

MAXABILITIES OF YORK COUNTY

PROCEDURE TITLE: Behavior Support

APPLICABILITY: MaxAbilities Programs

EFFECTIVE DATE: February 25, 2011

PROCEDURE REVISION: April 23, 2026
June 28, 2018
March 10, 2011
February 25, 2011 (new procedure)

REFERENCE: OIDD Departmental Directive 600-05 (Office of Intellectual/Developmental Disabilities)
OIDD Departmental Directive 535-07
OIDD Departmental Directive 603-01
MaxAbilities Policy: Behavior Support

PROCEDURE PURPOSE: This procedure is to provide staff direction in the identification of challenging consumer behaviors and in the development of effective treatment plans to deal with those behaviors.

ROLE OF THE ADMISSION/ DISCHARGE COMMITTEE: The MaxAbilities Admission/ Discharge Committee also serve as the in-house forum for discussions about appropriate behavioral interventions for consumers; including review of the need for Behavior Guidelines or Behavior Support Plans. Any manager/ Case Manager in attendance at the meeting can present a consumer to the group for discussion about current/ needed behavior supports. The Committee will discuss the merits of the situation and assist the manager in determining the most appropriate behavioral avenue.

BEHAVIOR GUIDELINES: Behavior Guidelines are appropriate for consumers who have behaviors that are sporadic or are not aggressive in nature. Behavior Guidelines may only have non- restrictive interventions. Behavior Guidelines may be written by any MaxAbilities professional staff member knowledgeable of the consumer and the positive supports that are meaningful to them. There should be documented staff training on Behavior Guidelines to ensure effective implementation. Behavior Guidelines are monitored/ updated monthly by the Coordinator/ Administrator as part of their regular monitoring duties. For consumers in day services only, the guidelines/ plan monitoring responsibility will fall to the Day Plan Manager. Any consumer using behavior guidelines will have those current guidelines available for staff working with them in all applicable programs.

BEHAVIOR SUPPORT PLANS (BSP): Behavior Support Plans are developed for consumers who have routine, aggressive, or destructive behaviors. The consumer may or may not be taking psychotropic medications. For those consumers who are taking psychotropic medications, a BSP is not required if there is documentation from the psychiatrist during the quarterly psychotropic drug review process that the consumer has reached the lowest effective dosage of their psychotropic medication and behaviors are managed. This documentation must be thorough and completed each quarter on the psychotropic drug review form. In the absence of this documentation, a BSP must be present. Behavior Support Plans are developed by Behavior Specialists. In order to obtain a Behavior Support Plan the following must occur:

- There must be an identified need for the BSP
- There must be a review of the need by the Admission/ Discharge Committee
- The need must be added to the corresponding Waiver budget and approved prior to obtaining the service
- The Case Manager must identify providers for the consumer to choose from for community individuals needing behavior supports
- Referral to Behavior Specialist for BSP development for MaxAbilities' residential consumers

Once a BSP has been initiated, the Behavior Specialist will complete an assessment and, with input from MaxAbilities staff members, develop a plan. The contracted provider is responsible to train at least one MaxAbilities staff member as part of the plan training process. The person(s) identified for this training are House Manager, Program Managers and Residential Coordinators. This MaxAbilities trainer must be identified in writing by the BSP provider. Documented training must be provided as often as needed but no less than annually for staff members providing behavior supports and documentation of that training maintained. Behavior Support Plans are monitored monthly by the Coordinator/ Administrator/ Manager as part of their regular monitoring duties. If updates are needed, the Coordinator/ Administrator/ Manager must contact the BSP provider for those changes and document their efforts. If BSP target dates are due to expire, the Coordinator/ Administrator/ Manager can extend those dates via a Called Team Meeting (CTM) to maintain current status. Any consumer using a BSP will have that current plan available for staff working with them in all applicable programs.

REQUIRED BSP CONTENTS: All MaxAbilities BSPs must contain the following components:

- Description of the person
- Locations where BSP will be implemented
- Identification of the BSP implementers
- Problem behaviors and replacement behaviors in terms that are observable and measurable
- Summary of direct assessment results
- Objectives for each problem behavior
- Objectives for each replacement behavior

- Support procedures

PSYCHOTROPIC MEDICATION: Psychotropic medications are defined as any medication used for the primary purpose of affecting overt maladaptive behavior, mood, thought process, or alleviating symptoms related to a specific diagnosed psychiatric condition. Psychotropic medications will be accompanied by a formal Behavior Support Plan if the consumer's behaviors pose a consistent, significant risk to him/ herself, others, or the environment (example: self- injury, physical aggression, or property destruction). BSP use in conjunction with psychotropic medication is not required if the behaviors do not pose a significant risk to self or others and that information is clearly documented that the medication is at its lowest effective dose with no dangerous behaviors.

Documentation of lowest effective dose must be provided quarterly. Monitoring of all psychotropic medications is completed quarterly by the psychiatrist in accordance with OIDD directives.

CONSENT/ APPROVALS: The following consents/ approvals are needed when plans/ medications are used.

Behavior Guidelines: Any consumer using Behavior Guidelines must give written consent prior to its implementation. Routine use of a psychotropic medication must be referred for BSP consideration.

Behavior Support Plan: Any consumer using a Behavior Support Plan must provide consent for the plan prior to its implementation. If the Behavior Support Plan uses any form of restriction (*defined as a procedure that limits freedom, causes loss of personal property or rights*), the plan restrictions must be presented to the Human Rights Committee prior to implementation and upon change or annually thereafter. Behavior Support Plans should have emergency protocols included that identify anticipated restraints (manual, mechanical, or chemical) that may be needed to deal with emergency situations to the extent possible.

Psychotropic Medications: Any consumer using a psychotropic medication must give written consent prior to the medication use. The Human Rights Committee approval must also be obtained prior to use.

Emergency Restraint: Any consumer who requires the use of an emergency restraint (either manual, mechanical, or chemical) must have that procedure reviewed with their family advocate and the Human Rights Committee as soon as possible after the event.

EMERGENCY PROCEDURES: In the event that a consumer exhibits serious behaviors that pose an immediate risk to themselves or others, emergency measures may be needed.

Manual Restraint: A manual restraint is defined as a procedure that involves holding a consumer in a way that restricts free movement of their body. All approved manual restraints are taught in the MaxAbilities training class "Mandt". If a manual restraint is used to address a serious behavior, the following steps should be followed:

- Use of a manual restraint is limited by OIDD to a maximum of fifty (50) minutes of continuous use. Documentation of manual restraint use must be made every thirty (30) minutes. MaxAbilities staff will follow the protocols outlined in the “Mandt” training course.
- Release from the restraint must occur when the consumer is no longer a danger to self or others as outlined in MaxAbilities training
- Following the restraint, the consumer and staff should be seen by a MaxAbilities nurse for safety monitoring and documentation purposes
- Following the restraint, the consumer’ family and members of the Human Rights Committee will need to be contacted for informational purposes and contacts documented.
- All specific restraint information is to be noted on the THERAP system.

Mechanical Restraint: A mechanical restraint is defined as a device (such as Posey Mittens) that restricts access to all body parts for the purpose of preserving safety. MaxAbilities does not use mechanical restraints that restrict full body movement. The use of a mechanical restraint is limited by OIDD to a maximum of fifty (50) minutes of continuous use. Documentation must be made every thirty (30) minutes during use of a mechanical restraint. Health related devices ordered by a physician (examples: gait belts, helmets, bedrails, wheelchair lap belts) do not require a BSP.

Chemical Restraint: A chemical restraint is defined as using a one-time medication order to sedate a person exhibiting serious behaviors that present a safety risk to them or others. This one-time order is obtained via MaxAbilities nursing staff in cooperation with the consumer’s psychiatrist. According to OIDD directive, the CEO must be notified and consent given prior to the administration of any chemical restraint. The CEO will document the approved in the THERAP system as a T-Log. If a chemical restraint is used the consumer’s family and members of the Human Rights Committee will need to be contacted for informational purposes. The use of the chemical restraint will need to be documented on both the consumers Medication Administration Record (MAR) and on the THERAP system.

Law Enforcement Contact: If the consumer is exhibiting extreme behaviors that threaten their safety and/or the safety of others and lesser emergency procedures as noted above are not adequate to deal with the situation, staff are instructed to contact law enforcement via the “911” system. In order to preserve safety, law enforcement officers have the ability to provide transport to local emergency room facilities for more extensive monitoring and/ or evaluation. The MaxAbilities Administrator on Call must be notified immediately of any law enforcement contacts.

Emergency Notifications: All professional notifications of the use of an emergency restraint must be completed by the end of the shift and documented on the THERAP system. Required notifications include:

- CEO/ designee (*via Administrator-on-Call system*)
- Behavior Supports Provider

- Physician (*via MaxAbilities assigned nurse*)

DOCUMENTATION: The THERAP system is the designated location to record daily information on all consumer behavior issues. The Behavior Specialist might ask for specialized documentation, such as frequency charts, in addition to THERAP documentation. The THERAP location for behavioral documentation is via an ISP program developed by the Behavior Specialist. Access to electronic information should be made available to the psychiatrist during quarterly reviews.

STAFF RESPONSIBILITIES: Multiple staff members have responsibility in ensuring behavior supports are appropriately provided at MaxAbilities.

Behavior Specialist: Responsible for behavioral assessment, plan development, initial plan training, fidelity checks, behavior plan monitoring and psychiatric consultation on behavioral issues.

Residential/Day Coordinator: Responsible for monitoring daily behavioral data collection for all assigned programs. Responsible to ensure written data (example: behavior data frequency charts) is made available to the Behavior Specialist by the 5th day of each month. Responsible to include a behavioral documentation entry on monthly monitoring form.

Direct Support Professional (DSP): Responsible to implement BSP as written, to document daily data as required, and to attend required plan training sessions.

MONITORING/ INTERNAL AND EXTERNAL REPORTS: Monitoring and reporting requirements associated to this procedure are noted below.

Monthly Monitoring: The Behavior Specialist is to monitor the behavior plan monthly to determine if any needed changes are needed.

Fidelity Checks: Designed to ensure staff members are implementing BSPs correctly. Fidelity checks are completed quarterly for each individual on a BSP by the Behavior Specialist. Documentation of fidelity checks is maintained by the Behavior Specialist and will reflect all written components required by regulatory standard. Any follow-up training required, as identified by fidelity check, is to be completed for affected staff during monthly behavioral training sessions.

OIDD Quarterly Submission: For any BSP with planned mechanical or manual restraint components in the plan, a report of use frequency must be submitted to OIDD quarterly by the 15th of the month (April, July, October, January). This is the responsibility of the Behavior Specialist.

Psychiatric Review: For any individuals using psychiatric medication or on a BSP associated to that medication, the psychiatrist must provide the following monitoring documentation:

- *Tardive Dyskinesia Initial Assessment*: Completed prior to the initiation of certain psychotropic medications and twice annually thereafter
- *Quarterly Psychiatric Medication Review (PMR)*: *For any resident taking a psychotropic medication and not on a BSP, the psychiatrist must document quarterly that the resident poses no risk to self or others in their environment, that they are on the lowest therapeutic and effective dose of that medication, and that a BSP is not required. Any individual taking a routine medication targeting behavioral areas without this quarterly review and specific documentation, will be required to participate in a BSP.*
- *Quarterly BSP Verification*: For any individual taking psychotropic medications and on a BSP, the continuation need of that BSP is required at the quarterly psychotropic medication review.

STAFF TRAINING: MaxAbilities DSPs will attend Mandt training as outlined in agency training procedures. Any behavior guidelines or behavior support plans in a program will be reviewed with staff prior to implementation, when major changes occur, and annually as needed. Documentation will be maintained of all training sessions both in the program and on the THERAP documentation system.