means that, per DODD Licensure rules, my provider choice is tied to my home choice, my medications may be locked, and my spending money will be a set amount.

<b>Funding Source</b> <input type="checkbox"/> IO <input type="checkbox"/> LV1 <input type="checkbox"/> SELF  <input type="checkbox"/> County Funded Supported Living <input type="checkbox"/> None <input type="checkbox"/> Other: _____	<b>Waiver Funding Ranges</b> ODDP Range:    Choose an item _____ Date Reviewed: _____  AAI Group:    Choose an item _____ Date Reviewed: _____	<b>Waiting List Status</b> Check applicable lists: <input type="checkbox"/> IO <input type="checkbox"/> LV1 <input type="checkbox"/> SELF  Date on Waiting List : _____  Priority Status: Y <input type="checkbox"/> N <input type="checkbox"/>
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<b>LEVEL 1 ONLY</b>	
3 Year Span Dates: _____ to _____	Spec. Med Equip/Env. Access Adapt- Available: \$ _____ Emergency Funds Available: \$ _____

<b>Insurance</b> <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Medicare Part D <input type="checkbox"/> Private <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____	<b>Federal Assistance</b> <input type="checkbox"/> HEAP <input type="checkbox"/> PIP <input type="checkbox"/> Lifeline <input type="checkbox"/> Food stamps <input type="checkbox"/> Other: _____	<b>Income/Benefits</b> <input type="checkbox"/> SSA <input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> Veterans <input type="checkbox"/> Railroad <input type="checkbox"/> Earned Income <input type="checkbox"/> Other: _____
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Name: \_\_\_\_\_

Span: \_\_\_\_\_

### My Team

Education

Employment/Day Program

Day Program also provides NMT

Location: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone & Ext.: \_\_\_\_\_

Payee Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Landlord Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Provider Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Provider Type: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Provider Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Provider Type: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Provider Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Provider Type: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Provider Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Provider Type: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Provider Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Provider Type: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### SELF WAIVER ONLY

Support Broker

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Financial Management Services Company

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Name:

Span:

### Attendance/Agreement

Team Member	Relationship	Date	Present at mtg.	Will receive copy of ISP

**Annual Review: I have received from, and reviewed with my Service Coordinator the following information:**

- Rights and Responsibilities
- Self-Advocacy Opportunities in Franklin County
- ODJFS Form 4059 Explanation of State Hearings (waiver only)
- Provider Selection Process (waiver only) \_\_\_\_\_Initials

***Your Individual Service Plan (ISP) helps you and your team achieve goals and outcomes. The team members will need to coordinate treatment to best serve you. This means that team members will need to talk and share information. The team will share the minimum amount of information necessary to complete their jobs.***

<i>The services and activities described in this ISP support my choices, meet my needs, enhance my options and assist me in expanding and developing my world and will lead me to a more independent, secure and responsible life.</i>	
Individual Signature: _____	Date: _____

***As guardian, I have reviewed and consent to the supports and services listed within the plan.***

Guardian \_\_\_\_\_ Date: \_\_\_\_\_

Co-Guardian \_\_\_\_\_ Date: \_\_\_\_\_

***In order to support this individual, we agree to provide supports and services consistent with both the My Assessment and this Individual Service Plan. As waiver provider representatives, we also agree to provide services consistent with the administrative code rules regarding the specific service (s) we provide.***

Provider Representative \_\_\_\_\_ Date: \_\_\_\_\_

Provider Representative \_\_\_\_\_ Date: \_\_\_\_\_

Provider Representative \_\_\_\_\_ Date: \_\_\_\_\_

Service Coordinator \_\_\_\_\_ Date: \_\_\_\_\_

Final FCBDD Review \_\_\_\_\_ Date: \_\_\_\_\_



Name:

Span:

*Dissenting Opinions*  Yes - *Must attach statement*

Name: \_\_\_\_\_  
 DODD#: \_\_\_\_\_  
 Service Coordinator: \_\_\_\_\_  
 Span Date: \_\_\_\_\_ to \_\_\_\_\_  
 Meeting Date: \_\_\_\_\_

# MY ASSESSMENT

## Participants:

Type of Support:	Frequency: *Minimal expectation	Rating Key	Support:
I= Independent	O= Occasionally (less than 1x/ month)		N= Natural/Unpaid
S= Supervision	M= Monthly		D= Day Supports
A= Assistance	W= Weekly		P= Paid Supports
T= Total Support	F= Frequently (several times/week)		SC= Service Coordinator
	D= Daily		

RIGHTS & SELF-DETERMINATION – DAY TO DAY LIFE	Type of Support	How Often	Who Provides Support
1. Advocating for Myself			
2. Making Choices & Decisions			
3. Speaking up at Work/School Meetings			
4. Obtaining an Advocate/Guardian/Chosen Representative			
5. Voting (getting registered and/or participating)			
6. Getting Involved in Advocacy Groups			

**Notes:**

PERSONAL DEVELOPMENT- COMMUNICATION & LEARNING	Type of Support	How Often	Who Provides Support
1. Learning Functional Reading Skills			
2. Taking Courses/ Training/ Classes			
3. Learning/Using Problem Solving Strategies			
4. Using Technology (computer, tablet, smartphone, etc.)			
5. Reading/Answering my mail/email			
6. Communicating with others using ASL, communication device, etc.			

**Notes:**

INTERPERSONAL RELATIONSHIPS	Type of Support	How Often	Who Provides Support
1. Making new Friends			
2. Visiting my Family			
3. Visiting my Friends			
4. Having an Intimate Relationship/ Partner			
5. Obtaining Counseling for Personal Matters			

**Notes:**

SOCIAL INCLUSION- COMMUNITY MEMBERSHIP & GETTING AROUND	Type of Support	How Often	Who Provides Support
1. Transportation			
2. Finding Activities (church, club, volunteer)			
3. Participating in Activities in My Neighborhood			

4. Participating in Day Programming/School			
5. Planning a Vacation/ Day Trip			
6. Attending Camp/ Community Respite			
7. Obtaining a State I.D.			
8. Obtaining Driver's License			
9. Shopping			

**Notes:**

<b>PHYSICAL/ EMOTIONAL WELL-BEING – HEALTH &amp; WELLNESS</b>	<b>Type of Support</b>	<b>How Often</b>	<b>Who Provides Support</b>
1. Maintaining a Nutritious Diet			
2. Learning About My Physical Health (diabetes education, etc.)			
3. Getting Up and Moving About			
4. Sharing Information with my Doctors, etc.			
5. Taking Medicine (see Med Admin Section)			
6. Obtaining New/Different Healthcare Services			
7. Obtaining New/Different Mental Health Services			
8. Getting Home Modifications or Specialized Medical Equipment			
9. Getting OT/PT/Speech Assessment			
10. Accessing County Funded Therapy services			
11. Accessing Home Health/Medicaid State Plan services			
12. Learning How to Respond in an Emergency			
13. Preventing Health Risks (aspiration, constipation, dehydration, sepsis/diabetes, seizures)			

**Notes:**

<b>PHYSICAL WELL-BEING - DAILY LIVING ACTIVITIES- HOME &amp; HOUSING</b>	<b>Type of Support</b>	<b>How Often</b>	<b>Who Provides Support</b>
1. Housekeeping			
2. Doing my Laundry			
3. Preparing my Food			
4. Eating/ Drinking			
5. Using the Restroom			
6. Bathing, Personal Hygiene, Grooming			
7. Dressing			
8. Maintaining Alarms/Smoke Detectors			
9. Cleaning & Maintaining Specialized Medical Equipment			
10. Caring for my pet			

**Notes:**

<b>MATERIAL WELL-BEING</b>	<b>Type of Support</b>	<b>How Often</b>	<b>Who Provides Support</b>
1. Having a Payee			
2. Learning to Manage My Money			
3. Reporting Income			
4. Filing Taxes			
5. Locating Affordable Housing			
6. Locating Furnishings			
7. Applying for Community Resources/ Benefits (food stamps, food pantries, Insurance, Benefits, etc.)			
8. Maintaining my Medicaid/Current Benefits			
9. Contacting my Landlord			

**Notes:**

<b>END OF LIFE PLANNING</b> - All areas that apply must list information in detail section.	<b>Details</b>
1. Do you have any documents that address your end of life plans and if so, where are they located and who is responsible for these?	
<input type="checkbox"/> Will	
<input type="checkbox"/> Living Will	
<input type="checkbox"/> Medical or Durable Power of Attorney	
<input type="checkbox"/> Do Not Resuscitate (DNR) order	
<input type="checkbox"/> Burial/Cremation plan (indicate specific/religious funeral rites, if applicable)	
<input type="checkbox"/> Declaration of Funeral Arrangements	
<input type="checkbox"/> Other	
2. Do you have a Next of Kin that needs contacted, if so who?	
3. If you <b>do not</b> have a will or plans at this time,	
a. have you considered how you would want the things that are important to you cared for i.e. children, pets, belonging assets?	
b. would you like help with creating an End of Life Plan to address these areas in your life?	

PATH TO EMPLOYMENT				
Attending school and under the age of 14	Yes		No	
Attending school and age 14-21	Yes		No	
Expected date of Transition (graduation/move to adult services):				
<i>Complete for <u>everyone</u> age 14 and older</i>				
My responsibilities at Home/School are: (chores, etc.)				
My history of work, volunteering, training/ schooling, agency involvement:				
My employment strengths, interests, abilities, and preferences:				
What are obstacles to me finding a community job?				
What can I do to find employment?				
Who could help me find a job & what can they do?				
<b>Path to Employment Steps:</b>				
<b>All working age (18+) adults must choose at least one of the following:</b>			<b>Next Steps/ Comments</b>	
I have a competitive job but would like a better one or to move up.				
I want a competitive job! I need help to find one.				
I'm not sure about a competitive job. I need help to learn more.				
I don't think I want a competitive job, but I may not know enough about it.				
<b>My Desired Adult Services: (choose any combination below based on need)</b>				
<input type="checkbox"/> Career Planning – <b>if choosing Career Planning, must select service options below</b>				
<input type="checkbox"/> Assistive Technology Assessment		<input type="checkbox"/> Benefits Education Analysis		
<input type="checkbox"/> Employment/Self-employment Plan		<input type="checkbox"/> Situation Observation & Assessment		
<input type="checkbox"/> Career Discovery		<input type="checkbox"/> Career Exploration		
<input type="checkbox"/> Job Development		<input type="checkbox"/> Self-Employment Launch		
<input type="checkbox"/> Worksite Accessibility				
<input type="checkbox"/> Individual Employment Support		<input type="checkbox"/> Adult Day Support		
<input type="checkbox"/> Vocation Habilitation Support		<input type="checkbox"/> Group Employment Support		
<b>Notes:</b>				

<b>MONEY MANAGEMENT/ PAYEESHIP</b>  <i>Check applicable</i>		I have a Social Security Payee. They follow all requirements of being a Social Security Payee. My Payee Name/Contact#:
		I have someone who helps me with managing my other funds (work income, etc.). That person/ entity and contact# is:
		I would like involvement in managing my money Describe:
		I can manage my spending money How much on a monthly, weekly, or daily basis?
		A banking/prepaid/debit card can be used on my behalf Specific conditions, who can keep it, etc.:
		I want to save money for a specific purpose Describe:
	<b>Notes:</b>	
<b>HOUSING</b>  <i>Check applicable</i>		I live with my family
		I live in a community apartment (not creative housing subsidized) Landlord name/ Contact#
		I live in a community apartment (w/ CH Rent Subsidy) Landlord name/ Contact#
		I live in a Creative Housing-owned property
		I live in an IO-Licensed Home
		Other:
<b>MONTHLY SAFETY CHECKLIST</b>  <i>Check applicable</i>		I require a Monthly Safety Checklist because I live in a non-family, community setting and I have an agency IO, Level 1, or SELF waiver provider. <i>My provider will complete a Monthly Safety Checklist and will send it to my Service Coordinator within 5 days of completion each month.</i>
		I do not require a Monthly Safety Checklist.
<b>SECTION 8</b>  <i>Check applicable</i>		I have a Regular Section 8 Voucher
		I have a Creative Housing Section 8 Voucher My provider is my payee and will assist the FCBDD Section 8 specialist with obtaining the necessary paperwork so that the annual Section 8 redetermination can be completed in a timely manner and following Columbus Metropolitan Housing Authority guidelines.
		I live in a Creative Housing HUD home
		At least annually, the Business Manager at Creative Housing will contact my provider to schedule a meeting with me. My provider will be responsible for obtaining the required financial documentation or contacting my payee to obtain the necessary paperwork. If my financial situation changes, my providers or payee is responsible to contact the Business Manager to schedule an income re-evaluation.
<b>Notes:</b>		

<b>ON BEHALF OF:</b>  I would like to receive HPC services on my behalf. These services are provided for me by HPC staff only when I am unable to participate.  <input type="checkbox"/> N/A		My provider can assist with bill payment, tax preparation, banking, and authorized representative functions.
	Max number of hours per month	
		My provider can assist with grocery and personal care shopping
	Max number of hours per month	
	Other:	
	Max number of hours per month	
<b>LIMITED PROGRAM SPECIALIST</b>  <i>Check applicable</i>		I receive Limited Program Specialist services. <i>My LPS provider will provide coordination of the assessment, planning, crisis intervention, ensuring plan implementation and monitoring of services/supports.</i>
		I do not receive Limited Program Specialist Services.
<b>BACK-UP PLAN</b>  I have an independent provider and this plan should be used for me if my Independent Provider is unavailable to provide support:  <i>If I have an agency provider, they will provide backup staff if my scheduled staff is unable to provide supports.</i>		
If there is an emergency, loss of electricity, or weather condition that prevent my caregivers from being able to get to my home or make it unsafe for me to stay in my home, this plan should be used:		
If I live with my caregiver and something happens to them, this plan should be used:		

MEDICATION ADMINISTRATION		Y	N	
1. I can recognize my medication by color, shape, size, and/or by reading the label.				
2. I can tell you what my medication is for (pain, nerves, breathing)				
3. I know and recognize how much medicine I'm to take. I will not take if it is the wrong amount.				
4. I will recognize and know who to tell if I don't feel good. It may be a side effect.				
5. I know what to do when my medications are low so I will not run out.				
6. I know who to call if my medication is wrong and tell him/her right away.				
7. I take my medication at the right time every day by using the clock or my routine (before lunch, etc.)				
8. I am able to get my medications from storage, out of the container and to my mouth without spills.				
***	<b>The medication assessment was completed by a 3<sup>rd</sup> party. Name &amp; Title:</b>			
<b>Summary of Med Admin Assessment:</b>	I cannot self-administer my medications. (ANY question 1-6 answered 'NO') If staff assist, they will require Medication Administration Certified Staff to administer. <b>HSC eligible if not living in family home.</b>			
	I cannot self-administer my medications. However, I can self-administer a specific medication/task (i.e. inhaler, nebulizer, sublingual, etc.) <b>HSC eligible if not living in family home.</b>			
	Describe Medication, Task & Activity (location/time, etc.)			
	I can self-administer my medication. (yes to questions 1-8 on assessment)		<b>Not HSC eligible</b>	
	I can self-administer my medication with the following assistance: (yes to questions 1-6; but no on either 7 or 8 on assessment)		<b>Not HSC eligible</b>	
		Reminders of when to take the medication and observing that I follow directions on the container.		
		Taking the medication from where it is stored and handing the container with the medication in it to me, and opening the container if I am unable to do so.		
		At my request, physically taking the medication from the container and placing the dose of the medication on the designated area to prevent me from spilling/dropping.		
	I have demonstrated unsafe behaviors and am therefore unable to self-administer medications with or without assistance. <b>HSC eligible if not living in family home.</b>			
		Detail Behavior (s)		
<b>OTHER THINGS ABOUT MY MEDICATION:</b>	I would like to learn to self-administer my medications			
	I receive one or more of the following delegated nursing tasks: Taking vital signs; Application of clean dressings that do not require health assessment; basic measurement of bodily intake and output; Oral suctioning; Use of glucometers; External urinary catheter care; Emptying and replacing colostomy bags; and Collection of specimens by noninvasive means. <b>Not eligible for the medical rate Add-on</b>			
	I receive Insulin Administration, G/J Tube Feeding/Medication Administration, Oxygen Administration, and/or I receive a nursing procedure/task not listed above that my staff performs and a licensed nurse must delegate. <b>Attach Completed Specialized Assessment. Eligible for the Medical Rate Add-on</b>			
	Who provides Delegation:			
	I am able to self-medicate (with or without assistance) but my access to my medication is restricted.			
	Describe Reason for limited access (HRC approval may be required)			
I live with my parent (s) and they are responsible for delegating my medication administration to my Independent Provider ( <i>Parent Delegation</i> ). Responsibility for training and supervision of the IP rests with my parent (s). It is understood that they cannot delegate to any agency staff.				



<b>HEALTH SERVICES COORDINATION</b>		I am eligible for Health Services Coordination. <i>My HSC provider will provide coordination of the assessment, planning, crisis intervention, ensuring plan implementation and monitoring of health services/supports.</i>
		I am not eligible for Health Services Coordination.
		I am eligible for Health Services Coordination but choose not to use it at this time.

<b>MEDICAL- MY PHYSICIANS</b>		<b>Name</b>	<b>Contact #</b>
	Physician- General		
	Psychiatrist		
	Eye Doctor		
	Dentist		
	Counselor/Psychologist		
	Podiatrist		
	Neurologist		
	Other:		
Other:			

Diagnosis (es) that my team expects will lead to hospital stays:  
(To be documented as UIs instead of MUIs)

**Notes:**

<b>RISKS OF HARM (MEDICAL)</b>	<b>Historical Risk</b> (more than 12 months ago)	<b>Current Risk</b> (within last 12 months)	<b>Details of Risk</b>
<input type="checkbox"/> N/A			
Aspiration/Choking			
Dehydration			
Seizures			
Diabetes/Complications			
G/J Tube Complications			
High Risk of Falls			
Inability to Clearly Report Pain			
Other:			

**Notes:**

<b>RISKS OF HARM</b>	<b>Historical Risk</b> (more than 12 months ago)	<b>Current Risk</b> (within last 12 months)	<b>Details</b>
<input type="checkbox"/> N/A			
Hurts/Makes Threats to Others			
Damages Property			
Steals			
Is Self-Injurious			
Attempts Suicide/ Suicidal Ideations			
Wanders/Runs Away			
Is Sexually Aggressive			
Is Verbally Aggressive			
Has Substance Abuse Issues			
Has PICA behaviors			
At Risk of Legal Sanction/ Court Involvement			

Referral for 3<sup>rd</sup> Party Assessment Needed  YES  NO

<b>Notes:</b>	
<b>RISK ASSESSMENT</b>	
<input checked="" type="checkbox"/> N/A	
Date of most recent Risk Assessment:	
Recommendations from Risk Assessment:	
Does the team agree the current assessment is still reflective of needs?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is a new Risk Assessment referral needed?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Notes:</b>	

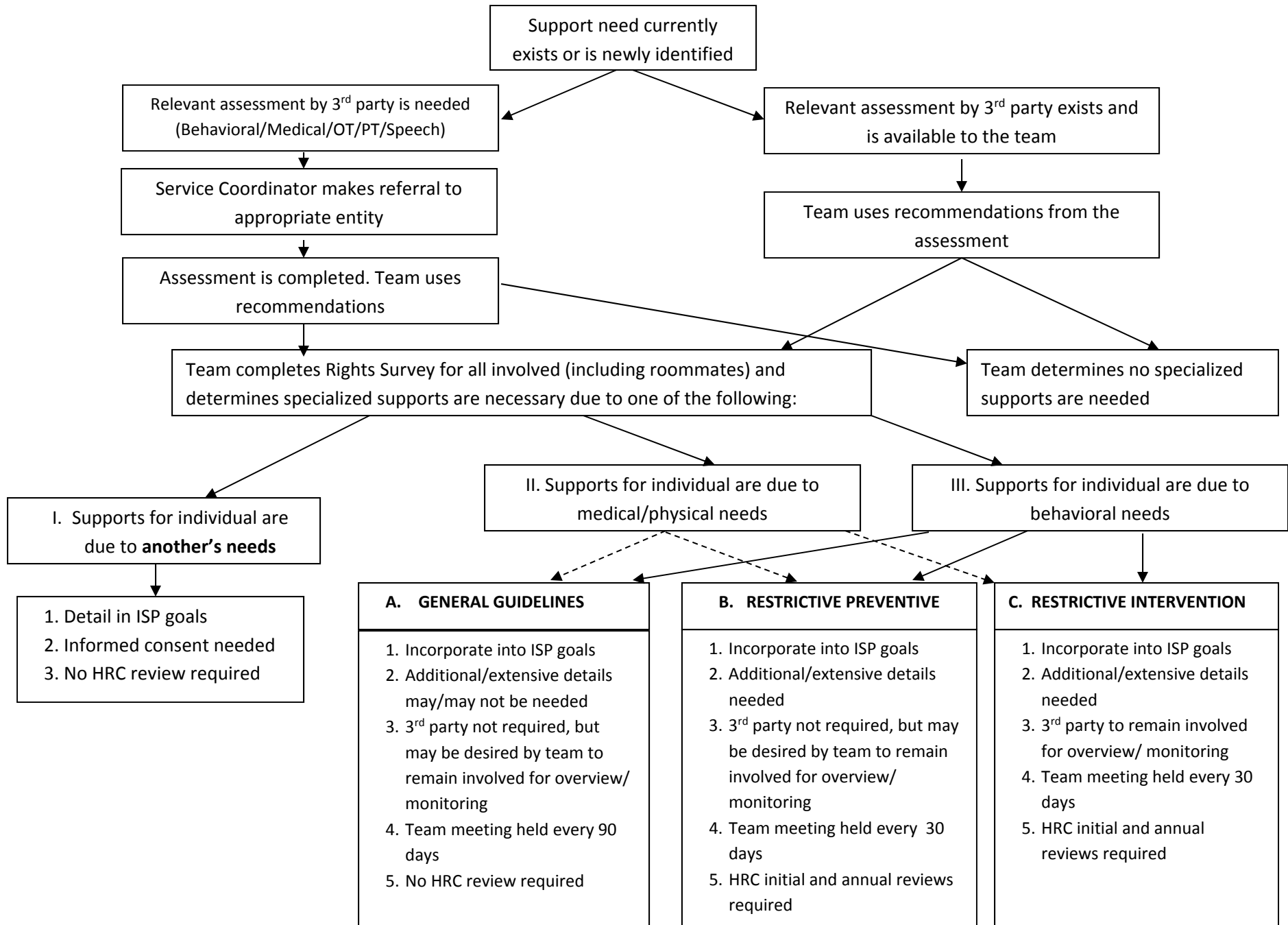
LEVEL OF SUPERVISION	
These are specific concerns for me at home/ in the community:  <i>Check all that apply</i>	Letting strangers in my home
	Not carrying my keys/not knowing how to get into my home
	Chance of being abused, neglected or mistreated
	Not knowing how to evacuate in case of fire
	Not being able to recognize medical emergencies
	Not being able to call 9-1-1
	Not knowing what to do in weather emergencies
	Not carrying identification with me when I'm outside of my home.
When I am in the <b>community</b> :  <i>Check applicable</i>	I am <b>not</b> safe to be alone
	I am safe to be alone for an <b>unlimited</b> amount of time
	I am safe to be alone for <b>limited</b> amounts of time under these circumstances: Amount of Time: _____ Circumstances: _____
These are specific risks for me in the community:	
When in community with staff or family, I need these supports:	
When I am at home:  <i>Check applicable</i>	I am <b>not</b> safe to be alone
	I am safe to be alone for an <b>unlimited</b> amount of time
	I am safe to be alone for <b>limited</b> amounts of time under these circumstances: Amount of Time: _____ Circumstances: _____
	I am <i>safe</i> to be alone for periods of time but am not <i>comfortable</i> being alone.
These are specific risks for me in the home:	
When at home with staff or family, I need these supports:	
When I am work/ ADWS program:  <i>Check applicable</i>	I am <b>not</b> safe to be alone
	I am safe to be alone for an <b>unlimited</b> amount of time
	I am safe to be alone for <b>limited</b> amounts of time under these circumstances: Amount of Time: _____ Circumstances: _____
These are specific risks for me in the day program/work:	
When at work, I need these supports:	

When I am being transported, I require the following supports:			
I receive the following supports overnight:  <i>Check applicable</i>		I do not receive support overnight	
		I receive unpaid/natural support overnight or reside in an AFC/AFL/Shared Living setting	
		I receive 8 hours of OSOC supports overnight	
		I receive less than 8 hours of OSOC and require some routine HPC supports overnight	
		Indicate support <u>need</u> and <u>amount</u> for overnight HPC	
		I cannot use OSOC supports <u>at all</u> and require routine HPC supports during overnight	
	Indicate support need for overnight HPC		
<b>Notes:</b>			

## APPENDIX 7

### Decision Tree: Franklin CBDD Targeted Assessment for Specialized Interventions

FRANKLIN CBDD TARGETED ASSESSMENT FOR SPECIALIZED INTERVENTIONS



# APPENDIX 8

## Examples of Possible Rights Restrictions

## Examples of possible rights restrictions used to support persons who have Intellectual/Developmental Disabilities (IDD)

Sometimes a person with IDD may have very specific, complex, intense needs and require a specialized assessment. The use of any means of support that may violate the rights of a person with IDD must be based on the results of a specialized assessment and be determined by the person and his/her team to be the least restrictive, most effective prevention/intervention at a given time. The use of any means of support that is a rights restriction MUST receive close team and human rights committee oversight. Bill of Rights of Persons with IDD: <http://dodd.ohio.gov/BillofRights/Documents/Bill%20of%20Rights1.pdf>

Examples are provided as part of FCBDD's ongoing effort to

- minimize the occurrence of rights restrictions with persons who have IDD
- insure that any rights restriction determined to be appropriate for helping a person with IDD meets a specific need and receives the required human rights committee oversight
- help a team determine whether a specialized assessment is needed

***Conditions/circumstances will determine IF a support is restrictive and therefore requires Human Rights Committee (HRC) oversight. Completing a "Rights Restriction Survey" will help the team make an informed decision.***

Examples of possible rights restrictions (not a comprehensive list!). Review of the flow chart (Figure 1, p. 15) will help teams determine whether a recommended strategy is restrictive for a person given current conditions.

- Denying access to one's own things because of a specific action or history of misuse
- Sending an individual to a room/area (even own bedroom) when upset or agitated and not allowing the person to leave that room/area; keeping a person in a particular room or area of his/her home; refusing access to common areas
- Giving medication to help control moods &/or behaviors without medical diagnosis & oversight
- Physically "helping" a person when he/she engages in an annoying, disruptive (but not dangerous) action
- Putting alarms/locks on doors, windows, cupboards, drawers, etc to prevent independent access (i.e., to food, sharp objects, cleaning agents, the outdoors)
- Forcing a person to pay for something that he/she broke or stole
- Preventing independent egress from a bed, area, room, or wheelchair by using atypical materials, barriers, or commercially-made products
- Arbitrary denial of or limitations on access to food, drink, computer, etc EVEN IF court-ordered or physician-recommended. Includes effects on an individual due to a roommate's needs.
- Preventing a person from attending an outing because of a particular action or until he/she completes a particular task
- Limiting unsupervised time
- Making rules different for one person than for others "just because" one has IDD
- Conducting searches of a person, his/her belongings or personal space
- Installing video monitoring systems in a person's home, especially in private spaces
- Limiting/specifying "visitor lists" (opposite sex visitors)
- Suspensions from day program without planful team decision OR unless the provider indicates that they are temporarily not a willing and able provider



## APPENDIX 9

Procedures for Service Coordinator  
To Request HRC Review of  
Previously-Non-HRC-Reviewed  
Restrictive Support(s) in an ISP

Procedures for Responding to a County  
Board Citation from DODD re:  
Restrictive Support in ISP  
Without HRC Approval

## **Procedures for service coordinator (SC) to request Human Rights Committee (HRC) review of a previously non-HRC-reviewed restrictive support in an ISP**

SC must convene individual and his/her support team to discuss whether restrictive support is still needed. Use the restrictive supports decision tree, rights restriction survey, and rights restriction tip sheet to make decisions about need for restrictive supports & whether a referral should be made to a 3<sup>rd</sup> party to assess identified need. **Note: For persons who already have behavioral support strategies monitored by a behavioral support specialist (BSS), the SC and BSS will follow the established process for obtaining HRC review prior to use of a restrictive support.**

- A. Restrictive support(s) is determined no longer needed: ISP should be addended and all references to the restrictive support(s) removed. Note in ISP addendum that either:
  1. Need for unapproved restrictive support no longer exists.
  2. How the person will be otherwise supported if need still exists.
- B. Restrictive support is still needed:
  1. If a 3<sup>rd</sup> party is needed to evaluate the identified issue, make a referral for a relevant specialized assessment. Results of the specialized assessment shall guide recommendations as to type of support(s) needed.
  2. SC must include wording in the ISP addendum relative to the risks and benefits of the restrictive support. Final signatures for ISP addendum are to be obtained before HRC review.
  3. For HRC review of an ISP that contains a restrictive support, the SC should electronically (scan/e-mail) submit the following items to Psychology Secretary (Lindsay Harding). Be sure to CC the submission to SC supervisor.
    - a. The "Routing Slip – HRC" indicating that the packet is being submitted for HRC review because a previously non-HRC-reviewed restrictive support has been identified in the ISP and the team feels the restriction is needed.
    - b. The ISP addendum.
    - c. All relevant assessment reports
  4. Once the ISP Addendum and other documents specified above are received by Lindsay Harding in the Psychology Dept, the packet will be forwarded to one of FCBDD HRC chairpersons or Angela Ray for a Review of Rule Criteria. This initial read-through helps confirm need for HRC team review and determines compliance with DODD and FCBDD behavioral support procedures.
  5. The HRC reviewer completes an "HRC Review Minutes" and notes whether the packet is ready or not for full HRC review. Occasionally, additional information will be requested before full HRC team review can occur; this information must be sent promptly so that the review process can proceed. HRC comments are included for the SC and team for follow-up as needed. "Conditional" approval is no longer an option for HRC reviews; restrictive supports are either approved or disapproved for use.
  6. SC is responsible for sharing the HRC Review Minutes with team members, including the individual.

## **FCBDD Procedures for responding to a County Board Citation from DODD re: a restrictive support in an ISP without HRC approval**

A Provider Compliance Citation or request for follow-up is received by Chris Lopez & Tracey Crawford. The service coordinator (SC) and supervisor will meet with Chris Lopez to review the citation and discuss next steps.

SC must convene individual and his/her support team to discuss whether restrictive support is still needed. Use the restrictive supports decision tree, rights restriction survey, and rights restriction tip sheet to make decisions about need for restrictive support & whether a referral should be made to a 3<sup>rd</sup> party to assess the identified need.

**Note: For persons who already have behavioral support strategies monitored by a behavioral support specialist (BSS), the SC and BSS will follow the established process for obtaining HRC review prior to use of a restrictive support.**

- A. Restrictive support(s) is no longer needed, the ISP should be addended and all references to the restrictive support(s) removed. Note in ISP addendum that either:
  1. Need for unapproved restrictive support no longer exists.
  2. How the person will be otherwise supported if need still exists.
- B. Restrictive support is still needed:
  1. If a 3<sup>rd</sup> party is needed to evaluate the identified issue, make a referral for a relevant specialized assessment. Results of the specialized assessment should guide recommendations as to type of support(s) needed.
  2. SC must include wording in the ISP addendum relative to the risks and benefits of the restrictive support. Final signatures for ISP addendum are to be obtained before HRC review.
  3. For HRC review of an ISP that contains a restrictive support, the SC should electronically (scan/e-mail) submit the following items to Psychology Secretary (Lindsay Harding). Be sure to CC the submission to SC supervisor.
    - a. The "Routing Slip – HRC" indicating that the packet is being submitted for HRC review in response to a county board citation (this indicates need for immediate review of rule criteria).
    - b. A copy of the citation and related documents.
    - c. The ISP addendum
    - d. All relevant assessment reports
  4. Once the ISP addendum and other documents specified above are received by Lindsay Harding in the Psychology Dept, the packet will be forwarded to one of FCBDD HRC chairpersons or Angela Ray for a Review of Rule Criteria. This initial read-through helps confirm need for HRC team review and determines compliance with DODD and FCBDD behavioral support procedures. The initial Review of Rule Criteria allows the ISP packet to be evaluated in a timely manner so that the SC receives HRC feedback which must be shared with DODD reviewer by the agreed upon deadline.
  5. The HRC reviewer completes an "HRC Review Minutes" and notes whether the packet is ready or not for full HRC review. Occasionally, additional information will be requested before full HRC team review can occur; this information must be sent promptly so that citation deadlines are met. HRC comments are included for the SC and team for follow-up as needed. "Conditional" approval is no longer an option for HRC reviews; restrictive supports are either approved or disapproved for use.
  6. SC is responsible for sending the HRC Review Minutes form with other required information to DODD **via Tracey Crawford** as part of the response to the county board citation.



# APPENDIX 10

## Process for Submitting Documents for HRC Review

### Paperwork Submission Deadline

Revised July 2017



## Franklin County Board of Developmental Disabilities

*Helping people to live, learn and work in our community*

2879 Johnstown Road • Columbus, Ohio 43219 • 614-475-6440 • www.fcbdd.org

Jed W. Morison  
Superintendent

### PROCESS FOR SUBMITTING DOCUMENTS\* FOR HUMAN RIGHTS COMMITTEE (HRC) REVIEW January 2018

\* ISP or Support Strategies Packet that includes restrictive supports

1. When an ISP or Behavioral Assessment Report is completed that includes a restrictive support strategy never before reviewed by HRC, the packet of required documents should be sent to Lindsay Smith, Psychology Secretary, for processing. Preferred method of document submission is electronic; however, packets are also accepted via fax or interoffice mail. The following must be submitted:
  - Routing Slip
  - Behavioral Assessment Report, including team signature page
  - Strategies Summary
  - Informed Consent to Restrictive Support Strategies
  - Review Minutes (as available from reviews of general supports)
  - Summary Data Form
  - Physical/Mental Health Checklist (required for any type of restraint or time-out)
2. Lindsay logs information into the Psych Dept's behavioral support database, then sends the packet to an HRC chairperson for a Review of Rule Criteria. If additional information or paperwork is required, the reviewer will contact the author. Once all required paperwork is obtained and behavioral support rule requirements are met, a full HRC team review is scheduled. The service coordinator (author of ISP) and/or behavioral specialist (author of Behavioral Assessment Report) receives a copy of HRC minutes. **\*NOTE:** "Interim" reviews and "conditional" approvals were discontinued in early 2016. If a support package is deemed "not ready for full HRC," it is the author's responsibility to provide requested information as soon as possible so that the restrictive supports can be approved OR to remove restrictive support(s) from ISP and/or Behavioral Assessment recommendations.
3. Once a support strategies packet is deemed to be in compliance with the behavioral support rule and "ready for full HRC review," a full HRC team review is scheduled. HRC team reviews occur 60-75 days prior to the start of a person's ISP span whenever possible. The behavioral specialist and/or service coordinator is required to attend the initial HRC team review. Behavioral specialists and service coordinators receive a copy of all HRC review minutes and the "date of next review" is indicated. Lindsay contacts authors regarding the time assigned for a review (HRC always meets on Friday AM).
4. HRC team reviews are scheduled at least once a year. Additions to annual reviews are if recommendations are made for a new type of restrictive support; a new support in the same category that was already approved; the use of same restrictive in a new location; and/or the HRC team deems it necessary to have additional monitoring. In these cases, the HRC review process must be repeated prior to the annual review.

If you need clarification on the above procedures, please contact Lindsay Smith:

FCBDD Psychology Dept  
2879 Johnstown Road  
Columbus, OH 43219  
Tele: 614-342-5952; Fax: 614-342-5006  
e-mail: Lindsay.harding@fcbdd.org



## Franklin County Board of Developmental Disabilities

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Jed W. Morison  
Superintendent

### HRC Paperwork Submission Deadline

January 2018

The deadline for submitting documents necessary for HRC reviews was updated 7-1-15. All required documentation for an HRC review must be sent in time to be received by Lindsay Smith, psychology secretary, before the close of business on the Friday two weeks before a scheduled review. If restrictive supports have been added or increased for any reason, the HRC packet will need to be submitted an additional two weeks early (1 month before the date of review) to allow time for the Rule Review Process and/or any necessary revisions to be made.

If secure e-mail is available, the preferred method of document submission is via e-mail to: [Lindsay.Smith@fcbdd.org](mailto:Lindsay.Smith@fcbdd.org). If secure e-mail is not available, please submit required paperwork to Lindsay via fax (614-342-5006), interoffice mail, or US mail (address above).

To allow proper time for HRC members to receive and read through packets, Lindsay distributes all materials no later than 8 working days before each HRC meeting. The extended time for review was requested by many of our new HRC team members. The earlier deadline is also part of our effort to conduct HRC reviews so that restrictive supports can be reviewed to insure rule compliance; approved; modified as needed; trained; and ready to use by a person's ISP span start date (refer to ISP/BSS timelines in appendices).

Because this deadline was updated 7-1-15, it is assumed that most all behavioral support specialists are aware of the expectations for paperwork submission. Reviews will continue to be rescheduled due to missed deadlines. Delayed HRC reviews sometimes cause behavioral support packages to become out of sync with ISP span dates and are inconvenient for all involved.

Please contact Lindsay or Angela if you have questions.

Angela Everson Ray, Ph.D.  
Director of Psychology  
614-342-5956 (office)  
614-342-5006 (fax)

Lindsay Harding-Smith  
Psychology Secretary  
614-342-5952 (office)  
614-342-5006 (fax)





# APPENDIX 11

## Instructions for Completing:

1. Behavioral Assessment Report
2. Strategies Summary
3. Physical/Mental Health Checklist

January 2018

## BEHAVIORAL ASSESSMENT REPORT (BAR)

### Instructions & Examples

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ (CA: \_\_\_\_\_)

Home/Provider: \_\_\_\_\_

Guardian (if applicable): \_\_\_\_\_ (Name, phone, & e-mail)

Service Coordinator: \_\_\_\_\_ (Name, phone, & e-mail)

ISP Span dates: \_\_\_\_\_ to \_\_\_\_\_

Date most recent ISP reviewed: \_\_\_\_\_

Evaluated by: \_\_\_\_\_ (Name, phone, & e-mail)

Date(s) Evaluated: \_\_\_\_\_

Date of Report: \_\_\_\_\_ (mm/dd/yyyy; use for annual tracking)

Initial  Annual  Revision

**Commented [AR1]:** Be sure to include years for which supports will be approved going forward, NOT current span period.

**Commented [AR2]:** Can be a single date or a span, i.e., Feb. & March 2016.

**Commented [AR3]:** Check only one box each time a new Behav Assmt Report is completed.

#### I. REASON FOR ASSESSMENT – **Examples: who referred & why; annual update vs new concern.**

- A. This behavioral assessment for John is part of the required annual update of his ISP. He has received behavioral support services since \_\_\_\_\_ OR for the past \_\_\_\_\_ years. The team is primarily concerned about John's \_\_\_\_\_, which led to legal involvement in \_\_\_\_\_.
- B. Sue was referred for a behavioral assessment by her service coordinator, \_\_\_\_\_, on behalf of her team. Sue has recently begun exhibiting \_\_\_\_\_ at home and day program.

#### II. DESCRIPTION OF INDIVIDUAL (CASE HISTORY/BACKGROUND RELEVANT TO CURRENT REFERRAL)

A. Current residence; family members/housemates; current day placement (school, work, other); personal preferences/most important people, activities, places, etc.:

B. Relevant strengths/needs in the following areas:

1. Communication:

2. Fine/gross motor/sensory:

C. Psychological/psychiatric information:

1. CURRENT level of intellectual disability & relevant developmental disabilities:

2. Trauma history:

3. CURRENT mental health diagnoses:

4. CURRENT/PAST mental health treatment (s) - please note effectiveness of each:

D. Medical information relevant to current referral:

1. Medical diagnoses/symptoms currently exhibited:

**Commented [AR4]:** II.B. Summarize current evaluations from specialists. Include details as they are relevant to current needs. Use language that readers are likely to understand, not specialists' jargon.

**Commented [AR5]:** II.C.1. Note date of evaluation, name of evaluator, & source (i.e., MFE/ETR).

**Commented [AR6]:** II.C.2. This might include multiple placements; loss of loved one/providers; alleged abuse/neglect; lack of services/therapies when needed. Note unresolved issues.

**Commented [AR7]:** II.C.3. Note who made diagnosis and when.

**Commented [AR8]:** II.C.4. Note dates & names of providers. May need to get treatment plans & service summaries from service coord.

Name:                      DOB:                      Date of Report:

**2. Non-prescription medications/supplements taken at time of behavioral assessment. (What effect might an over-the-counter medication or supplement have on current behaviors/needs? Please indicate if non-prescription med/supplement list is not available or not applicable):**

**Commented [AR9]:** II.D.2. Emphasis is on meds/supplements and symptoms that may be impacting behavioral needs; i.e., melatonin to improve sleep. What impact might poor sleep patterns have on one's behaviors?  
**Commented [AR10]:** II.D.2. Remove table if this item is not applicable. Add or remove rows in tables as needed.

Name of med/supplement	Suggested by	Symptoms to improve or reduce

**3. Prescription medications taken at time of behavioral assessment:**

**Commented [AR11]:** II.D.3. Get this info from prescribers, if possible. Might also get info from med bottles or current med list (if in residential services).  
**Commented [AR12]:** II.D.3. Indicate if NONE and delete table. Add or remove rows in tables as needed.

Name of med/dose	Prescribed by/specialty	Dx. For Prescribing (per DSM or ICD codes)	Symptoms to improve or reduce

**III. PREVIOUS GENERAL and/or RESTRICTIVE SUPPORTS – SUMMARY**

**Commented [AR13]:** III. Use professional judgment re. how many years to include/how to group the info. If certain needs are no longer relevant, may not need to include that info.

Dates	Target Behavior(s) / Need	Strategy	Results

**IV. DESCRIPTION OF IDENTIFIED NEED/TARGET BEHAVIOR (list top to bottom the most to least dangerous/risky):**

**Commented [AR14]:** IV. Not EVERY action need be a focus of treatment at this time. Prioritize so that treatment is reasonable and has greater likelihood of success.

Need/Target Behavior (category/specific(s), i.e., ATO/hitting)	Antecedents	Baseline (X/Day/Wk/Mo); Date(s)	Poses serious danger/leads to legal involvement
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

**V. ASSESSMENT RESULTS:**

**A. Methods/tools used/dates:**

**Commented [LH15]:** Note date that most recent ISP was reviewed.

**B. Hypothesis regarding function of each identified need/target behavior (be sure to include trauma-informed reasons):**

**Commented [AR16]:** V.B. I.e., what impact might a history of neglect have on hoarding?; what impact might a history of abuse have on one's "flight" response when a threat is perceived?

Name:                      DOB:                      Date of Report:

**VI. SUMMARY STATEMENT:**

Use 3-4 sentences here to summarize. Include person's name, age, level of cognitive functioning, medical/mental health diagnoses, primary concerns. Samples:

- A. John Doe is a 34-year-old male who has diagnoses of mild intellectual disability, autism, obsessive-compulsive disorder, and gastrointestinal issues. He has a long history of aggressing towards others, especially when frustrated. Sometimes his aggression causes significant injury to others and twice it has resulted in John being removed from programming. John lives in the community with 2 roommates; receives home supports from \_\_\_\_\_; and attends \_\_\_\_\_day program.
- B. Susie Jones is a 7-year-old girl who exhibits moderate to severe cognitive delays and is a nonverbal communicator. She has cerebral palsy and uses a wheelchair. At school and home, Susie screams loudly, pushes items off tables/desks, and rocks her wheelchair until it tips. She appears to have no functional way to communicate her wants/needs except by engaging in disruptive behaviors.

**VII. RECOMMENDATIONS – Ways to help this person be happy and healthy.**

Are there sufficient data to indicate that positive teaching and supports have been demonstrated to be ineffective prior to the recommendation/use of restrictive strategies?  
 Yes  No      Explain:  
 Not applicable – no restrictive support strategies recommended at this time.  
If checked, only this Behavioral Assessment Report and Strategies Summary Sheet should be completed and sent to service coordinator.

Commented [AR17]: VII. Sometimes data are not available or restrictive supports are court-ordered. Be sure to explain the reason(s) that data are not available.

A. Any additional assessments that evaluator/team feels would be helpful to this individual at this time (note type of evaluation and what result is desired, i.e., rule out medical/mental health conditions impacting behaviors/needs):

Commented [AR18]: VII.A. Individual might benefit from a trauma timeline being completed. This helps team understand effects in here & now of prior trauma on one's brain.

B. Miscellaneous suggestions that might be helpful for this individual at this time:

Commented [AR19]: VII.B. Include things that were learned about this person that should be shared with others.

- 1. John stated that he would like to learn how to be a better self advocate. Perhaps he could get involved with Project STIR and/or a self-advocacy group at day program.
- 2. John loves everything about Ohio State football. Sometimes he can be redirected when frustrated or anxious by being asked a question or engaged in conversation about OSU football.

C. STRATEGIES SUMMARY: This section (VII.C) is to be copied in its entirety onto the Strategies Summary form for placement into this person's ISP. List items; provide no details here. Section VIII is the place for details to be stepped out.

1. REPLACEMENT SKILLS to teach: These should be matched specifically to targeted needs. Think short-term AND long-term impact on behavioral needs if new skills are learned. Just list the new skills here; provide details in Sec. VIII. Examples:

- a. Practice coping skills 1x/day with staff
- b. Utilize offer for appropriate communication when suggested by staff
- c. Use room to calm while engaging in coping skills.

2. REINFORCERS: What 3-4 things are likely to impact a change in this person's actions/choices? As with any person (disability or not), reinforcers change. New items/categories should be noted in review minutes as treatment proceeds. Examples:

Name:                      DOB:                      Date of Report:

- a. Verbal praise for engaging in replacement skills
- b. Sticker chart: earn sticker 1x/day for meeting daily goals as listed on data sheet
- c. Vacation day from work if daily sticker earned every day in previous month.

**3. GENERAL INTERVENTION STRATEGIES: List identified needs in order from most to least dangerous/risky.**

Identified Need / Defined as _____ i.e., ATO/hitting, pushing	Strategy/Intervention	Location to be Used
ATO: hitting, kicking, punching, spitting	Prompt hierarchy; proximity control; encouragement to use calming exercise	Home; day program (ARC North); FCBDD bus
SIB: hitting, cutting, burning skin	Prompt hierarchy; proximity control; encouragement to use calming exercise	Home; day program (ARC North); FCBDD bus
Non-compliance	Prompt hierarchy; proximity control	Home; day program (ARC North); FCBDD bus

Commented [AR20]: Remove/add extra rows as needed.

**4. RESTRICTIVE PREVENTION AND INTERVENTION STRATEGIES\*: List identified needs in order from most to least dangerous/risky.**

Identified Need / Defined as _____ i.e., ATO/hitting, pushing	Category/Specific(s)** i.e., MAR/2-person escort	Location to be Used	Fade (if appl.)
ATO: hitting, kicking, punching, spitting	MAR: 1-2 person standing escort to area to calm	Day prog (North)	3 mos no ATO
SIB: hitting, cutting, burning skin	RR: lock sharps & chemicals. RR: provide eyes-on supervision when Kate uses sharps.	Home; day prog (North)	3 mos no SIB

Commented [AR21]: Remove/add extra rows as needed.

\*Require Human Rights Committee (HRC) approval prior to use.

\*\*Note all that apply for each need/behavior from these categories: Chemical restraint (CR); Manual restraint (MAR); Mechanical restraint (MER); Time out (TO); Rights restriction (RR).

**VIII. DETAILS OF RECOMMENDATIONS**

\*For each identified need for use by persons supporting this individual in specific settings.

\*List interventions step by step from least to most restrictive.

**A. Replacement skills – detail who will train, location(s) for training, & methodology.**

New skill	To replace	Who will train	Methodology
Coping skills: relaxation; mindfulness exercises	ATO; SIB	Home staff; work instructor	Practice 1x/day at home w/ staff; 1x/day w/ instructor; 1x/wk in counseling ses
Use offer for appropriate communication when encouraged by staff	ATO; SIB	Home staff; work instructor	Practice at least 1x/day w/ staff; 1x/day w/ instructor; 1x/wk in counseling ses
Use area to calm when using coping skills	ATO; SIB	Home staff; work instructor	Practice at least 1x/day w/ staff; 1x/day w/ instructor

**B. Reinforcers – detail category, specifics, & schedule for use**

Category	Specific	Schedule for use
Verbal praise	“Way to use your relaxation.” “Nice job practicing the mindfulness exercise.”	Every time Kate practices/uses her replacement skills instead of ATO or SIB.
Token economy	Kate will earn a sticker for meeting daily goals on data sheet.	Once/day at home and once/day at work.

Name:                      DOB:                      Date of Report:

Tangible	Vacation day from work	Once per calendar month if daily sticker earned every day at work in previous calendar month.
----------	------------------------	-----------------------------------------------------------------------------------------------

**C. General Preventives**

Strategy	Location
1. Speak to John in a calm and respectful manner. Be mindful of tone of voice.	ALL
2. Staff should introduce themselves to John and provide "color commentary" as to what he will be doing while with them.	ALL
3. Use a first-then board. John does best when he knows what comes next in an activity or his day.	ALL
4. Have John sit near the driver when on FCBDD bus. He likes to see and hear what is happening next.	FCBDD transportation

**D. Identified Need #1 (category/defined as for this person):** ATO/hitting, kicking, punching, spitting.

	Intervention strategies	Location
<b>General</b>	a. Verbally prompt to keep hands & feet to self b. Provide offer for appropriate communication (1x/episode, up to 5 minutes). c. Verbally praise if Kate utilizes offer for communication & ends ATO. d. Verbally redirect to areas to calm if Kate does not utilize offer for appropriate communication. e. Suggest a specific coping skill in area to calm.	Home & day program (ARC North)
<b>Restrictive</b>	f. Use 1-2 person standing escort to area to calm if Kate does not go upon prompt (max 10 min/ use; max 60 min/day). Area to calm is NOT time out; Kate may leave area to calm at will. g. Debrief with Kate & team that used MAR as soon as possible after incident. h. Verbally praise when ATO ends & return to routine ASAP.	Day program (ARC North)

**E. Identified Need #2 (category/description):** SIB/ hitting, cutting, burning skin

	Intervention strategies	Location
<b>General</b>	a. Verbally prompt to be kind to self (1x/episode) b. Provide offer for appropriate communication (1x/episode, up to 5 minutes). c. Verbally praise if Kate utilizes offer for communication & ends SIB. d. Monitor at a distance, but make no further comment. e. Apply first aid if injury occurs f. Call 911 for life-threatening injury. g. Return to routine ASAP & make no further comment on self-injury.	Home & day program (ARC North)
<b>Restrictive</b>	h. None	

List each additional identified need and complete a table as for Identified Need #1.

Name:

DOB:

Date of Report:

Persons not currently on this individual's team who later become responsible for overseeing and/or implementing the support strategies recommended in this Assessment Report are to be trained and that training must be recorded on the Behavioral Support Strategies (BSS) Training Documentation Form. This includes substitute or float staff who may be called upon to support this person at some time.

**BEHAVIORAL ASSESSMENT REPORT CONTINUES  
ON NEXT PAGE WITH TEAM SIGNATURES**

Name:                      DOB:                      Date of Report:

**TEAM REVIEW/SIGNATURES:**

**Commented [AR22]:** If formatting accidentally changes, this team signature page should always begin a new page at the end of the Behavioral Assmt Report.

The individuals listed below have had the opportunity to participate in the review of all sections of this Behavioral Assessment Report. By signing below, each individual agrees to implement recommendations as written and trained, if that is his/her role:

Team Members	Date Signed	Signature/Agency	AGREE	AGREE WITH CONDITIONS (COMMENTS BELOW)	DISAGREE (COMMENTS BELOW)
Individual*					
Parent/guardian (as applicable)*					
Service Coordinator OR Supervisor*					
Primary Author/ Monitor of Support Strategies*					
Primary Author/ Monitor's Supervisor**					
Implementers' Supervisor*					
Implementer					
Implementer					
Implementer					
Implementer					
Implementer					
Advocate (state relationship)					

\* Required signatures. These must be secured prior to submission of packet for HRC review.  
 \*\* Unless specialist is independently licensed/qualified to complete assessment and recommend restrictive supports. Please note whether the supervisor's signature is "not applicable (N/A)." If specialist is a county-funded biller working under a contracted vendor, the signature of the contracted provider is required when restrictive supports have been recommended.

**COMMENTS/CONDITIONS:**

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## Franklin County Board of Developmental Disabilities

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Jed W. Morison  
Superintendent

### PHYSICAL/MENTAL HEALTH CHECKLIST - INSTRUCTIONS

Ohio Administrative Rule 5123:2-2-06 "Behavioral support strategies that include restrictive measures" specifies that any behavioral support strategy that includes restrictive measures requires several things, among them "an assessment conducted within the past 12 months that describes the individual's interpersonal, environmental, medical, mental health, and emotional needs and other motivational factors that may be contributing to the behavior" (D)(5) (iv). Unlike the previous behavior support rule, there is no specific requirement for a "Licensed Healthcare Professional's Statement" regarding use of restraints. **However, FCBDD is requiring the following documentation when any type of restraint or time-out is recommended.**

In addition to the narrative description of a person's needs and strengths that is to be detailed in the Behavioral Assessment Report, the author/ monitor of restrictive strategies shall submit at least annually

1. A signed Informed Consent to Restrictive Support Strategies Form with the following statement included: "If any type of restraint or time-out is recommended, I understand that medical, emotional, and environmental conditions have been considered and there are no reasons why this type of support should not be used with/for me/my ward during span dates below."

**AND/OR**

2. A completed, signed, and dated "Physical/Mental Health Checklist." (See attached.) **IF a person is his/her own guardian**, the person's support team may wish to complete the checklist and submit to HRC with other support strategy documents. Having both the self advocate's statement AND the completed checklist helps insure that multiple sources are utilized when considering risks/benefits of a recommended restraint or time-out.

It is important to document that the recommendation/use of a restraint or time-out for someone is not contraindicated and is the least restrictive support possible.

Behavioral specialists and teams continue to make good efforts to address each person's needs that may impact the appropriateness &/or safety of using a particular recommended restraint or time-out. The options above serve to provide choices for the documentation of a team's efforts to consider every person's best interests and meet the requirements of the new behavioral support rule. Thank-you for your ongoing efforts to meet the needs of those we serve in the least restrictive, most positive ways possible.

The **PHYSICAL/MENTAL HEALTH CHECKLIST** is designed as a template for easy electronic completion.

Name:

DOB:

Span:

## STRATEGIES SUMMARY- Instructions & Examples

Copied from Behavioral Assessment Report, Sec. VII.C. Refer to Behavioral Assessment Report, Section VIII for details about how and when to use strategies.

**1. REPLACEMENT SKILLS to teach:**

- a. Practice coping skills 1x/day with staff
- b. Utilize offer for appropriate communication when suggested by staff
- c. Use area to calm while engaging in coping skills

**2. REINFORCERS:**

- a. Verbal praise for engaging in replacement skills
- b. Sticker chart: earn sticker 1x/day for meeting daily goals as listed on data sheet
- c. Vacation day from work if daily sticker earned every day in a month. Help Kate choose fun activities!

**3. GENERAL INTERVENTION STRATEGIES: List identified needs in order from most to least dangerous/risky.**

Identified Need / Defined as ____ i.e., ATO/hitting, pushing	Strategy/Intervention	Location to be Used
ATO: hitting, kicking, punching, spitting	Prompt hierarchy; proximity control; encouragement to use calming exercise	Home; day program (ARC North)
SIB: hitting, cutting, burning skin	Prompt hierarchy; proximity control; encouragement to use calming exercise	Home; day program (ARC North)
Non-compliance	Prompt hierarchy; proximity control	Home; day program (ARC North)

**4. RESTRICTIVE PREVENTION AND INTERVENTION STRATEGIES\*: List identified needs in order from most to least dangerous/risky.**

Identified Need / Defined as ____ i.e., ATO/hitting, pushing	Category/Specific(s)** i.e., MAR/2-person escort	Location to be Used	Fade (if appl.)
ATO: hitting, kicking, punching, spitting	MAR/ 1-2 person standing escort to area to calm	Home; day prog (North)	3 mos no ATO
SIB: hitting, cutting, burning skin	RR: locked sharps & chemicals	Home; day prog (North)	3 mo no SIB

\*Require Human Rights Committee (HRC) approval prior to use.

\*\*Note all that apply for each need/behavior from these categories: Chemical restraint (CR); Manual restraint (MAR); Mechanical restraint (MER); Time out (TO); Rights restriction (RR).

# APPENDIX 12

## Fillable Forms

In alphabetical order

## BEHAVIORAL ASSESSMENT REPORT (BAR)

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ (CA: \_\_\_\_\_)

Home/Provider: \_\_\_\_\_

Guardian (if applicable): \_\_\_\_\_ (Name, phone, & e-mail)

Service Coordinator: \_\_\_\_\_ (Name, phone, & e-mail)

ISP Span dates: \_\_\_\_\_ to \_\_\_\_\_

Date most recent ISP reviewed: \_\_\_\_\_

Evaluated by: \_\_\_\_\_ (Name, phone, & e-mail)

Date(s) Evaluated: \_\_\_\_\_

Date of Report: \_\_\_\_\_ (Use for annual tracking)

Initial

Annual

Revision

### I. REASON FOR ASSESSMENT

### II. DESCRIPTION OF INDIVIDUAL (CASE HISTORY/BACKGROUND RELEVANT TO CURRENT REFERRAL)

A. Current residence; family members/housemates; current day placement (school, work, other); personal preferences/most important people, activities, places, etc.:

B. Relevant strengths/needs in the following areas:

1. Communication:

2. Fine/gross motor/sensory:

C. Psychological/psychiatric information:

1. CURRENT level of intellectual disability & relevant developmental disabilities:

2. Trauma history:

3. CURRENT mental health diagnoses:

4. CURRENT/PAST mental health treatment (s) - please note effectiveness of each:

D. Medical information relevant to current referral:

1. Medical diagnoses/symptoms currently exhibited:

2. Non-prescription medications/supplements taken at time of behavioral assessment. (Please indicate if non-prescription med/supplement list is not available or not applicable.):

Name:

DOB:

Date of Report:

Name of med/supplement	Suggested by	Symptoms to improve or reduce

**3. Prescription medications taken at time of behavioral assessment:**

Name of med/dose	Prescribed by/specialty	Dx. For Prescribing (per DSM or ICD codes)	Symptoms to improve or reduce

**III. PREVIOUS GENERAL and/or RESTRICTIVE SUPPORTS – SUMMARY**

Dates	Target Behavior(s) / Need	Strategy	Results

**IV. DESCRIPTION OF IDENTIFIED NEED/TARGET BEHAVIOR (list top to bottom the most to least dangerous/risky):**

Need/Target Behavior (category/specific(s), i.e., ATO/hitting)	Antecedents	Baseline (X/Day/Wk/Mo); Date(s)	Poses serious danger/leads to legal involvement
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

**V. ASSESSMENT RESULTS:**

**A. Methods/tools used/dates:**

**B. Hypothesis regarding function of each identified need/target behavior (be sure to include trauma-informed reasons):**

**VI. SUMMARY STATEMENT:**

**VII. RECOMMENDATIONS**

Are there sufficient data to indicate that positive teaching and supports have been demonstrated to be ineffective prior to the recommendation/use of restrictive strategies?  
 Yes  No Explain:  
 Not applicable – no restrictive support strategies recommended at this time.  
 If checked, only this Behavioral Assessment Report and Strategies Summary Sheet should be completed and sent to service coordinator.

A. Any additional assessments that evaluator/team feels would be helpful to this individual at this time (note type of evaluation and what result is desired, i.e., rule out medical/mental health conditions impacting behaviors/needs):

B. Miscellaneous suggestions that might be helpful for this individual at this time:

**C. STRATEGIES SUMMARY:**

1. REPLACEMENT SKILLS to teach (just list here):

2. REINFORCERS:

3. GENERAL INTERVENTION STRATEGIES: Please list general preventives in Section VIII-C, not in this summary chart. List identified needs in order from most to least dangerous/risky.

Identified Need / Defined as ____ i.e., ATO/hitting, pushing	Strategy/Intervention	Location to be Used

4. RESTRICTIVE PREVENTION AND INTERVENTION STRATEGIES\*: List identified needs in order from most to least dangerous/risky.

Identified Need / Defined as ____ i.e., ATO/hitting, pushing	Category/Specific(s)** i.e., MAR/2-person escort	Location to be Used	Fade (if appl.)

\*Require Human Rights Committee (HRC) approval prior to use.

\*\*Note all that apply for each need/behavior from these categories: Chemical restraint (CR); Manual restraint (MAR); Mechanical restraint (MER); Time out (TO); Rights restriction (RR).

**VIII. DETAILS OF RECOMMENDED STRATEGIES**

\*For each identified need for use by persons supporting this individual in specific settings.

\*List strategies step by step from least to most restrictive.

Name:

DOB:

Date of Report:

- A. Replacement skills –note who will teach & methods for teaching
  
- B. Reinforcers – include schedule for use
  
- C. General Preventives – to always have in place to help this person be successful (list in order from most to least important at this time and separate by location as needed):
  
- D. Identified Need #1 (category/defined as for this person):
  - 1. Restrictive Preventives: (note if not applicable; separate by location as needed)
  - 2. Intervention strategies – general AND restrictive (list in order from least to most restrictive for each need)

List each additional identified need and complete a table as for Identified Need #1.

Persons not currently on this individual's team who later become responsible for overseeing and/or implementing the support strategies recommended in this Assessment Report are to be trained and that training must be recorded on the Behavioral Support Strategies (BSS) Training Documentation Form.

**BEHAVIORAL ASSESSMENT REPORT CONTINUES  
ON NEXT PAGE WITH TEAM SIGNATURES**

Name:

DOB:

Date of Report:

**TEAM REVIEW/SIGNATURES:**

The individuals listed below have had the opportunity to participate in the review of all sections of this Behavioral Assessment Report. By signing below, each individual agrees to implement recommendations as written and trained, if that is his/her role:

Team Members	Date Signed	Signature/Agency	AGREE	AGREE WITH CONDITIONS (COMMENTS BELOW)	DISAGREE (COMMENTS BELOW)
Individual*					
Parent/guardian (as applicable)*					
Service Coordinator OR Supervisor*					
Primary Author/Monitor of Support Strategies*					
Primary Author/Monitor's Supervisor**					
Implementers' Supervisor*					
Implementer					
Implementer					
Implementer					
Implementer					
Implementer					
Advocate (state relationship)					

\* Required signatures. These must be secured prior to submission of packet for HRC review.

\*\* Unless specialist is independently licensed/qualified to complete assessment and recommend restrictive supports. Please note whether the supervisor's signature is "not applicable (N/A)." If specialist is a county-funded biller working under a contracted vendor, the signature of the contracted provider is required when restrictive supports have been recommended.

**COMMENTS/CONDITIONS:**

---



---



Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Span Dates: \_\_\_\_\_ to \_\_\_\_\_

### INFORMED CONSENT TO RESTRICTIVE SUPPORT STRATEGIES

I, \_\_\_\_\_, give permission to any/all of my/his/her staff to use the following restrictive  
(printed name of individual or guardian)  
support strategies with:

(printed name of individual)

My signature below also indicates that I give permission for FCBDD Human Rights Committee (HRC) to review the paperwork that documents the details of restrictive support strategies for me/my ward. HRC team members have been trained on the behavioral support rule, confidentiality, person-centered planning, trauma-informed care, and other applicable areas.

Specify all that apply at this time (category & specific type; i.e., manual restraint/baskethold, rights restriction/locked knives):

**\*\* If any type of restraint or time-out is recommended, I understand that medical, emotional, and environmental conditions have been considered and there are no reasons why this type of support should not be used with/for me/my ward during span dates specified below.**

I give permission for the use of the above restrictive support strategies during the following dates:

\_\_\_\_\_ through \_\_\_\_\_ **OR** \_\_\_\_\_ through \_\_\_\_\_  
(date signed) (last day of current ISP span) (first day of next ISP span) (last day of next ISP span)

1) How the restrictive support strategies are to help: \_\_\_\_\_

2) How progress will be reviewed: \_\_\_\_\_

3) Risks of suggested restrictives: \_\_\_\_\_

4) Other options to restrictive supports: \_\_\_\_\_

I have had the chance to ask questions regarding the restrictive support strategies listed above and my questions have been answered by \_\_\_\_\_. I can contact this person if I have more questions.

(print name/phone # of monitor of restrictive supports)

He/she has explained how these supports will help me AND what might go wrong or could hurt me, and other things we could do instead. Things in my life (relationships, places, physical & mental health, what is important to/for me) that may be related to my needs have all been considered in choosing my supports.

I know that my supports may not work exactly the way that I and others plan. I know I can change my mind about these supports if I want. If I change my mind and do not want these supports, I need to tell an appropriate staff person. If I change my mind, I will not lose services without my providers first talking to me.

I understand this form. A copy will be included in my ISP.

\_\_\_\_\_  
(Individual)

\_\_\_\_\_  
(Date Signed)

\_\_\_\_\_  
(Parent/Guardian)

\_\_\_\_\_  
(Date Signed)

\_\_\_\_\_  
(Witness)

\_\_\_\_\_  
(Date Signed)

I believe that the use of the above restrictive supports with \_\_\_\_\_ will serve his/her best interests, and I have talked with him/her about this. I am aware of his/her skills, needs and wants.

\_\_\_\_\_  
(Advocate, e.g., Service Coordinator, or other Representative, if no Parent or Guardian)

\_\_\_\_\_  
(Date Signed)

## PHYSICAL/MENTAL HEALTH CHECKLIST

The purpose of this form is to document for FCBDD Human Rights teams the review of physical/mental health issues that must be considered when time-out or any type of restraint is recommended as a support strategy. This checklist was completed for:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
ISP span dates: \_\_\_\_\_ to \_\_\_\_\_  
Information was provided by (list names of all contributors): \_\_\_\_\_

Left click the "yes" or "no" box to indicate whether or not the person has the issue listed. Add comments or details as needed.

1. Yes  No  History of abuse/other trauma Physical? Sexual? Current impact? \_\_\_\_\_
2. Yes  No  Receiving mental health services From whom? Focus of treatment? \_\_\_\_\_
3. Yes  No  History of broken bones Which? \_\_\_\_\_
4. Yes  No  Current problem breathing Name of condition? \_\_\_\_\_
5. Yes  No  Recent surgery What was done and when? \_\_\_\_\_
6. Yes  No  Current tubes/surgical openings What kind? \_\_\_\_\_
7. Yes  No  Heart problem Name of condition? \_\_\_\_\_
8. Yes  No  Renal/urinary problem Name of condition? \_\_\_\_\_
9. Yes  No  Cerebral Palsy Affecting what parts of body? \_\_\_\_\_
10. Yes  No  Splints/devices Where? \_\_\_\_\_
11. Yes  No  Metal inside body Where? \_\_\_\_\_
12. Yes  No  Replaced parts/organs Which? \_\_\_\_\_
13. Yes  No  Back problem Name of condition? \_\_\_\_\_
14. Yes  No  Epilepsy/seizures Type? Well controlled? \_\_\_\_\_
15. Yes  No  Sensory issues Deaf? Blind? Tactile defensiveness? \_\_\_\_\_

Other comments: \_\_\_\_\_

My signature below indicates that the team considered the person's physical/mental health issues and avoided any contraindicated restraints in the recommended support strategies.

\_\_\_\_\_  
Printed Name of Author/Monitor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature



## Review Meeting Minutes - Behavioral Support Strategies

Name: \_\_\_\_\_ Case # \_\_\_\_\_ DOB: \_\_\_\_\_

Primary Monitor of Specialized Supports: \_\_\_\_\_ (Name, e-mail, phone #)

Submitted by: \_\_\_\_\_

Period reviewed (mo or qtr & year): \_\_\_\_\_

Span dates for which specialized supports approved: \_\_\_\_\_ (M/D/YY to M/D/YY)

**1. Target Behaviors/needs and support strategies (summarize)**

Identified Need / Defined as _____ i.e., ATO/hitting, pushing <small>( LIST ONLY 1 NEED PER ROW )</small>	Strategy/Intervention <small>( LIST ALL APPLICABLE TO THE NEED LISTED IN EACH ROW )</small>	Location to be used <small>( KEEP LOCATION ALIGNED WITH NEED &amp; SUPPORT )</small>

2. Was data received in a timely manner?  Yes  No  
 Is data to review reliable/valid?  Yes  No

**3. Data and interpretation of skill training/behaviors to increase**

- a. Goal attainment for replacement skills/other behaviors to increase:
- b. Is further behavioral assessment needed?  Yes  No
- c. Attach graph to show progress (at least every 90 days).  Yes  No

4. Are reinforcers still effective?  Yes  No

**5. Data and interpretation of target behavior(s)/identified need to decrease**

- a. Summarize frequency, intensity, etc. of target behaviors over review period; % of days without target behavior; address issues of variability of data; and note any changes in comparison to last month's &/or baseline data.
- b. Summarize use of restrictive supports (% change, etc.). Attach graph to show progress (at least every 90 days).
- c. Are the restrictive procedures effective?  Yes  No
- d. Has function of target behaviors/identified need changed?  Yes  No

Review Meeting Minutes

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Period Reviewed: \_\_\_\_\_

6. Has fading criteria been met?  Yes  No  
Do fading procedures need to be clarified?  Yes  No
7. Frequency/description of other problem behaviors occurring:
8. Significant events or changes in the individual's physical, environmental, or social status (e.g., illnesses, staff changes, loss or illness of significant others, etc.):
- a. Impact, if any, on target behaviors/identified needs and/or ISP outcomes:  
b. New/different specialized supports to consider:
9. Problems which have risen regarding use of specialized supports. Describe any injuries or incidents which have occurred since the last review when using supports:
10. Have current implementers been trained?  Yes  No
11. Indicate need for further in-servicing of staff or others and who will provide/when:
12. Should the individual be referred to any specialists or other service providers?  Yes  No
13. List any changes in psychotropic medications and/or diagnoses since last review:
- Any adverse side effects of psychiatric meds?  Yes  No  
If yes, please specify:  
Is there adequate communication with prescribing physician?  Yes  No
14. What is the individual's overall response to his/her specialized supports?  
What does \_\_\_\_\_ want to say at this review about his/her specialized supports? (Please indicate if person was present for his/her review and if not, why.)
15. Are any changes proposed in the type of specialized supports for this person?  Yes  No  
(If yes, explain, reassess, addend ISP, and resubmit for HRC approval before implementing if proposed support is restrictive.)

NEXT REVIEW MEETING: \_\_\_\_\_

General Comments: \_\_\_\_\_

**PLEASE REFER TO SEPARATE PAGE FOR SIGNATURES**

## Rights Restriction Survey

This survey is to be used by the support team of a person with IDD when a rights restriction is being used OR being considered for use. Even if a restrictive method is used "for health and safety," it must be based on the results of a specialized assessment and reviewed by a human rights committee (either FCBDD's or another provider agency's).

Name of individual: \_\_\_\_\_ DOB: \_\_\_\_\_

ISP Span Dates: \_\_\_\_\_ to \_\_\_\_\_

Form completed by: \_\_\_\_\_ Date completed: \_\_\_\_\_

Name of individual's FCBDD service coordinator: \_\_\_\_\_ Phone: \_\_\_\_\_

Identify restriction in use or proposed (complete a separate survey for each). \_\_\_\_\_

Please note location of restriction within ISP if already included in person's plan. \_\_\_\_\_

1. Why is the restriction being used or proposed for use? \_\_\_\_\_
2. If a restriction is being used or proposed for use due to a need of this person's roommate, a detailed description and impact of said restrictive support must be included in this person's ISP and informed consent obtained.

**IF PROPOSED OR IN USE RESTRICTIVE IS TO MEET THE NEEDS OF THIS PERSON'S ROOMMATE, STOP HERE. BE SURE TO COMPLETE A SEPARATE SURVEY FOR THE ROOMMATE THAT ANSWERS ITEMS 1-11 FOR THAT OTHER PERSON.**

3. If in use, for how long? \_\_\_\_\_ days/wks/mos/yrs  N/A
4. Who is using this particular restriction or who is team proposing will use this restriction? (i.e., parent, paid provider, other. Please indicate name & relationship to individual with IDD.)  
\_\_\_\_\_
5. Under what conditions is this restriction being used or will it be used? (i.e., in response to a particular action or is it/will it always be in place?) \_\_\_\_\_
6. What kind of specialized assessment was done to determine the appropriateness of the use of this restriction/proposed restriction? \_\_\_\_\_ By whom? \_\_\_\_\_ When? \_\_\_\_\_ Results? \_\_\_\_\_
7. What else has been tried and why was it unsuccessful? \_\_\_\_\_
8. What other strategies might be used instead of a rights restriction to support this person at this time? \_\_\_\_\_
9. Has the use of this restriction/proposed restriction been determined to be based on the individual's actions that pose an imminent risk to his/hers/others' safety?  YES  NO  
If so, is/will the use of identified/proposed restriction being monitored by a behavioral specialist?  YES  NO  
If yes, please indicate name, phone #, and e-mail of current behavioral specialist.  
If no, please indicate name, phone #, and e-mail of other professional who is/will be monitoring the use of restrictive support.
10. Has the use of this restriction been reviewed by FCBDD/other agency's human rights committee?  YES  NO  
If so, when was the last review? \_\_\_\_\_ If not, who on the team will contact the appropriate HRC to schedule the required review? \_\_\_\_\_
11. If the proposed restriction is deemed necessary and is incorporated into this person's ISP, who will take responsibility for submitting required paperwork to FCBDD Psychology Dept or other agency HRC, presenting the case to HRC, and serving as the ongoing monitor of the use of this restriction? \_\_\_\_\_

## Routing Slip - Human Rights Committee (HRC)

**TO: PSYCHOLOGY DEPARTMENT**

Date: \_\_\_\_\_

Sent By: \_\_\_\_\_  
(Name) (Phone #) (E-Mail)

Attached  
Paperwork For: \_\_\_\_\_ TO \_\_\_\_\_  
(Name) (DOB) (ISP Span Dates)

**Consists of (check only the ONE most accurate at this time; dbl click on box):**

- New Documents ( 1<sup>st</sup> ISP or support strategies packet for this person submitted to FCBDD Psychology Department for HRC Oversight. **Applies also to persons who may have had HRC-approved restrictive supports in the past, but not recently.**)
- Revised Documents – With an addition of restrictive supports **(Includes additions within same category or addition of new location for use of previously approved restrictives.)**
- Revised Documents – With a removal of previously approved restrictive supports. **(Please indicate in Comments section reason for removal, i.e., successful fade.)**
- Revised Documents – With NO change in restrictive supports
- Other – **(Please specify in Comments section what document is being sent and what was changed that necessitated submission before next annual review.)**

Date of Consent to Restrictive Supports: \_\_\_\_\_

Date of Physical/Mental Health Checklist or Guardian's Statement re. no medical contraindications **(required by FCBDD HRC for use of time-out or any type of restraint):**  
\_\_\_\_\_

**COMMENTS:**

---

Received By: \_\_\_\_\_ Date: \_\_\_\_\_

Name:

DOB:

Span Dates:

# STRATEGIES SUMMARY

Copied from Behavioral Assessment Report, Sec. VII.C. Refer to Behavioral Assessment Report, Section VIII for details about how and when to use strategies.

1. REPLACEMENT SKILLS to teach:

2. REINFORCERS:

3. GENERAL INTERVENTION STRATEGIES: **List identified needs in order from most to least dangerous/risky.**

Identified Need / Defined as ____ i.e., ATO/hitting, pushing <small>( LIST ONLY 1 NEED PER ROW )</small>	Strategy/Intervention <small>( LIST ALL APPLICABLE TO THE NEED LISTED IN EACH ROW )</small>	Location to be used <small>( KEEP LOCATION ALIGNED WITH NEED &amp; SUPPORT )</small>

4. RESTRICTIVE PREVENTION AND INTERVENTION STRATEGIES\*: **List identified needs in order from most to least dangerous/risky.**

Identified Need / Defined as ____ i.e., ATO/hitting, pushing <small>( LIST ONLY 1 NEED PER ROW )</small>	Category/Specific(s)** i.e., MAR/2-person escort <small>( LIST ALL APPLICABLE TO THE NEED LISTED IN EACH ROW )</small>	Location to be Used <small>( KEEP LOCATION ALIGNED WITH NEED &amp; SUPPORT )</small>	Fade (if appl.)

\*Require Human Rights Committee (HRC) approval prior to use.

\*\*Note all that apply for each need/behavior from these categories: Chemical restraint (CR); Manual restraint (MAR); Mechanical restraint (MER); Time out (TO); Rights restriction (RR).







# APPENDIX 13

## Human Rights Committee (HRC) Review Minutes

### Types of HRC Reviews & Actions

January 2018

## Human Rights Committee (HRC) Review Minutes

**INDIVIDUAL:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **CASE #:** \_\_\_\_\_

**MONITOR OF SUPPORTS:** \_\_\_\_\_ **PHONE #:** \_\_\_\_\_

**SERVICE COORDINATOR:** \_\_\_\_\_ **PHONE #:** \_\_\_\_\_

**REVIEW DATE:** \_\_\_\_\_ **FOR ISP SPAN DATES:** \_\_\_\_\_ **TO** \_\_\_\_\_

**REVIEW TYPE:**

- Review of Rule Criteria:
- Initial Authorization (full HRC):
- Annual Reauthorization (full HRC):
- Monitor / Follow-Up:

**DECISION:**

- Ready for full HRC
- Approved
- Approved
- Approved

- Not ready for full HRC. See comments below.
- Disapproved. See comments below.
- Disapproved. See comments below.
- Disapproved. See comments below.

**SPECIFIC IDENTIFIED NEEDS:**  
( LIST ONLY 1 NEED PER ROW )

**RESTRICTIVE SUPPORT(S):**  
( LIST ALL APPLICABLE TO THE NEED LISTED IN EACH ROW )

**LOCATION TO BE USED:**  
( KEEP LOCATION ALIGNED WITH NEED & SUPPORT )

--	--	--

1. Yes  No  The behavioral support package / ISP has appropriate informed consents AND team signatures.  
**Comments:** \_\_\_\_\_
2. Yes  No  A specialized assessment was completed with all identified factors addressed.  
**Comments:** \_\_\_\_\_
3. Yes  No  The severity, frequency, and/or intensity of the identified target behavior justify the use of restrictive supports.  
**Comments:** \_\_\_\_\_
4. Yes  No  The proposed restrictive supports represent the least intrusive, most viable alternative for this person at this time.  
**Comments:** \_\_\_\_\_
5. Yes  No  The benefits of using the restrictive supports outweigh any rights restriction, potential for harm, and/or involvement with the legal system. These benefits are clearly indicated in the behavioral support package / ISP.  
**Comments:** \_\_\_\_\_
6. Yes  No  The proposed support package / ISP includes the teaching of replacement skills.  
**Comments:** \_\_\_\_\_
7. Yes  No  There is a plan for fading the use of the restrictive support strategies.  
**If no, why not:** \_\_\_\_\_  
**Comments:** \_\_\_\_\_

**General Comments:** \_\_\_\_\_

**NEXT REVIEW DATE:** \_\_\_\_\_

Committee signatures: \_\_\_\_\_

Others in attendance: \_\_\_\_\_

Types of Human Rights Committee (HRC) Reviews and Actions  
3/1/16 (No changes as of January 2018)

A. FCBDD has 4 TYPES of reviews available for restrictive behavioral support strategies:

1. Review of Rule Criteria:

- a. Scheduled by psychology department secretary within 24-48 hours of receipt of packet.
- b. Used for first-time packet submissions; preparation for annual reauthorization; AND when new restrictive strategies are added to a package of supports prior to annual ISP update.
- c. Typically completed within 72 hours of receipt of packet by one member of an HRC team; currently FCBDD is using HRC team chairpersons for these reviews.
- d. Provides a first read-through and thorough processing of documents when any type of restrictive support has been recommended.
- e. The HRC reviewer works closely with the specialist who is recommending restrictive strategies based on a behavioral assessment OR with the service coordinator who authored an ISP that includes restrictive supports.
- f. Multiple reviews of rule criteria may be needed, depending on responses to questions/issues.
- g. Questions/issues to be addressed are clearly indicated on the HRC Review Minutes form which is sent to the specialist/service coordinator for follow-up. The HRC Review Minutes form is to be used for all communication between support package reviewers and specialists/service coordinators.
- h. This review type assures that all required FCBDD and DODD elements are in place and that any questions/concerns are addressed by an individual's team prior to scheduling of a full HRC review.

2. Initial Authorization:

- a. Scheduled by psychology department secretary as soon as possible upon receipt of an HRC Review Minutes form that indicates rule criteria have been met & packet is "ready for full HRC."
- b. The first full HRC team review of previously-UNapproved restrictive strategies recommended in a specialized assessment (usually the Behavioral Assessment Report).
- c. This type of review may also be used at any time when a person's needs change, an updated specialized assessment is conducted, and previously-UNapproved restrictive strategies are recommended.

3. Annual Reauthorization:

- a. Scheduled 60-90 days prior to the start of a person's ISP span dates.
- b. A full HRC team review of previously-approved restrictive strategies recommended in a specialized assessment (usually the Behavioral Assessment Report).

4. Monitor/follow-up:

- a. Usually scheduled as needed by HRC chairperson.
- b. Used to track specific questions/issues raised at an HRC team review (i.e., confirm that data are being collected as recommended, additional team signatures have been acquired, etc). Rather than schedule a full HRC team meeting prior to annual review, the HRC chairperson may use this type review to gather additional information and perhaps change HRC action to "approve."
- c. May be signed by HRC chairperson OR by full HRC team, depending on the issue and timing of review.

B. FCBDD uses four levels of HRC action:

1. "Ready for full HRC" = criteria of behavioral support rule have been met and package can be scheduled for full HRC team review.
2. "Not ready for full HRC" = some part(s) of behavioral support rule has not been met and documents need revised and re-reviewed by HRC chairperson.
3. "Approval" = full HRC team approval of recommended restrictive strategies. The HRC Review Minutes form may include comments or questions for the specialist/team to consider.
4. "Disapproval" = rejection by full HRC team of recommended restrictive strategies as proposed.

Questions/issues to address will always be noted on the HRC Review Minutes form so that specialist and/or service coordinator knows what needs updated, changed, etc so that support package can be submitted for re-review and approval. A "monitor/follow-up" review will be conducted upon receipt of corrected/updated documents so that approval of restrictives can be given in a timely manner.

**\*\* Beginning 2-1-16, FCBDD HRC teams will no longer provide "conditional approval" of restrictive strategies.**

**This is consistent with wording of behavioral support rule effective 1-1-15 and with new types of reviews available (section A, above).**

# APPENDIX 14

## RMN Screen Shots

RESTRICTIVE MEASURES NOTIFICATION : INFORMATION

# New Restrictive Measures Notification

RMIN Status  
Draft

## General

### Personal Information:

Individual \* Date of Birth  
 -- --  
 County of Service: Status  
 -- Draft

### Behavioral Support Strategies Developed By:

First Name \* Agency Name \*  
 -- --  
 Phone \* Author's Position Title \*  
 -- --  
 Select Author Agency Type \* Email \*  
 -- --

### Type of Behavioral Support Strategy with Restrictive Measures:

Initial  Annual  Revision  Discontinued   
 Discontinued Due to  --

Date of Individual / Guardian Consent: \* --

Active



Microsoft Dynamics CRM | Restrictive Measures Notification

RESTRICTIVE MEASURES NOTIFICATION : INFORMATION

# New Restrictive Measures Notification

Type of Behavioral Support Strategy with Restrictive Measures:

Initial	Annual	Revision	Discontinued
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Discontinued Due to:

Date of Individual / Guardian Consent: \* --

Human Rights Committee Approval Date: \* --

Projected Implementation Date for Restrictive Measures: \* --

Projected Expiration Date of Restrictive Measures: \* --

**TARGETED BEHAVIOR:**

Target Behavior:

Created On:

To enable this content, create the record.

Owner: \* **Lindsay Harding**

Active

RMN Status: Draft

SAVE & CLOSE

TARGET BEHAVIOR : INFORMATION

# New Target Behavior

## General

Target Behavior(s); Choose one:

- Physical Aggression To
- Sexual Offending
- Self-Injurious
- Inappropriate Sexual B
- Transportation Safety
- Other
- Stealing

Location for Target Behavior Selected; Choose any that apply:

- Home
- Adult Day Program
- Respite
- Restaurant
- Other
- Work
- Volunteer Opportuni
- Camp
- Shopping Store
- Community Employm
- Community Event
- Summer Program
- Vehicle
- Sheltered Workshop
- School
- Hospital

Restrictive Measure for Target Behavior Selected; Choose any that apply:

- Manual
- Chemical
- Mechanical
- Rights Restriction
- In Designated Time Out (TO) Room

Active

SAVE & CLOSE

TARGET BEHAVIOR : INFORMATION

# New Target Behavior

## Manual Restrictive Measure :

Manual Description		Court Ordered
Escort by 1 person	<input type="checkbox"/>	<input type="checkbox"/>
Escort by multiple people	<input type="checkbox"/>	<input type="checkbox"/>
Carry by 1 person	<input type="checkbox"/>	<input type="checkbox"/>
Carry by multiple people	<input type="checkbox"/>	<input type="checkbox"/>
Restraint of 1 appendage	<input type="checkbox"/>	<input type="checkbox"/>
Restraint of multiple appendages	<input type="checkbox"/>	<input type="checkbox"/>
Standing restraint	<input type="checkbox"/>	<input type="checkbox"/>
Supine restraint	<input type="checkbox"/>	<input type="checkbox"/>
Basket hold	<input type="checkbox"/>	<input type="checkbox"/>
Physically prompted hands down with resistan	<input type="checkbox"/>	<input type="checkbox"/>
Wheelchair disabled	<input type="checkbox"/>	<input type="checkbox"/>
Wheelchair power switched off	<input type="checkbox"/>	<input type="checkbox"/>
Wheelchair brakes locked	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>
Other Specify	--	

Active

SAVE & CLOSE

TARGET BEHAVIOR : INFORMATION

# New Target Behavior

Restaurant  
 Other  
 Shopping Store  
 Vehicle  
 Mechanical  
 Rights Restriction  
 In Designated Time Out (TO) Room

**Restrictive Measure for Target Behavior Selected; Choose any that apply:**

Manual  
 Chemical  
 Mechanical  
 Rights Restriction  
 In Designated Time Out (TO) Room

## Mechanical Description :

**Description**

Full body immobilization, seated/chair re  
 Full body immobilization/4 pt/ restraints  
 Gait belt or other device used to facilitat  
 Helmet  
 Mitts  
 Splints  
 Locked seatbelt / harness / vest (during  
 Locked seatbelt / harness / vest (not dur  
 Other

Active

SAVE & CLOSE

TARGET BEHAVIOR : INFORMATION

# New Target Behavior

Physical Aggression To  Self-Injurious  Transportation Safety  Stealing

Sexual Offending  Inappropriate Sexual B  Other

Location for Target Behavior Selected: Choose any that apply:

Home <input type="checkbox"/>	Work <input type="checkbox"/>	Community Employm <input type="checkbox"/>	Sheltered Workshop <input type="checkbox"/>
Adult Day Program <input type="checkbox"/>	Volunteer Opportuni <input type="checkbox"/>	Community Event <input type="checkbox"/>	School <input type="checkbox"/>
Respite <input type="checkbox"/>	Camp <input type="checkbox"/>	Summer Program <input type="checkbox"/>	Hospital <input type="checkbox"/>
Restaurant <input type="checkbox"/>	Shopping Store <input type="checkbox"/>	Vehicle <input type="checkbox"/>	
Other <input type="checkbox"/>			

Restrictive Measure for Target Behavior Selected: Choose any that apply:

Manual  Mechanical  In Designated Time Out (TO) Room

Chemical  Rights Restriction

Time Out Restrictive Measure :

Description  Court Ordered

In a designated Time Out (TO) room

In other area

Active

SAVE & CLOSE

TARGET BEHAVIOR : INFORMATION

# New Target Behavior

Sexual Offending  Inappropriate Sexual B  Other

**Location for Target Behavior Selected; Choose any that apply:**

- Home
- Adult Day Program
- Respite
- Restaurant
- Other
- Work
- Volunteer Opportuni
- Camp
- Shopping Store
- Community Employm
- Community Event
- Summer Program
- Vehicle
- Sheltered Workshop
- School
- Hospital

**Restrictive Measure for Target Behavior Selected; Choose any that apply:**

- Manual
- Chemical
- Mechanical
- Rights Restriction
- In Designated Time Out (TO) Room

## Chemical Restrictive Measure :

**Description**

Select Medication Name \* --  
 Specify Other Medication Name \* --

**Court Ordered**

Active

SAVE & CLOSE

TARGET BEHAVIOR : INFORMATION

# New Target Behavior

Rights Restrictive Measure :

Description	Count	ordered
Smoking	0	<input type="checkbox"/>
Smoking Specify	0	<input type="checkbox"/>
Phone	0	<input type="checkbox"/>
Phone	0	<input type="checkbox"/>
Mail	0	<input type="checkbox"/>
Mail	0	<input type="checkbox"/>
Technology	0	<input type="checkbox"/>
Technology	0	<input type="checkbox"/>
Visitor	0	<input type="checkbox"/>
Visitor	0	<input type="checkbox"/>
Dietary	0	<input type="checkbox"/>
Dietary	0	<input type="checkbox"/>
Sharp Object	0	<input type="checkbox"/>
Sharp Object	0	<input type="checkbox"/>
Medication	0	<input type="checkbox"/>
Medication	0	<input type="checkbox"/>
Financial	0	<input type="checkbox"/>
Financial	0	<input type="checkbox"/>
Chemical or Househ:	0	<input type="checkbox"/>
Chemical or Househ:	0	<input type="checkbox"/>
Location (store, park	0	<input type="checkbox"/>
Location (store, park	0	<input type="checkbox"/>
Room/Property Sear:	0	<input type="checkbox"/>
Room/Property Sear:	0	<input type="checkbox"/>
Person Search	0	<input type="checkbox"/>
Person Search	0	<input type="checkbox"/>
Alarm	0	<input type="checkbox"/>
Alarm	0	<input type="checkbox"/>
Others	0	<input type="checkbox"/>
Others	0	<input type="checkbox"/>

Active