

STATE OF HAWAII
DEPARTMENT OF HEALTH
P. O. BOX 3378
HONOLULU, HI 96801-3378

DEVELOPMENTAL DISABILITIES DIVISION

TITLE: Behavior Support Review

Policy #: 2.03

BACKGROUND:

The purpose of therapeutic interventions when working with individuals with Intellectual and Developmental Disabilities (I/DD) is to provide individuals with support strategies and therapeutic approaches that are tailored to their specific needs. This allows individuals to strengthen their ability to live productive and satisfying lives in the community and ensures that the rights of individuals with I/DD are not violated. When participants of the Developmental Disabilities Division (DDD) present behaviors that put them at imminent risk of hurting themselves or others, steps must be taken to prevent harm. Positive behavior supports (PBS) (*refer to Policy 2.01, Positive Behavioral Supports*) shall be used, whenever possible, to decrease behaviors that pose a risk of harm to self or others, and prevent the need for restrictive practices.

The DDD policy on PBS ensures that behavioral interventions are implemented by trained and supervised staff and documented appropriately to assist and support participants receiving services, and those providing support to them. When PBS techniques have been attempted and are not effective at reducing risks of harm, restrictive interventions that involve safe and temporary restrictions may be necessary (*refer to Policy 2.02, Restrictive Interventions*). Restrictive interventions should only be used in the context of a comprehensive, functional approach to behavior support that is designed to teach, nurture, and encourage positive behaviors. Safeguards for restrictive interventions are required to ensure that a participant's rights are protected, and that interventions do not violate these rights. To minimize the use of interventions that are intrusive, focused exclusively on punitive consequences, and/or are ineffective in producing meaningful outcomes, Behavioral Support Plans (BSPs) containing restrictive interventions are the least desirable approach to supporting participants and such interventions shall be reviewed by the Behavior Support Review Committee (BSRC) to ensure the safety of participants and others.

PURPOSE:

The purpose of Behavior Support Review is to ensure that PBS methods are used when working with participants and that appropriate safeguards are in place when restrictive interventions are proposed for use in a Behavior Support Plan (BSP). The BSRC may review BSPs for which there is a restrictive intervention that meets specific DDD thresholds to address a challenging

behavior (see *Procedures* section, item A) and may provide recommendations to ensure appropriate, effective, and safe application of an intervention by service providers.

DEFINITIONS:

“Aversive Procedures” means procedures intended to inflict pain, discomfort and/or social humiliation in order to modify behavior. These include, but are not limited to, electric skin shock, liquid spray to one’s face, and strong, non-preferred tastes applied in the mouth.

Aversive Procedures are prohibited and shall not be used with participants.

“Behavior Support Plan” or “BSP” is a written plan for the team members who are supporting the person who is engaging in behaviors perceived as challenging. The BSP outlines:

1. Steps that will be taken by the members of the person’s team to modify the physical environment;
2. What replacement skills should be taught to the participant as well as how to do so;
3. Ways in which team members should respond to challenging behaviors; and
4. Ways in which team members can decrease the likelihood of challenging behaviors.

The BSP is developed based on the results of a Functional Behavior Assessment (see definition below). As BSPs include Positive Behavior Support approaches (see definition below), a BSP may also be referred to as Positive Behavior Support Plan or PBS Plan.

“Functional Behavior Assessment” or “FBA” means the process of determining the functions, or reasons why a person is engaging in challenging behaviors, and to understand the conditions in which challenging behaviors occur. The FBA involves collecting data to identify patterns or trends and to develop a hypothesis of conditions that trigger and/or maintain these behaviors prior to developing a behavior support plan.

“Licensed Behavior Analyst” or “LBA” is an individual licensed under HRS Chapter 465D.

“Positive Behavior Supports” or “PBS” is a process for addressing challenging behaviors by understanding the relationships between a person’s behavior, communication, and aspects of his or her environment. It offers strategies to modify the environment and interactions in order to prevent the occurrence of these behaviors; teaches skills to replace challenging behaviors; outlines responses to challenging behaviors to reduce the likelihood that these behaviors will reoccur in the future; and offers proactive and functional strategies to promote a positive lifestyle change. Positive Behavior Supports strategies are included in Behavior Support Plans (BSPs).

“Provider” means any individual or agency delivering a service authorized through DDD inclusive of consumer directed services.

“Restraint” means a physical, chemical or mechanical intervention used as a last resort on an emergency basis to protect the participants from imminent harm to themselves and/or others using the least restrictive intervention possible and for the shortest duration necessary.

THE FOLLOWING ARE NOT CONSIDERED RESTRAINTS:

- Interventions used for the purpose of conducting routine physical or dental examination or diagnostic tests or completing a medical or dental treatment procedure;
 - A device used to protect the participant's safety as indicated in the Individualized Service Plan (ISP) per a physician's recommendation and reviewed by the Behavior Support Review Committee (BSRC); or
 - Vehicular passenger restraint systems required by state law (HRS §291-11.6).
1. **“Chemical Restraint”** means a psychotropic medication prescribed by a licensed health care professional with prescriptive authority:
 - a. On a routine basis without an appropriate Diagnostic and Statistical Manual (DSM) diagnosis for the purpose of behavioral control; or
 - b. Incidental use of medications, sometimes called PRN or as needed medication, to restrict the freedom of movement or temporarily sedate the individual.

THE FOLLOWING ARE NOT CONSIDERED CHEMICAL RESTRAINTS:

- Medications prescribed for the treatment of a diagnosed disorder found in the current version of the American Psychiatric Association's Diagnostic and Statistical Manual (DSM);
 - Adjusting the dose of a prescribed medication or prescribing a new medication to achieve better symptom control for the diagnostic disorder per the current DSM;
 - Medications prescribed to control seizures; and
 - Medications for medical or dental procedures.
2. **“Mechanical Restraint”** means an intervention involving a device, material or equipment that is involuntarily applied to the participant's body or immediate environment (i.e., wheelchair, chair, bed, toilet, vehicle, etc.) that immobilizes, restricts, limits, or reduces any bodily movement in emergency situations to prevent the participant from harming themselves or others. See definition of “Restraints” for interventions that are not considered a Mechanical Restraint.
 3. **“Physical Restraint”** means an intervention in which physical force is applied to the participant and involuntarily restricts their freedom of movement or normal access to a portion or portions of their body. See definition of “Restraints” for interventions that are not considered a Physical Restraint.

“Restrictive Intervention” or “Restrictive Procedure” means a practice that limits a participant's freedom of movement, access to other locations, property, individuals, or rights. This includes, but is not limited to, Chemical, Mechanical, and Physical Restraints.

“Authorized Restricted Intervention” means a restricted intervention proposed for use in a BSP by a licensed professional in accordance with Hawaii state law following the completion of a Functional Behavior Assessment.

“Seclusion” means a restrictive intervention in which a person is involuntarily confined in a room or area from which they are prevented from having contact with others or leaving by closing a door or using another barrier. **Seclusion is prohibited and shall not be utilized with participants.**

POLICY:

This policy describes how the Behavior Support Review Committee (BSRC) will review BSPs that propose the use of restrictive interventions to address challenging behaviors that pose an imminent risk of harm to the participant or others. This policy establishes that the BSRC will:

- Review specific interventions proposed in a BSP to ensure that PBS methods which promote the growth, development, and independence of participants, individual choice in daily decision-making, and self-management are the primary interventions used;
- Review and monitor BSPs that include restrictive interventions to ensure that appropriate safeguards and oversight of restricted interventions (planned or in time of crisis) are used, with planning for the eventual elimination of the restrictive intervention(s);
- Ensure that restrictive interventions are the least restrictive method available to address a challenging behavior and are utilized in combination with positive procedures designed to teach appropriate replacement behaviors that serve the same function (as opposed to suppression or elimination of undesirable behaviors); and
- Ensure that appropriate preventative strategies are in place to prevent or minimize the challenging behaviors from occurring.

When a restrictive intervention - including Chemical, Mechanical, and/or Physical Restraint - is used as a last resort intervention to prevent imminent risk of harm to self or others, a BSP must be written for *each* challenging behavior in which a restrictive intervention is proposed for use. The BSP shall be developed by a licensed professional in accordance with Hawaii state law and be in accordance with the *Medicaid Waiver Standards Manual* which details the specific requirements for *each* restrictive intervention proposed for use in a BSP. Prior to the application of a restrictive intervention, other less intrusive interventions must be attempted with appropriate documentation demonstrating their ineffectiveness at reducing and/or replacing a challenging behavior. Baseline data of the challenging behavior shall also be documented.

The Behavior Support Review Committee (BSRC) will review BSPs and supporting documents as described in the procedures below to ensure that appropriate safeguards are in place when restrictive interventions are used. This involves a systematic review to:

- Establish that a restrictive intervention will be utilized as a last resort intervention to maintain the safety of the participant and/or others at imminent risk of harm only after less restrictive

interventions have been attempted, appropriately documented, and deemed unsuccessful at addressing the unsafe behavior;

- Ensure that a pattern of behavior escalation has been identified and the BSP includes corresponding, less restrictive interventions to prevent or minimize the escalation of the challenging behavior at each phase;
- Ensure that suggested interventions in the BSP are applied by trained and supervised providers who are overseen by a qualified DDD Service Supervisor, not a Consumer Directed Personal Assistant or family member; and
- Ensure that the rights of participants are not violated. Procedures that will restore the restricted right(s) of the participant following the use of a restrictive intervention will be reviewed by the BSRC as well as interventions that will provide the participant with functional skills allowing for the eventual elimination of the Restricted Intervention.

PROCEDURES:

A. Referrals to BSRC

1. A referral by the DDD Case Manager (CM), Outcomes and Compliance Branch (OCB) staff monitoring adverse events, or Community Resources Branch (CRB) staff monitoring providers shall be made to the BSRC in the following situations:
 - a. PRN medication(s) is used to manage unsafe or challenging behavior without an appropriate DSM diagnosis;
 - b. Any restrictive intervention is proposed for use or currently being utilized with a participant less than 18 years of age;
 - c. An injury has occurred to the participant and/or others as a result of the application of a restrictive intervention;
 - d. The use of a restrictive intervention on three (3) or more instances during a one (1) month period, including but not limited to PRN medication for challenging behavior, Mechanical, and/or Physical Restraint. This includes both authorized restrictive interventions that are proposed for use in a BSP by a licensed professional in accordance with Hawaii state law as well as interventions that are not included in a BSP. This threshold may be adjusted following the BSRC's review of appropriate documentation and data;
 - e. A participant is receiving more than a 1:1 staff ratio to manage challenging behavior(s);
 - f. Challenging behavior results in psychiatric or medical hospitalization or results in the need for medical care;
 - g. An intervention prohibited by DDD was utilized including but not limited to Seclusion or any Aversive Procedure intended to inflict pain, discomfort and/or social humiliation in order to modify behavior (*refer to Policy 2.02, Restrictive Interventions*); and/or
 - h. More than two (2) restrictive interventions are proposed for use in a BSP to address challenging behavior(s).
2. The BSRC may receive referrals from other reporting sources, including but not limited to the Clinical Interdisciplinary Team (CIT) or the LBA who developed the BSP. The

CM and/or their Unit Supervisor will be contacted by the BSRC or designee to request the necessary documents for review by the BSRC.

3. The BSRC may select a participant and review all CMB and service provider records as well as interview the participant's circle of support to provide recommendations to ensure that appropriate safeguards are in place.

B. Required Documentation for Referral to the BSRC

1. All referrals to the BSRC shall be made utilizing the BSRC Referral Form.
2. When making a referral to the BSRC, the CM shall provide the following information within five (5) working days of the scheduled BSRC review for each challenging behavior for which a restrictive intervention is being utilized or proposed for implementation:
 - a. Proposed Behavior Support Plan (BSP) or current BSP if restrictive interventions have been employed prior to the approval of this Policy. The BSP shall include strategies on how to effectively address the challenging behavior and decrease the likelihood of its occurrence as well as identify alternative, functional behaviors that can be taught to the participant that serve the same purpose (see item 4 below for detailed description);
 - b. Current Functional Behavioral Assessment (FBA). The FBA shall include baseline data of the challenging behavior and a functional analysis of the purpose of the behavior as well as what may be maintaining it based on objective data collected (*refer to Policy 2.01, Positive Behavior Support*, for the required components of a FBA);
 - c. Current Individualized Service Plan (ISP) with current list of ALL medications, including diagnoses, dosage, strength, and purpose;
 - d. As documentation is required each time a restrictive intervention is utilized (*refer to Policy 3.07, Adverse Event Report for People Receiving Developmental Disabilities Division Services*) applicable Quarterly Reports should be submitted for review as well as Adverse Event Reports (AERs) from the last 12 months, at minimum;
 - e. Information about any hospitalizations including the reason for the hospitalization and the duration of the stay from the last 12 months, at minimum;
 - f. Documentation of alternative, less restrictive interventions that were attempted as a primary intervention to address a challenging behavior, including data demonstrating their limited effectiveness at reducing and/or replacing the challenging behavior (see item 3 below);
 - g. Physician Orders for PRN medications;
 - h. Physician Orders for restrictive intervention(s) used to protect the participant or others from imminent harm; and
 - i. Other information that may be applicable to the BSRC such as the Authorization for the use or Disclosure of Protected Health Information (PHI).
3. Individuals providing behavioral intervention services to the participant will be contacted by the BSRC support staff to provide the following documentation; such documentation shall be provided to the BSRC at least five (5) working days prior to the scheduled review by the BSRC:

- a. Data or information indicating the proposed antecedents and consequences to the challenging behavior;
 - b. Data or information detailing the alternative, less restrictive behavioral interventions that were attempted as a primary intervention throughout the escalation phases of the behavior and the results of those interventions;
 - c. Data or information regarding the frequency, intensity, and duration of the challenging behavior;
 - d. Data or information regarding the replacement skills that have been identified and will be taught to the participant that serve the same function as the challenging behavior; and
 - e. Information on how the participant's health and safety was monitored during the application of the restrictive intervention as well as how the restricted rights of the participant were restored following the removal of the restrictive intervention.
4. The individual referring the case to the BSRC, the CM, the LBA who developed the BSP, the provider(s) currently providing behavioral intervention services to the participant, and the provider's Service Supervisor shall be available to the BSRC, as scheduled, to address questions, provide explanation and data, clarify the participant's situation, and/or discuss alternative behavioral strategies attempted and the success/failure of those strategies.

C. Recommendations and Decisions of the BSRC

1. The BSRC shall review all available documentation and provide recommendations to (1) ensure that the rights of participants are not violated, (2) establish that PBS methods are the primary interventions used, and (3) establish that appropriate safeguards are in place when working with participants.
2. The BSRC may provide recommendations to address the following areas:
 - a. The appropriateness of the BSP and/or proposed interventions to address challenging behavior and teach appropriate replacement skills. If multiple restrictive interventions are proposed to address a challenging behavior, the BSRC will review the appropriateness of *each* restrictive intervention and may provide recommendations;
 - b. The need for medical and/or dental exams to minimize the occurrence and/or exacerbation of a challenging behavior;
 - c. The appropriateness of the participant's current list of medications as well as the method and/or schedule of administration;
 - d. Mental Health or psychiatric issues that may be impacting the challenging behavior;
 - e. Environmental and other situational factors that may be impacting the challenging behavior; and/or
 - f. Support systems and other interpersonal factors that may be impacting the challenging behavior.
3. All requests for additional information must be supported by the majority of the BSRC. The date of the next BSRC review will be established and the required documentation

must be submitted within 5 working days of the scheduled review by the appropriate source.

4. All requests for changes to the participant's BSP, ISP, Individual Plan (IP), data collection methods, and/or other documentation, methods, or, interventions - whether involving behavioral, medical, psychiatric, or other supports - must be supported by the majority of the committee for each challenging behavior. Such recommendations may include but are not limited to:
 - a. Modifications to the BSP. Any recommendations made by the BSRC shall be made by the author of the BSP and addressed *prior to* implementation of the restrictive intervention(s). The modified BSP must be submitted to the BSRC within 7 calendar days of the CM's receipt of the revised BSP from the LBA;
 - b. Additional training and/or supports needed by the participant's circle, in addition to those required by the BSP or ISP, to assist in maximizing the participant's growth and skill development as well as maintain their safety and meet their specific needs. Recommended trainings and/or supports will address the specific training needs of individuals supporting the participant so that the use of restrictive intervention(s) can be reduced or eliminated;
 - c. Additional medical, psychiatric, psychological, behavioral, and/or dental evaluation(s) to determine if challenging behaviors are caused and/or exacerbated by physical and/or medical conditions;
 - d. Additional safeguards that may be required for the safe and effective use of a restrictive intervention;
 - e. Obtaining authorization for a formal request of Training and Consultation services from the CIT (*refer to Policy 2.01, Positive Behavior Support*); and
 - f. Visitation by members of the BSRC to observe the participant in any necessary setting(s), including but not limited to the home, community, workplace, or service provider setting.
5. Any revisions recommended by the BSRC must be supported by the majority of the BSRC. The date of the next BSRC review will be established and the required documentation must be submitted by the appropriate source within 5 working days of the scheduled review.
6. The BSP shall be reviewed annually by the BSRC as long as any criteria in Item 1 of the Procedure section, *Referrals to BSRC (p. 5)*, are met. The date of annual review shall be determined by the initial review by the BSRC.
7. If there is preceding BSRC data BSRC shall analyze this data to identify trends and patterns on a quarterly basis, and develop recommendations for programmatic and/or systemic improvement through the Safety and Well-Being Committee. This shall include, but not be limited to:
 - a. How the rights of participants were violated as a result of a restrictive intervention(s) and, how the participants' rights were restored, including practices to better maintain the rights of the participant;
 - b. Restrictive interventions that require more individualized training and supervision to maintain the safety of the participant;

- c. Any medical, dental, trauma, mental health or other conditions that require a more thorough assessment to identify confounding issues that may be maintaining and/or exacerbating these conditions; and
 - d. Conditions, diagnoses, and/or challenging behaviors that require additional, individualized training to safely support a participant and ensure that PBS methods are the primary interventions used.
8. For immediate situations where there is imminent danger to the person or others, the CIT can review the proposed restrictive intervention(s) and render a temporary recommendation until the next scheduled BSRC meeting. Between BSRC scheduled meetings, CMs may also consult with the CIT to receive temporary recommendations for behavior supports and/or if they are unclear on how to meet the requests of the BSRC.

D. Composition and Responsibilities of the BSRC

1. BSRC Membership:
 - a. The Chairperson of the BSRC shall be from the DDD and appointed by the DDD Administrator;
 - b. One member from the DDD who is a psychologist or behavior analyst;
 - c. One Registered Nurse (RN) from DDD;
 - d. One Case Management Unit Supervisor (or designee);
 - e. OCB Chief (or designee);
 - f. One CRB member;
 - g. A volunteer of the BSRC, who may include:
 - 1) Family member or parent of a participant receiving services from the DDD;
 - 2) DDD provider agency representative;
 - 3) Community member with no direct involvement with a DDD provider agency; or
 - 4) Consumer receiving services from the DDD.
 - h. A Vice-Chair shall be appointed by the Chair of BSRC to conduct business in the absence of the chair; and
 - i. No professional whose prospective BSP is the subject of review may review and/or provide recommendations on a proposed BSP. No member may review and/or provide recommendations if there is professional, financial, or familial conflict(s) of interest.
2. Before participation in the BSRC, Non-State Government Employee Volunteers must:
 - a. Complete requirements of the Department of Human Resources & Development's Intra-Departmental Directive 13.01 "Utilization of Volunteer Services;" and
 - b. Complete HIPAA training
3. All BSRC Members are required to protect the confidentiality of all records and information disclosed in carrying out the duties and activities of the BSRC, and must sign a confidentiality agreement and receive training in HIPAA, unless they are State employees of a HIPAA covered entity.
4. BSRC Meetings
 - a. The BSRC shall meet monthly. The Chair, or designee, shall be responsible for informing all members of meeting dates and times and cancellation of meetings.
 - b. DDD support staff shall maintain a record that includes:

- 1) A summary of the BSRC recommendations for each BSP reviewed;
- 2) A record of attendance; and
- 3) The date of the meeting.
5. Notification of BSRC Decision
 - a. The BSRC will consult with and send a written copy of the BSRC recommendations to the assigned CM, or person referring the case to the BSRC, including a subsequent review date.

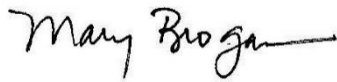
AUTHORITATIVE & OTHER REFERENCES:

1. State of Hawaii, Department of Health, Developmental Disabilities Division, "Medicaid Waiver Provider Standards Manual."
2. §333F-8, HRS, "Rights of persons with developmental or intellectual disabilities."
3. Chapter 465D, HRS "Behavior Analysts":
http://www.capitol.hawaii.gov/hrscurrent/Vol10_Ch0436-0474/HRS0465D/HRS_0465D-.htm.¹
4. Department of Human Services & Development's Intra-Departmental Directive 13.01 "Utilization of Volunteer Services";
5. DD Policy 2.01, Positive Behavioral Supports
6. DD Policy 2.02, Restrictive Interventions
7. DD Policy 3.07, Adverse Event Report for People Receiving Developmental Disabilities Division Services

NOTE:

Forms related to this P&P are posted with the P&P on SharePoint for your reference & use.

Approved: _____



**Administrator
Developmental Disabilities Division**

Date: Feb 17, 2017

¹ This hyperlink connects to the most recent version of HRS through the Hawaii State Legislature website. Hyperlinks to HRS chapters show the first page of the chapter only, to see the rest of the contents of the chapter, click "Next" on the lower right hand side of the page on your screen.