



Improving lives THROUGH  
supports and services  
THAT FOSTER self-determination.

**Behavior Support Rule 9 CSR 45-3.090:**  
*Best practice behavior strategies, services lead  
to greater independence and enhanced quality  
of life*

**Promulgated March 2020**

# Objectives

- 🕒 Inform providers, regional staff, TCM entities and individuals that the rule has been promulgated and applies to all DD services,
- 🕒 Review what is mandated by this rule,
- 🕒 Inform all about prohibited practices,
- 🕒 Review the expectations for planning teams and the Area Behavior Analyst and Regional Offices,
- 🕒 Provide information about the review process support teams must complete when reactive strategy threshold is met for an individual,
- 🕒 Review the role and function of the Behavior Support Review Committees.

# What does this rule do?

- 👤 *This rule describes the division's oversight of behavior supports, establishes and describes the role and function of behavior supports review committees*

# Establishes in rule:

- 👤 Enhanced staffing as a restrictive support
- 👤 Must have prevention strategies (& safety crisis plan) when needed
- 👤 Must have physical crisis management training if criteria met
- 👤 Reactive strategy threshold and provider requirements to meet, review and make changes when reached
- 👤 Documentation of positive interventions prior to modifications in ISP
- 👤 Regular collection and review of data for modifications
- 👤 Requirements for BSPs including:
  - 👤 Alternative behaviors
  - 👤 Data collection including antecedents, duration, consequences and effects of these
  - 👤 Support progress towards independence and enhanced QOL
- 👤 Seclusion time out will be prohibited starting July 1, 2021
- 👤 Behavior Support Review Committee – mandate to review individuals with significantly challenging behaviors and/or restrictive supports- according to committee established criteria

# The Prohibited Procedures

- 🕒 Prone restraints (on stomach); restraints positioning the person on their back supine, or restraint against a wall or object;
- 🕒 Restraints which involve staff lying/sitting on top of a person;
- 🕒 Restraints that use the hyperextension of joints;
- 🕒 Any technique or modification of a technique (*system*) not been approved by the Division with Division-approved training for implementer;
- 🕒 **Mechanical restraints; (see definition in rule)**
- 🕒 Any strategy that may exacerbate a known medical or physical condition, or is medically contraindicated, or endangers the individual's life;
- 🕒 Any techniques that interfere with breathing or any that covers the individual's face;
- 🕒 Use of any reactive strategy or restrictive intervention on a "PRN" or "as required" basis; (*you can not have a standing order to use whenever necessary*)
- 🕒 Standing orders for use of restraint procedures not part of a comprehensive safety crisis plan;

# The Prohibited Procedures continued

- 🕒 Any procedure used as punishment, for staff convenience, or as a substitute for engagement, active treatment or behavior support services;
- 🕒 Use of law enforcement or emergency departments incorporated into individual support plans or behavior support plans as contingencies to eliminate or reduce problem behaviors;
- 🕒 Reactive strategy techniques administered by other individuals who are being supported by the agency;
- 🕒 Corporal punishment or use of aversive conditioning
- 🕒 Overcorrection strategies;
- 🕒 Placing persons in totally enclosed cribs or barred enclosures other than cribs; and
- 🕒 Any treatment, procedure, technique or process prohibited by federal or state statute.

## Which of the following are prohibited in Missouri?

- A. Any technique or modification of a technique (*system*) not been approved by the Division with Division-approved training for implementer
- B. Mechanical restraints
- C. Crisis Management curricula other than Mandt or NCI/CPI
- D. Any strategy that may exacerbate a known medical or physical condition, or is medically contraindicated, or endangers the individual's life
- E. Any techniques that interfere with breathing or any that covers the individual's face

# Mechanical restraints defined:

- 👤 Any device, instrument or physical object used to *confine or otherwise limit* an individual's freedom of movement that cannot be easily removed. Mechanical restraints are prohibited from use in home and community based settings.
- 👤 Lists examples of what is not considered mechanical restraints



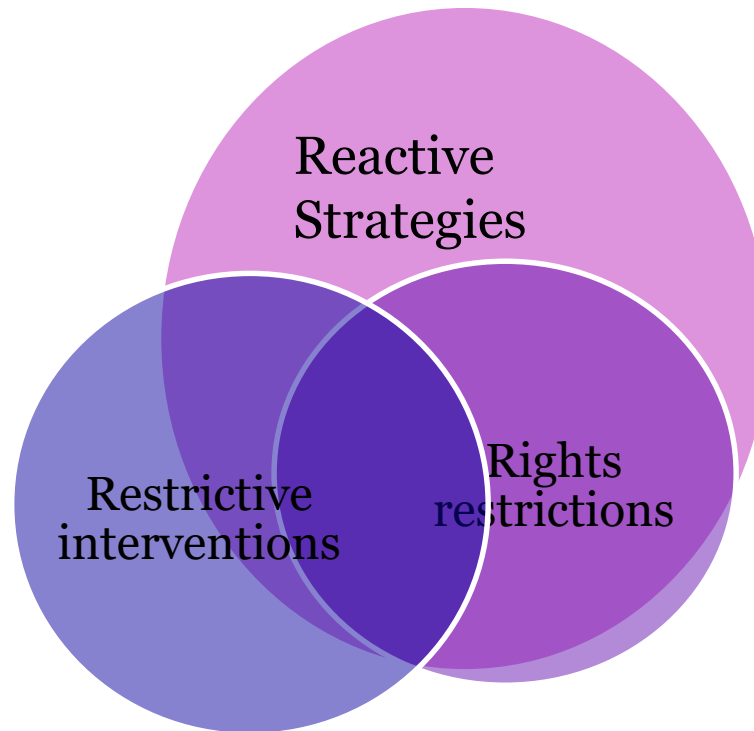


## Which of these is probably an example of a mechanical restraint?

- A. Locking doors to the outside for the purpose of keeping the person in the building when the person can not operate the locking mechanism
- B. taking crutches away from a person who needs them to walk
- C. taking power mechanism from wheelchairs
- D. special seat belts on the wheel chair that cannot be removed by the individual
- E. All of the above
- F. B, C and D

# Reactive strategies, restrictive interventions and rights restrictions

- 👤 Are related, sometimes one strategy is all three, sometimes not
- 👤 Context is important and must be considered
- 👤 Restrictive Interventions is a CMS term and definition

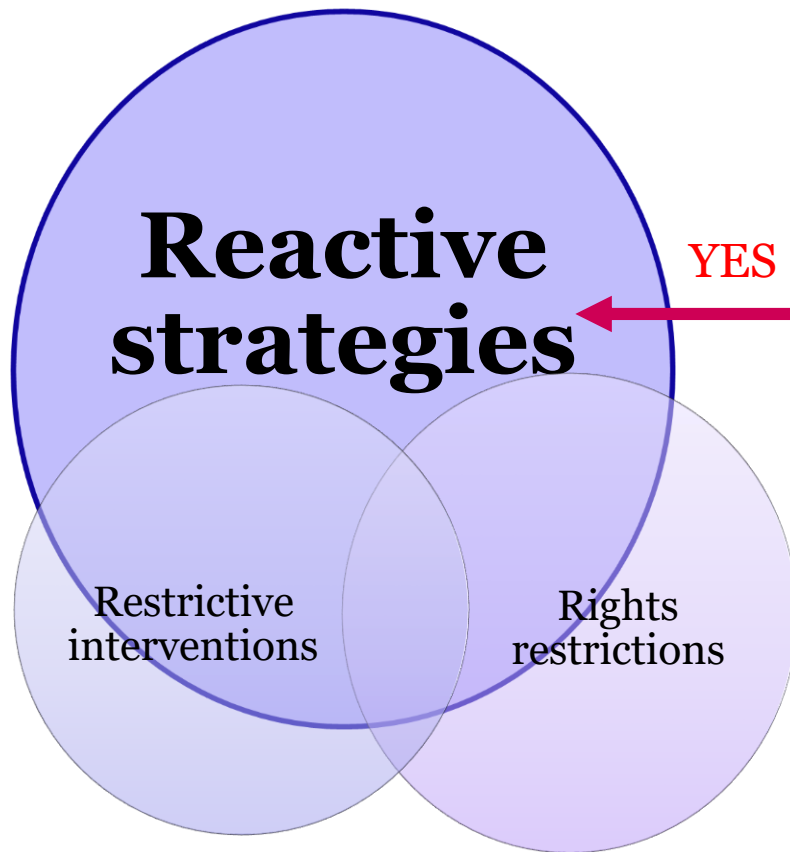




# Definition of reactive strategy

- 👤 The use of immediate and short term procedures that are *necessary to address* dangerous situations related to behaviors that place the person or others at risk
- 👤 Includes blocking and physical restraints
- 👤 *Includes responses that are more delayed such as restricting access to the community or increased levels of supervision*
- 👤 Any procedures used in direct response to the undesirable behavior as opposed to proactive and preventative strategies designed to address the undesirable behaviors in a positive fashion

# Classifying Strategies: Reactive Strategies



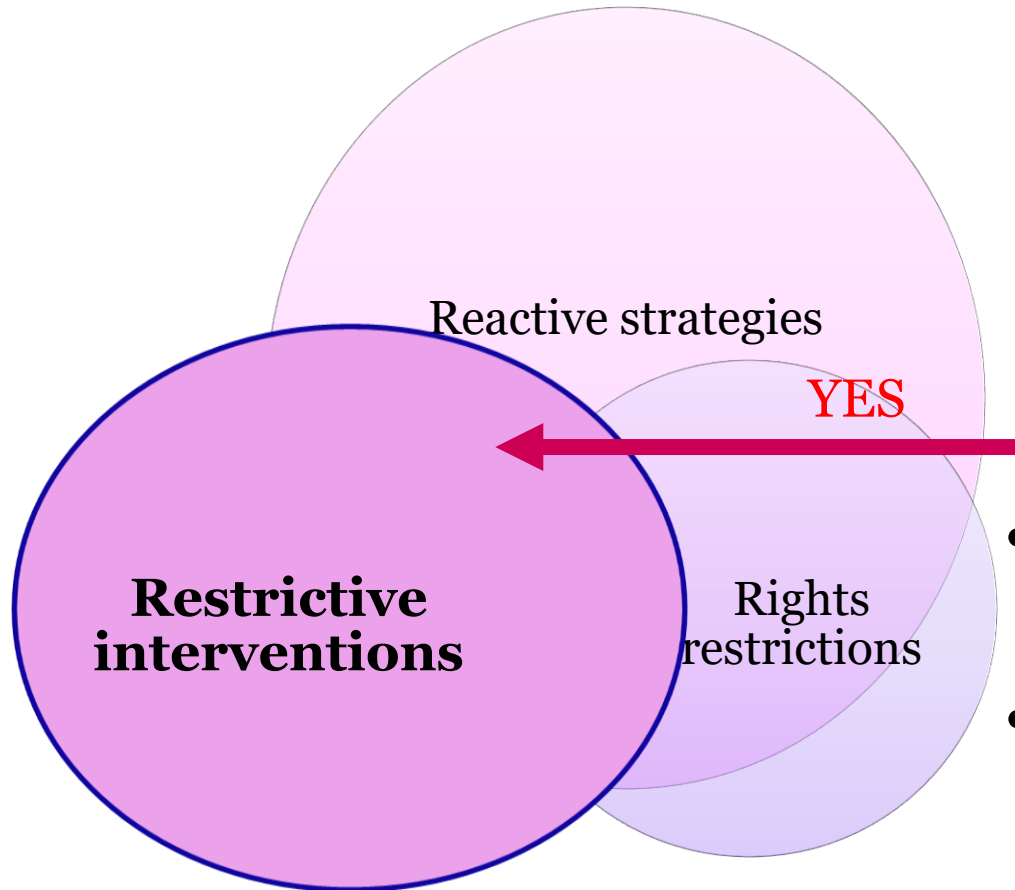
- Is it used in response to an undesirable behavior?
- Is the aim of the strategy to bring about an immediate change in the environment, situation or behavior?
- (To reduce risk associated with the behavior?)

## Answer yes for each example you would consider a reactive strategy

Ask yourself: Is it used in response to an undesirable behavior?

- A. Validating feelings
- B. Stay Close Hot
- C. Moving breakables
- D. Blocking someone from traffic
- E. Asking others to leave room
- F. Turning off noise
- G. Physical crisis management procedures
- H. Seclusion time out

# Classifying Strategies: Restrictive Interventions



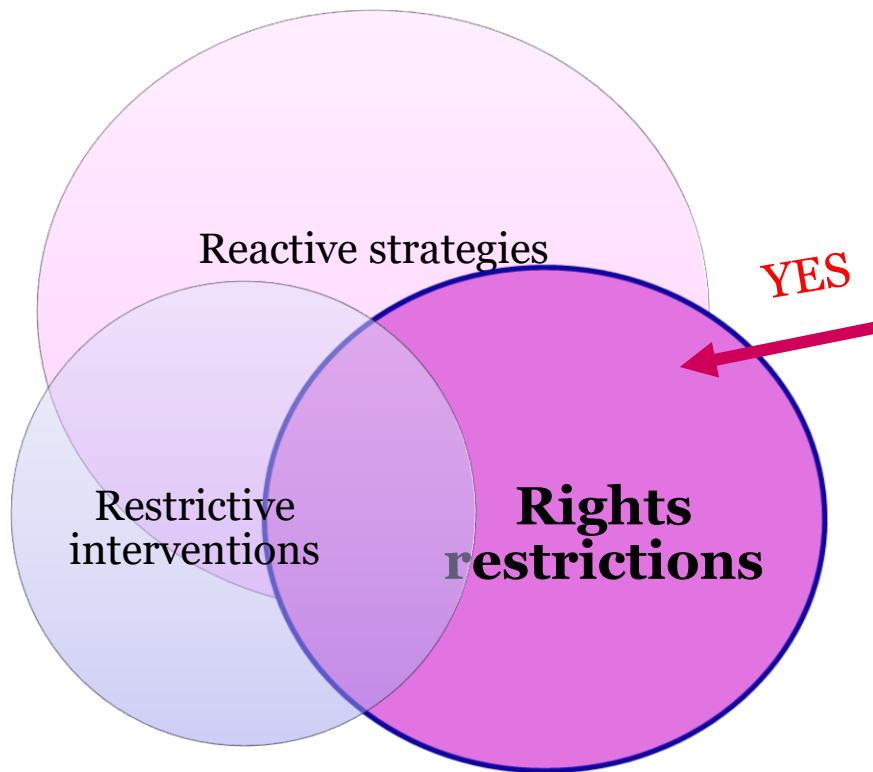
- Is it an intervention that restricts movement, access to other individuals, locations, activities, or personal objects?
- Is it an intervention that restricts rights?
- Does it employ aversive methods?

## Answer yes for each example you would consider a restrictive intervention.

Ask yourself? Does it restrict movement, access, rights, is it aversive/coercive?

- A. Only allowed/supported to go to locations with no food available
- B. Only provided choice of outings from limited list
- C. Seclusion time out
- D. Most clothes, possessions kept in area not under control of the person
- E. Restricting access to cigarettes, requiring a smoking schedule
- F. Not allowing access to public areas of home: kitchen, front yard
- G. Validating angry feelings, or using Stay Close Hot when someone is angry and yelling

# Classifying Strategies: Rights Restrictions



- Does it place a limitation of any general liberties that are available to all citizens?
- Does it limit freedom of movement?
- Does it limit choice?
- Does it limit communication with others?
- Does it limit leisure activities, personal property or \$, access to parts of the home or community?
- Does it limit any of the rights assured to clients of the Department of Mental Health?
- Does it promote treating the person with respect, dignity and least restrictive environment?



Answer yes for each example you would consider a rights restriction.

Ask yourself? Does it restrict movement, access, rights, is it aversive/coercive?

- A. Only allowed or supported to go to locations with no food available
- B. Only provided choice of outings from limited list created by staff
- C. Seclusion time out following a dangerous behavior with an approved BSP
- D. Most clothes, possessions kept in area not under control of the person because of not putting them away or taking care of them
- E. Restricting access to cigarettes, requiring a smoking schedule at guardians insistence
- F. Not allowing access to public areas of home: kitchen, front yard because of public exposure risk.

# The reactive strategy threshold

- 👤 For reactive strategies that also meet the definition of restrictive-the use of five (5) or more within a **one (1)** month period
- 👤 When met the service provider (support team) must have processes to review situations resulting in use
- 👤 Identify triggers, preventative strategies
- 👤 Develop new or revised proactive strategies and prevent situations
- 👤 Refer to BSRC if 3 consecutive quarters

# Who tells the support team when the threshold is met?

- 🕒 The providers system of monitoring and implementing positive proactive strategies data collection and monitoring of reactive strategies implemented
- 🕒 Might see need through SC monitoring, L&C, PR etc. These are check behinds

# The team meeting about reactive strategy threshold

Heightened review of an individual's supports done by team

- 🧑‍🤝‍🧑 Are right strategies in plan?
- 🧑‍🤝‍🧑 Are these strategies used correctly and consistently?
- 🧑‍🤝‍🧑 Could there be a medical problem?
- 🧑‍🤝‍🧑 Are there environmental changes that could prevent episodes?
- 🧑‍🤝‍🧑 Is there need for other services to assist?
- 🧑‍🤝‍🧑 What is the quality of life for this individual, can we improve it?
- 🧑‍🤝‍🧑 What can be changed in the plan (strategies) to make need for reactive strategies less likely in the future?

Consider need for functional assessment & behavioral services- you don't have to wait until the threshold has been met for 3 consecutive quarters or 5 months in a year.



What is the purpose of the team meeting when threshold reached? Choose all that apply

- A. To review the problems related to the use of reactive strategies
- B. To review the crisis safety plan
- C. To find other ways to prevent and address the problem that will be more successful
- D. To prevent further escalation and possible liability because of not attempting to respond more effectively
- E. All of the above



# Actions Specified for Service Providers for reactive strategies

Implement & Monitor Positive, Proactive Strategies  
Develop Processes to review reactive strategy use

Use NO Prohibited  
Procedures

If Reactive strategies for an individual are considered likely/necessary

- Consider the need for additional specialized services
- Create a Safety Crisis Plan

Consider if Physical Restraints likely to be necessary

Train all staff in physical restraint system  
Review use of Physical restraints as Reactive Strategy

If Reactive Strategies that are Restrictive used AND Reactive strategy threshold met- Extensive Review

- Planning Team complete review within 5 business days
- Review includes identify triggers, preventative strategies and barriers to use of less restrictive strategies
- Consider need for FBA or BSP or revision of BSP

If use for an individual reaches threshold for 3 consecutive quarters request Behavioral Services

# Reminder the reactive strategy threshold is:

- 👤 applied to reactive strategies that also meet the definition of restrictive-
- 👤 the use of five (5) or more within a **one** **(1)** month period- team meeting to review use and changes needed
- 👤 If threshold reached for 3 consecutive quarters request refer to BSRC



## Who tracks when a provider meets the threshold for a person?

- A. The BSRC
- B. The QE unit for the regional office
- C. The provider whose staff uses the restrictive &/or reactive strategies
- D. The PR unit for the regional office
- E. The guardian for the person
- F. The Support Coordinator



Don't wait to meet the  
reactive strategies  
threshold do something  
asap

# Even before reactive strategies or restrictive interventions are used:



- 🕒 Provider is certified in Division-approved crisis management system *if needs assessment or individual's history, identifies* that an individual is likely to, or has the potential to need that level of response
- 🕒 Provider collects and regularly reviews data to guide decision-making
- 🕒 Provider develops a process to review usage of reactive strategies that are restrictive/intrusive, which should include documenting that this review occurred in the relevant EMT report

# When *one* reactive strategy is used:

- 👤 A Safety Crisis Plan *should* be developed by the planning team (providers who will implement it will write the implementation plan for the SCP)
- 👤 The support coordinator will document the need and a goal to reduce the need in the ISP

# REMEMBER

- 🕒 Seclusion TIME OUT will be a PROHIBITED procedure in July 2021 as stated in the rule 9 CSR 45-3.090
- 🕒 And not allowed in Medicaid waiver funded services in July 2021

# Seclusion Time Out

- 👤 Seclusion time out – the involuntary confinement of an individual *alone in a room or an area* from which the individual is *physically prevented from having contact with others or leaving* for a period of time not determined by the person
- 👤 Locked rooms (using a key lock or latch system not requiring staff directly holding the mechanism) are prohibited.
- 👤 This is sometimes referred to as a safe room or calm room.



## Which of these is an example of the use of seclusion time out?

- A. Joe has been trying to bite staff and housemate while everyone was in the living room watching TV. Staff escort Joe to his bedroom and require him to stay in the bedroom by closing his door and blocking his leaving.
- B. Joe has been trying to bite his roommate several times while the roommate is in bed. His housemate has cerebral palsy and cannot defend himself. Staff move Joe to a separate room in his home after he engages in this behavior and remain there with him until he is calm.

# Even before using reactive strategies or restrictive interventions



- 👤 Service Providers have trained staff and ensure they implement a Division-approved PBS curriculum (*ensure staff are using the skills/concepts consistently*)
- 👤 Positive Approaches are documented in ISP and implemented
- 👤 Needs assessed-(see the supplemental questions in the ISP guide)
  - 👤 If the individual has a history of dangerous behavior and/or the
  - 👤 individual has challenging behavior has potential to become dangerous, then the
  - 👤 individual needs a Safety Crisis Plan
- 👤 Provider and/or Service Coordinator utilizes available in-house review committees, such as Due Process and Behavior Support Review Committee

# Actions Specified for Support Coordinators



- 👤 With Planning Team create ISP that is person centered and specifies positive, proactive and preventative strategies that support quality of life and secure services to meet needs
- 👤 Documented the assessed need requiring the use of reactive strategies as a potential strategy in ISP, and the periodic review is specified in ISP and use of reactive strategies is documented in monthly summaries
- 👤 Document the less intrusive and restrictive interventions that have been attempted and the outcomes of these



# Support Coordinator cont.



- 🕒 Obtain individual or legal guardian informed consent for use of specified reactive strategies
- 🕒 If Safety Crisis Plan (SCP) is appropriate document need in ISP and goal for meeting this need
- 🕒 Regularly assess needs and refer for additional services to address problem behaviors if ISP and SCP strategies are ineffective or reactive strategies are frequently necessary

# Quality Assurance responsibilities of the Support Coordinator ensure:

- 🕒 the service providers are able to meet needs of the individual as documented in the ISP
- 🕒 monitor implementation of ISP and that strategies used as stated in ISP (including Safety Crisis Plan and Behavior Support Plan if these are in place),
- 🕒 the individual is afforded all rights or rights restrictions/modifications receive due process,
- 🕒 no prohibited strategies are used,
- 🕒 if threshold is reached that planning team meets to review, document the review and decisions
- 🕒 the reactive strategies utilized will cause no harm to the individual and document planning team assessment of this

# Responsibilities of Regional Office Supporting Providers & Service Coordinators



- 👤 Provide ongoing training and consultation to promote positive, least restrictive strategies such as
  - 👤 Person Centered Approach
  - 👤 Tools of Choice
  - 👤 Tiered Supports
- 👤 Utilize available committees:
  - 👤 Behavior Support Review Committee (BSRC)
  - 👤 Due Process Review Committee
  - 👤 Includes referring individuals for review as well as attending committee meetings
- 👤 Consult with region's Area Behavior Analyst for individuals identified as "high risk"
- 👤 Monitor through established processes (L&C, PR, QE)

# Who writes the Safety Crisis Plan?

- 👤 A. this must be developed by a licensed provider
- 👤 B. the regional office behavior team
- 👤 C. the support team, emphasis on the provider who will implement it
- 👤 D. the support coordinator

# Responsibilities for the Area Behavior Analyst



- 🕒 Review data for high risk outcomes
- 🕒 Schedule individuals who meet high risk criteria to Behavior Support Review Committee
- 🕒 Review EMTs and other information for potential use of prohibited procedures and implement special review process to assist the planning team in utilizing less restrictive strategies
- 🕒 Chair the BSRC, document meeting and follow up with each planning team as indicated
- 🕒 Meet time lines in rule

# ABA and medications- what is our role?



- 👤 BACB Ethical and Compliance Code 2.09 (d) Treatment/Intervention Efficacy
- 👤 (d) Review and appraise effects of any treatment about which they are aware that might impact the goals of the behavior change program, and their possible impact on the behavior change program, to the extent possible.
- 👤 Rule states: 6 (M) Target behavior(s) related to the symptoms for which psychotropic medications were prescribed and when they should be administered and the process for communicating data with the prescribing physician

# THE BEHAVIOR SUPPORT PLAN (BSP)

*\*Are only valid and able to be used with  
ongoing ABA services*

# Responsibilities of the Support Coordinator

- 👤 Write addendum to ISP to ensure service request has need identified and goal
- 👤 Submit UR request for services as designed by behavioral professional
- 👤 Monitor to see if services provided, plan is implemented and if it is working (problem getting better)
- 👤 NOT to write or re-write BSP into ISP



# Responsibilities of the support providers

- 👤 Contribute to the development of the strategies in the BSP
- 👤 Give feedback to the behavioral professional developing the BSP
- 👤 Implement the BSP with fidelity

# Responsibilities of Providers of Behavioral Services



- 🕒 Must be developed by a licensed behavioral service provider in collaboration with the individual's support system.
- 🕒 The techniques included, in the plan, must be based on a functional assessment of the target behaviors.
- 🕒 The techniques must meet the requirements for the practice of applied behavior analysis under Section 337.300. to 337.345 RSMo.
- 🕒 AND the rule 9 CSR 45-3.090

# Specific elements of a BSP

The plan must include the following information in a way that can be understood and consistently carried out by family and/or staff:

- 🕒 Proactive strategies to prevent challenging behaviors, improve quality of life, and promote desirable behaviors
- 🕒 Teaching plan for functionally equivalent or related behaviors to replace challenging behavior, including communicative, coping, independent, and community skills
- 🕒 Identify behaviors related to the symptoms for which psychotropic medications were prescribed

## BSPs are good for life.

- 👤 True, one can be written and kept in place forever.
- 👤 False, these are like prescriptions and are only valid while there are ongoing behavioral service

# Specific elements of a BSP cont.

The plan must include the following information in a way that can be understood and consistently carried out by family and/or staff:

- 👤 Data collection and review plan for the
  - 👤 ongoing collection of behavioral data to
  - 👤 guide continuing assessment of progress,
  - 👤 ensure fidelity of the intervention(s), and
  - 👤 communicate progress to the individual's supports, including prescribing physician
- 👤 Specific strategies to generalize and maintain progress once BSP is faded

# Specifications for BSPs cont.

The plan must include the following information in a way that can be understood and consistently carried out by family and/or staff:

- 👤 Safety crisis plan (if necessary)
- 👤 If physical restraint or time-out are included, specific criteria and procedures are identified including health status monitoring every 15-minutes for 1-hour
- 👤 Justification that level of restriction is *least* restrictive and *most likely* to be effective
- 👤 Staff or Family training plan for competency of staff or family implementing and overseeing the plan

# THE BSRC

Behavior Support Review Committee

# Review Criteria for Behavior Support Review Committees

- 👤 **Review criteria- prioritized individuals with challenging behaviors and restrictive interventions (from the identified high risk individuals in the region)-will be scheduled to attend**
- 👤 How many and who prioritized on this list is decided upon by the regional committee and area behavior analyst based on issues and capacity
- 👤 Consultative function of committee added to draft rule language



## Clarification On The Committee Review

- 👤 *Not* reviewing *all* individuals with restrictive interventions or reactive strategies-only those referred, requested
- 👤 *Not* reviewing *all* individuals with challenging behaviors
- 👤 *Not* reviewing *all* individuals with behavioral services

## When is it mandated that a services & plan be reviewed at the BSRC?

- A. Reactive, restrictive strategies are included in the ISP or BSP
- B. Reactive strategy threshold is met
- C. Seclusion Time Out is used by support staff or included in the BSP
- D. When Chairperson requests review for high risk criteria
- E. All of the above
- F. C and D



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**Questions?**