



POSITIVE SUPPORTS POLICY (Chapter 9544)

I. Policy

It is the policy of Lakes Homes and Program Development, Inc, to promote positive support strategies with persons receiving services. It is Lakes Homes' policy and practice to improve the quality of life of persons receiving home and community based services.

II. Procedure

A. Lakes Homes will

1. Promote community participation, person-centeredness, and an approach that focuses on supporting persons receiving services in the most integrated setting.
2. Focusing on creating quality environments and lifestyles is Lakes Homes' primary Responsibility.
3. Will ensure collaborative, team based development of positive support strategies
4. Provide training to the persons who receive services to improve the persons' skills and facilitate the persons' abilities to meet self-identified goals
5. Increase the persons' self-determination abilities so the persons may engage in community activities to the greatest degree reasonably attainable
6. Development of specific support programs that promote outcomes valued by the persons, the persons' families and the community to help the persons' receiving services improve their quality of life.
7. Ensure people are free from humiliating and demeaning procedures
8. Create a consistent set of standards to respond to behavior when serving people across licensed services and settings
9. Build staff knowledge and competence throughout Lakes Homes, about development and implementation of positive behavioral supports, person centered planning and community integration.
10. Parts 9544.0060 and 9544.0070 shall supersede any standards in other state rules that govern the use of restrictive interventions.

B. Definitions: see attached copy of current statutes

- #### **C. Lakes Homes must use positive support strategies in providing services to a person.**
- Positive support strategies must be incorporated in writing to the CSSP or CSSP addendum. An evaluation must be completed at least every six months to evaluate, with the person, whether the identified positive support strategies currently meet the standards. Based upon the results of the evaluation, Lakes Homes must determine whether changes are needed in the positive support strategies used, and if so, make appropriate changes.

- D. After assessing the person's strengths, needs and preferences, Lakes Homes will identify and create a positive support strategy that are evidence based, person centered, ethical, and integrated in the community, are the least restrictive to the person and are effective. The plan will promote the person's self-determination in accordance with Minn statutes, section 245D.07, subdivision 1a, paragraph (b), clause (2). It will provide the most integrated setting and inclusive service deliver for the person, create a desirable quality of life through inclusive, supportive and therapeutic environments and use person centered planning regarding the most integrated setting. The planning must include life planning with the person, the person's preferences and choices reflected in the selection of services and supports, involve the person directly with the person's community, network of connections and close personal relationships that build on the person's capacity to engage in activities and promote community life. Lakes Homes will identify goals to support the person in the most integrated setting.
- E. Lakes Homes will incorporate principles of person-centeredness in services it provides to people. At least every 6 months, or more frequent if identified in the CSSP or CSSP addendum, Lakes Homes will evaluate, with each person, whether the services support that person's goals in accordance with Minnesota Statutes 245D.07, subdiv. 1a, paragraph b and whether the person centered planning process complies with Code of Federal Regulations, title 42, section 441.725, paragraph (a)(1)-(4). Lakes Homes will determine whether changes are needed to enhance person-centeredness for each person, and if so, make the appropriate changes.
- F. Lakes Homes will use professional standards for positive support strategies that are consistent with Chapter 9544 requirements. Functional assessment will be one that has been approved by the commissioner.
- G. Lakes Homes will utilize a qualified professional (QP) to conduct the functional behavioral assessment. That person will be a qualified designated coordinator, a behavior professional or a behavior analyst as defined in 245D. Lakes Homes will verify and document that the QP meets the applicable qualifications regarding training and experience.
- H. A functional behavior assessment is required when a QP develops or modifies a written intervention to change a target behavior. The QP will use the evaluation to generate a hypothesis about why the behavior occurs.
- I. To perform a functional behavior assessment, the QP must directly observe the person. The QP must evaluate whether the following elements make the target behavior more or less likely to occur:
1. Biological factors, identified through a medical or dental assessment
 2. Psychological factors identified through a diagnostic or suicidality assessment
 3. Environmental factors, identified through direct observation or interviewing a significant individual in the person's life and
 4. Quality of life indicators based on the person's goals and needs within the domains of a meaningful life.
- J. In addition to the procedures identified in MN statutes, section 245D.06, subdivision 7, The following procedures are permitted as approved by the expanded support team.
1. Positive verbal correction that is specifically focused on the behavior being addressed and
 2. Temporary withholding or removal of objects being used to hurt self or others.

K. Lakes Homes will document in writing, a procedure approved to an existing treatment, service or other individual plan required of Lakes homes.

L. Prohibitions and restrictions: In addition to procedures identified in MN statutes section 245D.06, subdiv 5, the following are prohibited from use as a substitute for adequate staffing, for a behavioral or therapeutic program to reduce or eliminate behavior, as punishment, or for staff convenience.

1. Using prone restraint, metal handcuffs or leg hobbles
2. Using faradic shock
3. Speaking to a person in a manner that ridicules, demeans, threatens, or is abusive
4. Using physical intimidation or a show of force
5. Containing, restricting, isolating, secluding, or otherwise removing a person from normal activities when it is medically contraindicated or without monitoring the person.
6. Denying or restricting a person's access to equipment and devices such as walkers, wheelchairs, hearing aids and communication boards that facilitate the person's functioning. When the temporary removal of the equipment or device is cessary to prevent injury to the person or others or serious damage to the equipment or device, the equipment or device must be returned to the person as soon as imminent risk of injury or serious damage has passed.
7. Using painful techniques, including intentional infliction of pain or injury,
8. intentional infliction of fear of pain or injury ,dehumanizing and degradation.
9. Hyper extending or twisting a person's body parts
10. Tripping or pushing a person
11. Using punishment of any kind
12. Requiring a person to assume and maintain a specified physical position or posture
13. Using forced exercise
14. Totally or partially restricting a person's senses
15. Presenting intense sounds, lights or other sensory stimuli
16. Using noxious smell, taste, substance, or spray, including water mist
17. Depriving a person of or restricting access to normal goods and services or
Requiring a person to earn normal goods and services
18. Using token reinforcement programs or level programs that include a response cost
Or negative punishment component
19. Using a person receiving services to discipline another person receiving services
20. Using an action or procedure which is medically or psychologically contraindicated.
21. Using an action or procedure that might restrict or obstruction a person's airway or
Implore breathing, including techniques where individuals use their hands or body
To place pressure on a person's head, neck, back, chest, abdomen or joints.
22. Interfering with a person's legal rights unless authorized per 245D guardian
authorization
23. Mechanical restraint in accordance with 245D
24. Chemical restraint in accordance with 245D
25. Manual restraint, except in an emergency in accordance with 245D
26. Using other interventions that may be considered an aversive or deprivation
procedure
27. Restrictions on the use of procedures as identified under MN Stat., sec.245D.06,
subdivision are governed by the requirements of that section chapter 9544

- M. Lakes Homes must retain documents of emergency use of manual restraint (EUMR) or other documents required regarding positive support and EUMR in the clients' permanent record for at least five years after creating of the document(s)
- N. Positive Support transition plans must be developed for a person who has been subjected to three incidents in 90 days or four incidents in 180 days.
- O. At the initiation of services, or when Lakes Homes adopts or changes a policy about EUMR, Lakes Homes must inform persons receiving services from Lakes Homes on the policy or emergency use of manual restraint. The notice will
 - 1. inform the person of their rights under 245D.04.
 - 2. notice must be in writing
 - 3. Lakes Homes must obtain a written acknowledgement from the person or the
 - 4. person's legal representative that the person receiving services has been notified,
 - 5. and notice is given to the legal representative.

III. Staff qualifications, training and its documentation:

- A. Lakes Homes must ensure that staff who are responsible for developing, implementing, monitoring, supervising or evaluating positive support strategies, a positive support transition plan, or EUMR complete a minimum of eight hours of training from qualified individuals prior to assuming these responsibilities. Core training includes requiring staff to demonstrate knowledge of and competency :
 - 1. De-escalation techniques and their value
 - 2. Principles of person centered services planning and delivery and how they apply to direct support services provided by staff
 - 3. Principles of positive support strategies such as positive behavior supports, the relationship between staff interactions with the person and the person's behavior and the relationship between the person's environment and the person's behavior
 - 4. What constitutes the use of restraint, including chemical restraint, time out, and seclusion
 - 5. The safe and correct use of manual restraint on an emergency basis according to 245D.061
 - 6. Staff responsibilities related to the prohibition, as to why the procedure are not effective for reducing or eliminating symptoms or interfering behavior, and why the procedures are not safe
 - 7. The situations in which staff must contact 911 services in response to an imminent risk of harm to the person or others
 - 8. The procedures and forms staff must use to monitor and report use of restrictive interventions that are part of a positive support transition plan
 - 9. The procedures and requirements for notifying members of the person's expanded support team after the use of a restrictive intervention with the person
 - 10. Understanding of the person as a unique individual and how to implement treatment plans and responsibilities assigned to Lakes Homes.
 - 11. Cultural competence and
 - 12. Personal staff accountability and staff self-care after emergencies.

- B. In addition to the core training, Lakes Homes must ensure that staff receive additional training based on their level of responsibility and qualifications prior to assuming these responsibilities. Equivalent training approved by the commissioner and completed within the previous 12 months fulfills these requirements.
- C. Staff who develop positive support strategies and supervising managers must complete a minimum of four hours of additional training on the following:
 - 1. Functional behavior assessments
 - 2. How to apply person-centered planning
 - 3. How to design and use data systems to measure effectiveness of care
 - 4. Supervision, including how to train, coach and evaluate staff and encourage effective communication with the person and the person's support team.
 - 5. Two hours of additional training on the following:
 - a. How to include staff in organizational decisions
 - b. Management of the organization based upon person-centered thinking and practices and
 - c. how to address person-centered thinking and practices in the organization
 - d. Evaluation of organizational training as it applies to the measurement of behavior change and improved outcomes for persons receiving services.
- D. Lakes Homes will ensure that staff complete four hours of refresher training on an annual basis, covering each of the training areas listed above, that are applicable to the staff and their responsibilities.
- E. Lakes Homes must ensure that staff demonstrate competency through knowledge testing or observed skill assessment conducted by a trainer or instructor.
- F. Before implementing positive support strategies, staff must demonstrate competency to perform the positive support strategies relevant to the primary disability, diagnosis or interfering behavior of the person in the manner described in the section of the policy about positive support strategies required. (9544.0030, subpart 1)
- G. Before implementing restrictive procedures permitted in accordance with the requirements of chapter 9544, staff must demonstrate competency to safely and correctly perform the specific restrictive intervention relevant to the person's primary disability, diagnosis, or interfering behavior included in the positive support transition plan in the manner described in the plan.
- H. Any time a change is made to the relevant content in the positive support transition plan or the restrictive intervention identified in the plan, staff must review, receive instruction and demonstrate competency of the new or changed procedures.

IV. Documentation:

- A. Lakes Homes will document and file the following in employees' personnel records:
 - 1. training and competencies , including the date, the number of hours of training, the name and qualifications of the trainer.

2. Evidence of staff qualifications regarding education and experience qualifications relevant to the staff person's scope of practice, responsibilities assigned to the staff and the needs of the general population of persons served by the program.
 3. Professional licensures, registrations or certification, when applicable.
- B. Lakes Homes will maintain data that
1. Reveals the progress or lack of progress towards each outcome or goal for each person, including the progress or lack of progress on quality of life indicators
 2. Ensure that staff are accountable for the services provided to the persons
 3. Ensure that services can be evaluated and monitored by Lakes Homes and the commissioner.
- C. The information must be retained in the person's permanent record for at least five years from the creation or collection of the information.

V. Reporting use of Restrictive Interventions and incidents

- A. Lakes Homes will report using the Behavior intervention report form (BIRF) as required by the commissioner to report the following:
1. Emergency use of manual restraint
 2. Medical emergency occurring as a result of the use of a restrictive intervention which leads to a call to 911, or seeking physician treatment or hospitalization
 3. Behavioral incident that results in a call to 911
 4. A mental health crisis occurring as a result of the use of a restrictive intervention that leads to a 911 call or a provider of mental health mobile crisis intervention services.
 5. A person's use of crisis respite services due to use of restrictive intervention services
 6. Use of pro re nata (PRN) medication to intervene in a behavioral situation. This does not include the use of a psychotropic medication prescribed to treat a medical symptom or a symptom of a mental illness.
 7. An incident that the person's positive support transition plan requires the program to report or
 8. Use of a restrictive intervention as part of a positive support transition plan as required in the plan.

VI. Quality Assurance and program Improvement

- A. Lakes Homes must adopt a program improvement process to assess the ongoing implementation of positive support strategies and person-centered planning and to identify program strengths and opportunities for improvement.
- B. Lakes Homes must perform these activities every six months
- C. Upon review of the information, Lakes Homes must take action to remedy problems or concerns identified in the positive support strategies and person-centered planning program.
- D. Lakes Homes must document program improvement activities and submit process and outcome data as requested by the commissioner.

- E. Requests for use of a prohibited procedure will be made to the state external review committee. It will include:
1. A copy of the person's current positive support transition plan, copies of each positive support transition plan review, if any, and date on the interfering behavior.
 2. Documentation of methods the provider has tried to reduce and eliminate the incidence of interfering behavior that have not been successful
 3. Documentation of the assessments performed to determine the function of the behavior for which the interventions have been developed
 4. Documentation of a good faith effort to eliminate the use of restrictive interventions currently in use.
 5. Documentation that the interfering behavior is unlikely to be prevented in the immediate future by a reasonable increase in staffing or the provision of other positive supports.
 6. Justification for the use of the procedure that identifies the imminent risk of serious injury due to the person's interfering behavior if the procedure were not utilized
 7. Documentation of the persons consulted in creating and maintaining the current positive support transition plan
 8. Documentation of approval by the person's expanded support team of the submission to the committee of the request of the use of a prohibited procedure
 9. Additional documentation as requested by the committee.

Policy reviewed and authorized by:

Print name and title

Signature

Date of last policy review: Policy created August 31, 2015 Date of last policy review _____

Copy of policy given to guardian/individual on: _____