

Article 9. Managing Inappropriate Behaviors

R6-6-901. Applicability

These rules apply to:

1. All programs operated, licensed, certified, supervised or financially supported by the Division.
2. All habilitation programs as defined in A.R.S. § 36-551(18), as well as all interventions included in this Article, shall be addressed in the client's ISPP.

R6-6-902. Prohibitions

- A. The following behavioral intervention techniques are prohibited:
 1. The use of seclusion (locked time-out rooms).
 2. The use of overcorrection.
 3. The application of noxious stimuli.
 4. Physical restraints, including mechanical restraints, when used as a negative consequence to a behavior.
- B. The use of behavior modifying medications is prohibited, except as specified in R6-6-909, if:
 1. They are administered on an "as needed" or "PRN" basis; or
 2. They are in dosages which interfere with the client's daily living activities; or
 3. They are used in the absence of a behavior treatment plan.
- C. No person shall implement a behavior treatment plan which:
 1. Is not included as a part of the ISPP; and
 2. Falls under R6-6-903(A), without approval of the PRC.

R6-6-903. Program Review Committee (PRC)

- A. The ISPP team shall submit to the PRC and Human Rights Committee any behavior treatment plan which includes:
 1. Techniques that require the use of force.
 2. Programs involving the use of response cost.
 3. Programs which might infringe upon the rights of the client pursuant to applicable federal and state laws, including A.R.S. § 36-551.01.
 4. The use of behavior-modifying medications.
 5. Protective devices used to prevent a client from sustaining injury as a result of the client's self-injurious behavior.
- B. The PRC shall be responsible for approving or disapproving plans specified in subsection (A) above and any other matters referred by an ISPP team member.
- C. The PRC shall review and respond in writing within ten working days of receipt of a behavior treatment plan from the ISPP team, either approving or disapproving the plan. The response shall be signed and dated by each member present and shall be transmitted to the ISPP team with a copy to the chairperson of the Human Rights Committee for review and recommendations at its next regularly scheduled meeting pursuant to R6-6-1701 et seq. The response shall include:
 1. A statement of agreement that the interventions approved are the least intrusive and present the least restrictive alternative.
 2. Any special considerations or concerns including any specific monitoring instructions.

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3. Any recommendations for change, including an explanation of the recommendations.
- D. Each PRC shall issue written reports, as prescribed by the Division, summarizing its activities, findings and recommendations while maintaining client confidentiality.
1. On a monthly basis, report to a designated Division representative, with a copy to the chairperson of the Human Rights Committee.
 2. On an annual basis, by December 31 of each calendar year, report to the Assistant Director of the Division of Developmental Disabilities, with a copy to the Developmental Disabilities Advisory Council.
- E. The PRC shall be composed of, but not be limited to, the following persons designated by the District Program Manager:
1. The District Program Manager or his designee, who shall act as a chairperson.
 2. A person directly providing habilitation services to clients.
 3. A person qualified, as determined by the Division, in the use of behavior management techniques, such as a psychologist or psychiatrist.
 4. A parent of an individual with a developmental disability but not the parent of the individual whose program is being reviewed.
 5. A person with no ownership in a facility and who is not involved with providing services to individuals with developmental disabilities.
 6. An individual with a developmental disability when appropriate.
- F. A PRC shall be separate from but a complement to the ISPP team, and the Human Rights Committee established pursuant to R6-6-1701 et seq.

R6-6-904. ISPP Team Responsibilities

Upon receipt of the PRC's response and as part of its development of the client's ISPP, the ISPP team shall either:

1. Implement the approved behavior treatment plan; or
2. Accept the PRC recommendation and incorporate the revised behavior treatment plan into the ISPP; or
3. Reject the recommendation in whole or in part and develop a new behavior treatment plan to be resubmitted to the PRC and Human Rights Committee.

R6-6-905. Monitoring Behavior Treatment Plans

Each ISPP team shall specifically designate and record in the ISPP the name of a member of the team, excluding those direct service staff responsible for implementing the approved behavior treatment plan, who shall:

1. Ensure that the behavior treatment plan is implemented as approved.
2. Ensure that all persons implementing the behavior treatment plan have received appropriate training as specified in R6-6-906.
3. Ensure that objective, accurate data are maintained in the client's record.
4. Evaluate, at least monthly, collected data and other relevant information as a measure of the effectiveness of the behavior treatment plan.
5. Conduct on-site observations not less than twice per month and prepare, sign, and place in the client's record a report of all observations.

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R6-6-906. Training

A. Any person who is involved in the use of a behavior treatment plan shall be trained by the Division or trained by an instructor approved by the Division prior to such involvement.

B. Initial training shall cover at a minimum:

1. Provisions of law related to:

a. Interventions; particularly this Article and 42 CFR 483.450 (October 1, 1992), incorporated herein by reference and on file with the Office of the Secretary of State;

b. Legally mandated rights of individuals with developmental disabilities; particularly A.R.S. §§ 36-551.01, 36-561 and 42 CFR 483.420 (October 1, 1992), incorporated herein by reference and on file with the Office of the Secretary of State;

c. Confidentiality; particularly A.R.S. §§ 41-1959 and 36-586.01 and 42 CFR 483.410(c)(2) (October 1, 1992), incorporated herein by reference and on file with the Office of the Secretary of State.

d. Abuse and neglect prohibitions pursuant to A.R.S. § 36-569.

2. Intervention techniques, treatment and services, particularly addressing the risks and side effects that may adversely affect clients.

3. A general orientation to:

a. Division goals with respect to the provision of services to people with developmental disabilities.

b. Related policies and instructions of the Division.

C. With respect to the use of interventions, training shall include hands-on or practical experience to be conducted by instructors approved by the Division, using a curriculum approved by the Division, and who have experience in the actual use of interventions as opposed to administrative responsibility for such use.

D. In addition to initial training, the Division shall ensure that refresher training is available as necessary to maintain currency in knowledge and recent technical trends related to intervention for the management of inappropriate behavior.

E. Physical management techniques shall only be used by those persons specifically trained in their use.

F. The following records and documents related to training shall be maintained by the Division for five years and be available for public inspection.

1. A summary of the training plan adopted by the Division in compliance with this Section, including schedules, instructors, topics, and expressed parameters of the hands-on or practical experience component of the training.

2. Required special knowledge, skills, training, education or experience of the instructors related to managing inappropriate behaviors.

3. A list of persons satisfactorily completing initial and refresher courses and course dates.

G. The Division shall review the training plan at least every two years for compliance with all applicable provisions of law and Division policy as well as for the protection of clients.

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R6-6-907. Sanctions

For programs operated, licensed, certified, supervised or financially supported by the Division, failure to comply with any part of this Article may be grounds for suspension or revocation of a license, for termination of contract, employment, or for any other applicable administrative or judicial remedy.

R6-6-908. Emergency Measures

A. Physical management techniques employed in an emergency to manage a sudden, intense, or out-of-control behavior shall:

1. Use the least amount of intervention necessary to safely physically manage an individual.
2. Be used only when less restrictive methods were unsuccessful or are inappropriate.
3. Be used only when necessary to prevent the individual from harming self or others or causing severe damage to property.
4. Be used concurrently with the uncontrolled behavior.
5. Be continued for the least amount of time necessary to bring the individual's behavior under control.
6. Be appropriate to the situation to ensure safety.

B. When an emergency measure, including the use of behavior modifying medications pursuant to R6-6-909(D), is employed to manage a sudden, intense, out-of-control behavior, the person employing that measure shall:

1. Immediately report the circumstances of the emergency measure to the person designated by the Division and to the responsible person.
2. Provide, within one working day, a complete written report of the circumstances of the emergency measure to the responsible person, the case manager, the chairperson of the Program Review Committee, and the Human Rights Committee.
3. Request that the case managers reconvene the ISPP team to determine the need for a new or revised behavior treatment plan when any emergency measure is used two or more times in a 30-day period or with any identifiable pattern.

C. Upon receipt of a written report as specified in subsection (B)(2) above, the PRC shall:

1. Review, evaluate and track reports of emergency measures taken; and
2. Report, to a person designated by the Division, instances of possible excessive or inappropriate use of emergency measures on a case-by-case basis for corrective action.

R6-6-909. Behavior-modifying Medications

A. The Division shall make available the services of a consulting psychiatrist who shall review cases and provide recommendations to prescribing physicians to ensure that the medication prescribed is the most appropriate in type and dosage to meet the client's needs.

B. Behavior-modifying medications shall be prescribed and administered only:

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1. When, in the opinion of a licensed physician, they will be effective in producing an increase in appropriate behaviors; and it can be justified that the harmful effects of the behavior clearly outweigh the potential negative effects of the behavior modifying medication.
 2. As part of a behavior treatment plan in the ISPP.
 3. With the informed consent of the responsible person.
- C. The Division shall provide the following monitoring, in addition to that specified in R6-6-905, for all behavior treatment plans that include the use of a behavior-modifying medication:
1. Ensure that collected data relative to the client's response to the medication is evaluated, at least quarterly, at a medication review by the physician and the member of the ISPP team designated pursuant to R6-6-905 and other members of the ISPP team as needed.
 2. Ensure that each client receiving a behavior-modifying medication is screened for side effects, and Tardive Dyskinesia as needed, and that the results of such screening are:
 - a. Documented in the client's case record;
 - b. Provided immediately to the physician, responsible person, and ISPP team for appropriate action if the screening results are positive; and
 - c. Provided to the Program Review Committee and the Human Rights Committee within 15 working days for review of screening results that are positive.
- D. In the event of an emergency, a physician's order for a behavior modifying medication may, if appropriate, be requested for a specific one-time emergency use. The person administering the medication shall immediately report it pursuant to R6-6-908(B).
- E. The responsible person shall immediately be notified of any changes in medication type or dosage.

R6-6-910. Renumbered