

MAXABILITIES OF YORK COUNTY

POLICY TITLE: Behavior Support

EFFECTIVE DATE: February 1, 1999 (*formerly "Handling Individuals With Challenging Behaviors"*)

POLICY REVISION: April 23, 2026
June 28, 2018
February 24, 2011

REFERENCE: OIDD Departmental Directive 600-05
OIDD Departmental Directive 535-07
OIDD Departmental Directive 603-01

RELATED PROCEDURAL DOCUMENTS: MaxAbilities Procedure: Behavior Support

PURPOSE: This policy establishes the responsibility of MaxAbilities of York County in the identification of supported individual's behaviors that need professional interventions, via behavior guideline, behavior support plan, or medication therapy.

PHILOSOPHY: Positive behavior support is the philosophy supported by BHDD/OIDD (SC Department of Behavioral Health and Developmental Disabilities/Office of Intellectual & Developmental Disabilities). It is based on the premise that if the reason behind a specific behavior can be identified, strategies can be developed to teach and promote alternative behaviors as replacements. The key outcome of positive behavior supports should be an improvement in the quality of life for the person receiving supports. MaxAbilities will provide behavior supports that are in line with the positive behavior support philosophy.

It is the stance of MaxAbilities that people will be free from any serious risk to physical and psychological health and safety at all times, including during the development and implementation of behavior plans.

MaxAbilities will follow the most current version of the OIDD Departmental Directive 600-05 when developing treatment plans to deal with individuals who have challenging behaviors.

BEHAVIORAL HIERARCHY: MaxAbilities recognizes the following intervention hierarchy as a progression from least to most restrictive. Least restrictive measures will be attempted prior to more restrictive measures when it is practical and safe to do so.

- Behavior Guidelines (to be used for individuals with sporadic, non-aggressive behaviors and who do not have prescribed psychotropic medication) [*Non-Restrictive Intervention*].

- Behavior Support Plan (BSP) (to be used for individuals with aggressive behaviors- with or without psychotropic medication) [*Restrictive Intervention*]
- Psychotropic Medication [*Restrictive Intervention*]
- Manual Restraint (refers to Mandt techniques to preserve safety taught as part of MaxAbilities staff training) [*Restrictive Intervention*]
- Mechanical Restraint (refers to devices, such as Posey Mittens or Head Protectors with fasteners, that restrict access to all body parts for the purpose of preserving safety) MaxAbilities does not use mechanical restraints that restrict full body movement. [*Restrictive Intervention*]
- Chemical Restraint (refers to an emergency one-time medication measure designed to preserve safety as ordered by a physician) [*Restrictive Intervention which requires CEO approval prior to implementation*]

Note: The use of mechanical devices, such as splints or braces, bed rails to prevent injury, wheelchair harnesses and lap belts to support a person's proper body positioning are not considered mechanical restraints even though they may restrict movement. Such medical necessity for these devices must be documented in the person's record.

All behavioral interventions must be in compliance with OIDD directives and standards for residential and day habilitation services. All behavioral interventions must be reviewed with the consumer and/or surrogate and informed consent obtained prior to implementation. All behavioral interventions that have restrictive components must be reviewed by the Human Rights Committee additionally prior to implementation.

PROHIBITIONS: The following are prohibited in MaxAbilities programs.

- Election of a consumer/surrogate to refuse participation in a behavior plan when the person is prescribed psychotropic medication and their current behaviors pose a safety risk to the person, peers or the environment.
- PRN (Pro re nata or as needed) use of a psychotropic medication
- Medication use for disciplinary purposes, for the convenience of staff or as a substitute for necessary supports for the person.
- Seclusion (defined as placement of a supported individual alone in a locked room)
- Enclosed cribs
- Programs that result in a nutritionally inadequate diet or the denial of a regularly scheduled meal
- Allowing a supported individual to discipline peers
- Manual restraints not taught as part of the MaxAbilities approved Mandt curriculum
- Timeout rooms
- Aversive consequences (defined as the application of startling, unpleasant or painful consequences)
- Planned use of restrictive procedures/restraints before the use of non-restrictive interventions.

- Unnecessary use of manual restraint or use that exceeds 50 continuous minutes without break
- Coercion to gain compliance

PERSONNEL: MaxAbilities will hire/contract with personnel who are trained in clinical BSP (behavior support plan) development to oversee the behavioral supports components of service delivery.

TRAINING: All MaxAbilities personnel that work directly with supported individuals will have Positive Behavior Supports and MANDT training as part of their CORE training requirements prior to working directly in programs. All Direct Support Professionals (DSP) will have documented training on the most current version of Behavior Support Plans for individuals they directly work with on file.

REPORTING: Behavior Supports Plans that have specific, planned restraints must have the informed consent of the individual, their representative; review and approval by the MaxAbilities Human Rights Committee and will be forwarded to OIDD for review within twenty (20) days of approval. All restraint use is to be reported to OIDD as part of the Critical Incident reporting protocol.

MONITORING: All behavioral interventions must be monitored by MaxAbilities staff as often as necessary to ensure program effectiveness. All behavior medications must be monitored by the prescribing physician, in cooperation with other professional staff and the individual, no less than quarterly.

PROCEDURES: All related procedural documents are to be developed and maintained by the MaxAbilities CEO/designee in keeping with the dictates of the most current version of the OIDD Departmental Directive 600-05.