



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.

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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



Restrictive Measures Notification

Person's Information First Name:		Last Name:		Date of Birth:		County of Service:	
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Behavior Support Strategies Developed By First name:		Last Name:		Agency Name:		Phone:	
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Author's position title:		Email:		Is this agency a(n)?	<input type="checkbox"/> DC <input type="checkbox"/> ICF <input type="checkbox"/> CBDD or contract entity
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SSA/QIDP Info First name:		Last Name:		Agency Name:		Phone:	
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Email:		Is this agency a(n)?	<input type="checkbox"/> DC <input type="checkbox"/> ICF <input type="checkbox"/> CBDD or contract entity
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Type of behavioral support strategy with restrictive measure: <input type="checkbox"/> Initial <input type="checkbox"/> Annual <input type="checkbox"/> Revision <input type="checkbox"/> Discontinued (Due to: _____)
Date of individual/guardian consent:
Projected Implementation Date for restrictive measures:
Projected Expiration Date of restrictive measures:
Human Rights Committee Approval Date:

PLEASE COMPLETE ONE CHART FOR EACH BEHAVIOR THAT POSES RISK OF HARM OR LEGAL SANCTION

(For example: Support strategies that include restrictive measures to address physical aggression, self-injurious behavior and transportation safety then three charts should be completed, one for each behavior –Behavior #1, Behavior #2, Behavior #3.)

Behavior #1	Location	Restrictive Measure	Description
<input type="checkbox"/> Physical aggression toward others <input type="checkbox"/> Self-injurious <input type="checkbox"/> Transportation safety <input type="checkbox"/> Sexual Offending <input type="checkbox"/> Other (specify):	<input type="checkbox"/> Home <input type="checkbox"/> Work/Adult Day <input type="checkbox"/> Other (specify):	<input type="checkbox"/> Manual	<input type="checkbox"/> 1 person escort <input type="checkbox"/> Multiple person escort <input type="checkbox"/> 1 person carry <input type="checkbox"/> Multiple person carry <input type="checkbox"/> Restraint of 1 appendage <input type="checkbox"/> Restraint of multiple appendages <input type="checkbox"/> Standing restraint <input type="checkbox"/> Supine restraint <input type="checkbox"/> Basket hold <input type="checkbox"/> Physically prompted hands down with resistance <input type="checkbox"/> Wheel chair disabled/power switched off/brakes locked <input type="checkbox"/> Other (specify):
		<input type="checkbox"/> Mechanical	<input type="checkbox"/> Full body immobilization, seated/chair restraint <input type="checkbox"/> Fully body immobilization/4 pt/ restraints in bed <input type="checkbox"/> Gait belt or other devise used to facilitate restrictive measure <input type="checkbox"/> Helmet <input type="checkbox"/> Mitts <input type="checkbox"/> Splints <input type="checkbox"/> Locked seatbelt/harness/vest (during transport) <input type="checkbox"/> Locked seatbelt/harness/vest (not during transport) <input type="checkbox"/> Other (specify):
		<input type="checkbox"/> Time Out	<input type="checkbox"/> In a designated Time Out (TO) room <input type="checkbox"/> In other area (specify):
		<input type="checkbox"/> Chemical	<input type="checkbox"/> List Medication Names and dosages:
		<input type="checkbox"/> Rights Restriction <input type="checkbox"/> Court ordered	<i>Any of these measures selected require a brief description.</i> <input type="checkbox"/> Smoking <input type="checkbox"/> Phone <input type="checkbox"/> Mail <input type="checkbox"/> Technology (i.e., internet, apps, etc.) <input type="checkbox"/> Visitor <input type="checkbox"/> Other (specify):

Behavior #2	Location	Restrictive Measure	Description
<input type="checkbox"/> Physical aggression toward others <input type="checkbox"/> Self-injurious <input type="checkbox"/> Transportation safety <input type="checkbox"/> Sexual Offending <input type="checkbox"/> Other (specify):	<input type="checkbox"/> Home <input type="checkbox"/> Work/Adult Day <input type="checkbox"/> Other (specify):	<input type="checkbox"/> Manual	<input type="checkbox"/> 1 person escort <input type="checkbox"/> Multiple person escort <input type="checkbox"/> 1 person carry <input type="checkbox"/> Multiple person carry <input type="checkbox"/> Restraint of 1 appendage <input type="checkbox"/> Restraint of multiple appendages <input type="checkbox"/> Standing restraint <input type="checkbox"/> Supine restraint <input type="checkbox"/> Basket hold <input type="checkbox"/> Physically prompted hands down with resistance <input type="checkbox"/> Wheel chair disabled/power switched off/brakes locked <input type="checkbox"/> Other (specify):
		<input type="checkbox"/> Mechanical	<input type="checkbox"/> Full body immobilization, seated/chair restraint <input type="checkbox"/> Fully body immobilization/4 pt/ restraints in bed <input type="checkbox"/> Gait belt or other devise used to facilitate restrictive measure <input type="checkbox"/> Helmet <input type="checkbox"/> Mitts <input type="checkbox"/> Splints <input type="checkbox"/> Locked seatbelt/harness/vest (during transport) <input type="checkbox"/> Locked seatbelt/harness/vest (not during transport) <input type="checkbox"/> Other (specify):
		<input type="checkbox"/> Time Out	<input type="checkbox"/> In a designated Time Out (TO) room <input type="checkbox"/> In other area (specify):
		<input type="checkbox"/> Chemical	<input type="checkbox"/> List Medication Names and dosages:
		<input type="checkbox"/> Rights Restriction <input type="checkbox"/> Court ordered	<i>Any of these measures selected require a brief description.</i> <input type="checkbox"/> Smoking <input type="checkbox"/> Phone <input type="checkbox"/> Mail <input type="checkbox"/> Technology (i.e., internet, apps, etc.) <input type="checkbox"/> Visitor <input type="checkbox"/> Other (specify):

Behavior #3	Location	Restrictive Measure	Description
<input type="checkbox"/> Physical aggression toward others <input type="checkbox"/> Self-injurious <input type="checkbox"/> Transportation safety <input type="checkbox"/> Sexual Offending <input type="checkbox"/> Other (specify):	<input type="checkbox"/> Home <input type="checkbox"/> Work/Adult Day <input type="checkbox"/> Other (specify):	<input type="checkbox"/> Manual	<input type="checkbox"/> 1 person escort <input type="checkbox"/> Multiple person escort <input type="checkbox"/> 1 person carry <input type="checkbox"/> Multiple person carry <input type="checkbox"/> Restraint of 1 appendage <input type="checkbox"/> Restraint of multiple appendages <input type="checkbox"/> Standing restraint <input type="checkbox"/> Supine restraint <input type="checkbox"/> Basket hold <input type="checkbox"/> Physically prompted hands down with resistance <input type="checkbox"/> Wheel chair disabled/power switched off/brakes locked <input type="checkbox"/> Other (specify):
		<input type="checkbox"/> Mechanical	<input type="checkbox"/> Full body immobilization, seated/chair restraint <input type="checkbox"/> Fully body immobilization/4 pt/ restraints in bed <input type="checkbox"/> Gait belt or other devise used to facilitate restrictive measure <input type="checkbox"/> Helmet <input type="checkbox"/> Mitts <input type="checkbox"/> Splints <input type="checkbox"/> Locked seatbelt/harness/vest (during transport) <input type="checkbox"/> Locked seatbelt/harness/vest (not during transport) <input type="checkbox"/> Other (specify):
		<input type="checkbox"/> Time Out	<input type="checkbox"/> In a designated Time Out (TO) room <input type="checkbox"/> In other area (specify):
		<input type="checkbox"/> Chemical	<input type="checkbox"/> List Medication Names and dosages:
		<input type="checkbox"/> Rights Restriction <input type="checkbox"/> Court ordered	<i>Any of these measures selected require a brief description.</i> <input type="checkbox"/> Smoking <input type="checkbox"/> Phone <input type="checkbox"/> Mail <input type="checkbox"/> Technology (i.e., internet, apps, etc.) <input type="checkbox"/> Visitor <input type="checkbox"/> Other (specify):

Behavior #4	Location	Restrictive Measure	Description
<input type="checkbox"/> Physical aggression toward others <input type="checkbox"/> Self-injurious <input type="checkbox"/> Transportation safety <input type="checkbox"/> Sexual Offending <input type="checkbox"/> Other (specify):	<input type="checkbox"/> Home <input type="checkbox"/> Work/Adult Day <input type="checkbox"/> Other (specify):	<input type="checkbox"/> Manual	<input type="checkbox"/> 1 person escort <input type="checkbox"/> Multiple person escort <input type="checkbox"/> 1 person carry <input type="checkbox"/> Multiple person carry <input type="checkbox"/> Restraint of 1 appendage <input type="checkbox"/> Restraint of multiple appendages <input type="checkbox"/> Standing restraint <input type="checkbox"/> Supine restraint <input type="checkbox"/> Basket hold <input type="checkbox"/> Physically prompted hands down with resistance <input type="checkbox"/> Wheel chair disabled/power switched off/brakes locked <input type="checkbox"/> Other (specify):
		<input type="checkbox"/> Mechanical	<input type="checkbox"/> Full body immobilization, seated/chair restraint <input type="checkbox"/> Fully body immobilization/4 pt/ restraints in bed <input type="checkbox"/> Gait belt or other devise used to facilitate restrictive measure <input type="checkbox"/> Helmet <input type="checkbox"/> Mitts <input type="checkbox"/> Splints <input type="checkbox"/> Locked seatbelt/harness/vest (during transport) <input type="checkbox"/> Locked seatbelt/harness/vest (not during transport) <input type="checkbox"/> Other (specify):
		<input type="checkbox"/> Time Out	<input type="checkbox"/> In a designated Time Out (TO) room <input type="checkbox"/> In other area (specify):
		<input type="checkbox"/> Chemical	<input type="checkbox"/> List Medication Names and dosages:
		<input type="checkbox"/> Rights Restriction <input type="checkbox"/> Court ordered	<i>Any of these measures selected require a brief description.</i> <input type="checkbox"/> Smoking <input type="checkbox"/> Phone <input type="checkbox"/> Mail <input type="checkbox"/> Technology (i.e., internet, apps, etc.) <input type="checkbox"/> Visitor <input type="checkbox"/> Other (specify):

Behavior #5	Location	Restrictive Measure	Description
<input type="checkbox"/> Physical aggression toward others <input type="checkbox"/> Self-injurious <input type="checkbox"/> Transportation safety <input type="checkbox"/> Sexual Offending <input type="checkbox"/> Other (specify):	<input type="checkbox"/> Home <input type="checkbox"/> Work/Adult Day <input type="checkbox"/> Other (specify):	<input type="checkbox"/> Manual	<input type="checkbox"/> 1 person escort <input type="checkbox"/> Multiple person escort <input type="checkbox"/> 1 person carry <input type="checkbox"/> Multiple person carry <input type="checkbox"/> Restraint of 1 appendage <input type="checkbox"/> Restraint of multiple appendages <input type="checkbox"/> Standing restraint <input type="checkbox"/> Supine restraint <input type="checkbox"/> Basket hold <input type="checkbox"/> Physically prompted hands down with resistance <input type="checkbox"/> Wheel chair disabled/power switched off/brakes locked <input type="checkbox"/> Other (specify):
		<input type="checkbox"/> Mechanical	<input type="checkbox"/> Full body immobilization, seated/chair restraint <input type="checkbox"/> Fully body immobilization/4 pt/ restraints in bed <input type="checkbox"/> Gait belt or other devise used to facilitate restrictive measure <input type="checkbox"/> Helmet <input type="checkbox"/> Mitts <input type="checkbox"/> Splints <input type="checkbox"/> Locked seatbelt/harness/vest (during transport) <input type="checkbox"/> Locked seatbelt/harness/vest (not during transport) <input type="checkbox"/> Other (specify):
		<input type="checkbox"/> Time Out	<input type="checkbox"/> In a designated Time Out (TO) room <input type="checkbox"/> In other area (specify):
		<input type="checkbox"/> Chemical	<input type="checkbox"/> List Medication Names and dosages:
		<input type="checkbox"/> Rights Restriction <input type="checkbox"/> Court ordered	<i>Any of these measures selected require a brief description.</i> <input type="checkbox"/> Smoking <input type="checkbox"/> Phone <input type="checkbox"/> Mail <input type="checkbox"/> Technology (i.e., internet, apps, etc.) <input type="checkbox"/> Visitor <input type="checkbox"/> Other (specify):

When this form is complete save a copy for your records then click submit to send to DODD.

For questions regarding the form, please contact Molly Shaw: molly.shaw@dodd.ohio.gov or (614)563-5923.

Restrictive Measure Notification Form

Directions

1. Enter the information of the person for whom the restrictive measure(s) is in place: first and last name, date of birth, and the county providing their services.
2. Enter the information of the person who developed the behavior support strategies: first and last name, position/title, phone #, email address, and the name of their agency. Then check the type of agency (DC, ICF, CBDD or Contract Entity).
3. Enter the information of the SSA or QIDP: first and last name, phone #, email address, and the name of their agency. Then check the type of agency (DC, ICF, CBDD or Contract Entity).
4. Check whether the behavior support strategy with restrictive measure is an initial, annual, revision, or discontinuation (optional – enter the reason for discontinuation).
5. Enter the date the individual or guardian gave consent to the restrictive measure(s).
6. Enter the date the restrictive measure(s) is projected to be implemented.
7. Enter the date the restrictive measure(s) is projected to end.
8. Enter the date the Human Rights Committee approved the restrictive measure(s).
9. Complete one chart for each behavior posing risk of harm or likely resulting in legal sanction:
 - a. Check the type of behavior or check “other” and enter a description of the targeted behavior.
 - b. Check the location(s) where the restrictive measure for the behavior occurs or check “other” and enter a description of the location.
 - c. Check the type of restrictive measure(s) used for the behavior.
 - d. Check the description for the behavior or check “other” and enter a description of the restrictive measure.
 - i. For chemical restrictive measure please enter the name and dosage of the medication(s).
 - ii. For rights restriction please give a description.
10. Once the form is completed, please click “Save As” to save a copy for yourself.
11. Click the “Submit” button in the upper right hand corner of the screen to submit the form to DODD.
12. For questions regarding the form please contact:

Molly Shaw

molly.shaw@dodd.ohio.gov

614-563-5923