

# Behavior Management Standards

## Restraints & Restrictive Intervention

### A. Behavior Management Plan Required

LCCS is prohibited from using any restraints or restrictive interventions on a beneficiary unless the beneficiary has a developed and implemented behavior management plan which incorporates alternative strategies to avoid the use of restraints and restrictive interventions and includes the use of positive behavior support strategies as an integral part of the behavior management plan (See Section 502 “Behavior Management Plans”). There is a limited exception to this requirement when the use of an emergency restraint is necessary (See Section 500 (E) “Emergency Restraint”)

### B. Definitions of Restraints and Interventions

1. “Physical restraint” or “personal restraint”: the application of physical force without the use of any device (manually holding all or part of the body), for the purpose of restraining the free movement of a beneficiary’s body. This does not include briefly holding, without undue force, a beneficiary to calm them, or holding a beneficiary’s hand to escort them safely from one area to another.
2. “Physical Intervention”: the use of a manual technique intended to interrupt or stop a behavior from occurring.
3. “Restrictive intervention”: procedures that restrict or limit a beneficiary’s freedom of movement, restricts access to their property, prevents them from doing something they want to do, requires them to do something they do not want to do, or removes something they own or have earned. The definition would include the use of “time-out,” in which a beneficiary is temporarily, for a specified period of time, removed from positive reinforcement or denied opportunity to obtain positive reinforcement for the purpose of providing the beneficiary with the opportunity to regain self-control. Under no circumstances may a beneficiary be physically prevented from leaving.
4. “Mechanical restraint”: any physical apparatus or equipment used to limit or control a challenging behavior. This would include any apparatus or equipment that cannot be easily removed by the beneficiary, restricts the beneficiary’s free movement or normal functioning, or restricts normal access to a portion or portions of the beneficiary’s body.
  - *Under no circumstances are mechanical restraints permitted to be used on a beneficiary.*

5. “Chemical restraint”: the use of medication for the sole purpose of preventing, modifying, or controlling challenging behavior that is not associated with a diagnosed co-occurring psychiatric condition.

- *Under no circumstances are chemical restraints permitted to be used on a beneficiary.*

6. “Seclusion”: the involuntary confinement of a beneficiary alone in a room or an area from which the beneficiary is physically prevented from having contact with others or leaving.

- *Under no circumstances is seclusion permitted to be used on a beneficiary.*

#### C. Use of Restraints and Interventions

Permitted restraints and interventions may be used only when a challenging behavior exhibited by the beneficiary threatens the health or safety of the beneficiary or others. The use of restraints or interventions shall be supported by a specific assessed need as justified in the beneficiary’s PCSP, and only performed as provided in the beneficiary’s behavior management plan.

1. Required Prior Counseling: Before a “time out,” an absence from a specific social activity, or a temporary loss of personal possession is implemented, the beneficiary shall first be counseled about the consequences of the behavior and the choices they can make.
2. Direct Observation: A beneficiary shall be continuously under direct visual and auditory observation by staff members during any use of restraints or interventions.
3. Specialized Restraint and Intervention Training: All personnel who are involved in the use of restraints or interventions shall receive training on and be qualified to perform, implement, and monitor the particular restraint or intervention as applicable. Additionally, personnel should receive training in behavior management techniques, and abuse and neglect laws, rules, regulations and policies.
4. Restraint and Intervention Identification: The PASSE HCBS provider is required to advise all staff, families, and beneficiaries on how to recognize and report the unauthorized use of a restraint or restrictive intervention.

#### D. Required Restraint and/or Intervention PCSP Information

Any PCSP and behavior management plan permitting the use of restraints or interventions shall include the following information:

1. Identify the specific and individualized assessed need for the use of the restraint or intervention.
2. Document the positive interventions and supports used prior to any modifications to the PCSP that permits use of restraint or interventions.
3. Document the less intrusive methods of behavior modification that were attempted but did not work.
4. Include a clear description of the condition that is directly proportionate to the specific assessed need.
5. Include regular collection and review of data to measure the ongoing effectiveness of the modification to the PCSP that permitted the use of a restraint or intervention.
6. Include established time limits for periodic reviews to determine if the use of restraint or intervention is still necessary or can be terminated.
7. Include the informed consent of the beneficiary or legal guardian.
8. Include an assurance that the use of the restraint or intervention will cause no harm to the beneficiary.

E. Emergency Restraint

Personal restraints (use of staff member's body to prevent injury to the beneficiary or another person) are allowed in cases of emergency, even if a behavior management plan incorporating the use of restraints has not been developed and implemented. An "emergency" exists in the following situations:

1. The beneficiary has not responded to de-escalation or other positive behavior support strategies and the behavior continues to escalate.
2. The beneficiary is a danger to themselves or others.
3. The safety of the beneficiary and those nearby cannot be assured through positive behavior support strategies.

F. Reporting each Incident where Restraint or Intervention was Used

An incident report shall be completed and submitted to DHS PASSE Quality Assurance unit and appropriate PASSE, in accordance with Section 300 herein no later than the end of the second

business day following the date any restraint or restrictive intervention is administered. If the use of a restraint or restrictive intervention occurs more than three (3) times in any thirty (30) day period, permitted use of restraints and interventions shall be discussed by the PCSP development team, addressed in the PCSP, and implemented pursuant to an appropriate behavior management plan.

Any use of restraint or intervention, whether permitted or prohibited, also shall be documented in the beneficiary's daily service log, maintained in their service record, and shall include the following information:

1. The behavior initiating the use of restraint or intervention.
2. The length of time the restraint or intervention was administered.
3. The name of the personnel that authorized the use of the restraint or intervention.

The names of all individuals involved and outcomes of the use of the restraint or intervention.