# 100 DEFINITION AND APPLICABILITY

REVISION DATE: 1/16/2019, 1/31/2014
EFFECTIVE DATE: July 31, 2014
REFERENCES: A.R.S. § 36-551; A.A.C. R6-6-901.

Arizona Administrative Code R6-6-901, is titled Managing Inappropriate Behavior. Commonly referred to as Article 9, it governs the Division of Developmental Disabilities' (DDD) administration of a comprehensive statewide system for behavioral interventions, and establishes the structure for developing, approving, implementing and monitoring these plans.

All programs operated, licensed, certified, supervised or financially supported by the Division must comply with these policies and procedures. If a need to reduce inappropriate behaviors is identified, the Planning Team must determine whether a behavior treatment plan is needed. Behavior treatment plans, which include any of the interventions outlined in this Policy Manual, must be approved by the Program Review Committee (PRC) and reviewed by the Independent Oversight Committee (IOC).

# 200 PROHIBITIONS

REVISION DATE: 1/16/2019, 1/31/2014
EFFECTIVE DATE: July 31, 2014
REFERENCES: A.R.S. § 36-551(A), 36-561, 36-561(B), 36-569(A); A.A.C. R6-6-9, R6-6-902, R6-6-903(A).

State statute prohibits abusive treatment or neglect of any individual with a developmental disability.

## Abuse

Prohibited abusive treatment, as it relates to managing inappropriate behavior, includes programmatic abuse, which uses an aversive stimulus technique that has not been approved as part of a member's Individual Service Plan (ISP), and which is not contained in the rules and regulations. This includes individual isolation.

## Neglect

Neglect of an individual with a disability is prohibited. Neglectful treatment means any intentional failure to carry out a behavior treatment plan developed for an individual by the Planning Team.

## Behavioral Intervention Techniques

Identified below are those techniques which are prohibited under the provisions of Article 9:

A. Use of locked time-out rooms.

B. Use of over-correction. This means a group of procedures designed to reduce inappropriate behavior, consisting of:

   1. Requiring an individual to restore the environment to a state vastly improved from that which existed prior to the inappropriate behavior; or,

   2. Requiring an individual to repeatedly practice a behavior.

C. Application of noxious stimuli such as ammonia sprays, or Tabasco sauce to the tongue;

D. Physical restraints, including mechanical restraints, when used as a negative consequence to a behavior; and,

E. Any other technique determined by the Program Review Committee (PRC) to cause pain, severe discomfort, or severe emotional distress to the individual.

F. Techniques addressed in A.R.S. § 36-561(A):

   1. Psychosurgery;

   2. Insulin shock;

   3. Electroshock; and,

4. Experimental drugs.

**Behavior Modifying Medications**

Except as indicated and specified in statute and rule, behavior modifying medications are prohibited if any one of the following criteria are met:

A. They are administered on an as-needed or PRN basis;

B. The Planning Team determines that the dosage interferes with the individual's daily living activities; and,

C. They are used in the absence of a behavior treatment plan.

See additional chapters in this Policy Manual for broader information regarding Behavior Modifying Medications.

**Behavior Treatment Plan Implementation**

No one shall implement a behavior treatment plan that:

A. Is not included as part of the ISP; and,

B. Contains aversive behavior intervention techniques which do not have approval of the (PRC) and review by the Independent Oversight Committee (IOC).

## 300 VIOLATIONS

REVISION DATE: 1/31/2014
EFFECTIVE DATE: July 31, 2014
REFERENCES: A.R.S. §§ 36-561, 36-569.

Any person violating the statutory provisions regarding the health and safety of persons with developmental disabilities is guilty of a class 2 misdemeanor.

## 400 PROGRAM REVIEW COMMITTEE

REVISION DATE: 1/16/2019, 1/31/2014
EFFECTIVE DATE: July 31, 2014
REFERENCES: A.A.C. R6-6-903, R6-6-903(E), R6-6-1701, et seq.; 42 CFR 483.440(f) (3).

The Program Review Committee (PRC) is an assembly designated by the District Program Manager (DPM) that reviews any behavior treatment plan that meets the criteria set forth in this Policy Manual. The Program Review Committee (PRC) approves plans or makes recommendations for changes as necessary.

### Composition

DPM is responsible for designating persons to serve on PRC. At a minimum, the team should include:

A. The DPM or designee as the chairperson;

B. A person directly providing habilitation services;

C. A person determined by the Division as qualified in the use of behavior management techniques, such as a psychologist or psychiatrist;

D. The parent/guardian of a person with a developmental disability, but not the parent of the person whose program is being reviewed;

E. Persons with no ownership/controlling interest in a facility, and no involvement in service provision to persons with developmental disabilities; and,

F. A person with a developmental disability when appropriate.

### Responsibilities

PRC must review and respond in writing within 10 working days of the receipt of a behavior treatment plan. The written response must be signed and dated by each member in attendance, forwarded to the Planning Team and a copy sent to the chairperson of the Independent Oversight Committee (IOC). The written response shall include:

A. A statement of agreement that the interventions approved are the least intrusive, and that they are the least restrictive alternative,

B. Any special considerations/concerns, including specific monitoring instructions, and,

C. Any recommendations for change, with explanations.

PRC shall issue written reports to the DDD Assistant Director, summarizing its activities, findings/recommendations while maintaining the individual's confidentiality. Reports are required:

1. Monthly to the designated Division staff, with a copy to the chairperson of the IOC; and,

2. Annually, by December 31 of each calendar year, to the DDD Assistant Director or

designee, with a copy sent to the Developmental Disabilities Advisory Council.

# 500 INDIVIDUAL SUPPORT PLAN TEAM RESPONSIBILITIES

REVISION DATE: 1/16/2019, 3/2/2015
EFFECTIVE DATE: July 31, 1993

## Responsibilities

The Individual Service Planning Team (Planning Team) must submit to the Program Review Committee (PRC) and the Independent Oversight Committee (IOC) any behavior treatment plan that includes:

A. Techniques that require the use of force;

B. Programs involving the use of response cost. This means a procedure often associated with token economies, designed to decrease inappropriate behaviors, in which reinforcers are taken away as a consequence of inappropriate behavior;

C. Programs that might infringe upon the rights of the individual;

D. The use of behavior modifying medications; and,

E. Protective devices used to prevent an individual from self-injurious behavior.

Upon receipt of the PRC's response, and as part of the plan development process, the Planning Team must either:

A. Implement the approved behavior treatment plan;

B. Accept the PRC recommendation, and incorporate the revised behavior treatment plan into the Individual Service Plan (ISP); or,

C. Reject the PRC recommendation and develop a new behavior treatment plan.

All revised behavior treatment plans must be re-submitted to the PRC and the IOC for review and approval. No implementation shall occur prior to approval.

## 600 RESTITUTION

REVISION DATE: 7/3/2019, 3/2/2015, 1/31/2014
EFFECTIVE DATE: July 31, 1993
REFERENCES: A.R.S. § 36-551

**Restitution**

A. Means the act of paying or compensating for property loss or damage in order to learn alternative behaviors;

B. Does not include voluntary compensation by a parent or guardian; and

C. May not infringe on an individual's rights protected by A.R.S. § 36-551.

Providers are required to have insurance to cover property loss or damage. If a member damages the property of another, the injured party may have a legal remedy in the small claims division of the Justice Courts.

The Division and its contracted providers cannot make restitution a condition for provision of services or supports. A Member's Behaviors cannot prevent that member from receiving services through the Division.

Behaviors that result in property damage or loss should be addressed by the Planning Team.

A. Behavior Plans may include some level of restitution so long as all of the following are met:

1. The member's behavior support plan includes the use of restitution, and has been approved by the planning team, including the member and/or family member/guardian and treating behavioral health professional if applicable;

2. The restitution furthers a goal identified and is individualized in a member's behavior plan;

3. The member has an understanding of the restitution plan and purpose so that the member can accept their responsibility and learn;

4. The behavior plan was implemented as written;

5. The team establishes the restitution amount only after consideration of the member's resources and determination that the member's needs will not be adversely impacted by the payment amount, including that the amount will not adversely impact the member's ability to pay for other items or activities that are necessary to further other plan goals;

6. An invoice and explanation of the cost for each restitution payment is reviewed and approved by the planning team before each restitution payment is made.

# 700 BEHAVIOR-MODIFYING MEDICATIONS, MONITORING BEHAVIOR-MODIFYING MEDICATIONS AND TREATMENT PLANS

REVISION DATE: 1/16/2019, 9/30/2016, 1/31/2014
EFFECTIVE DATE: July 31, 2014
REFERENCES: A.R.S. § 36-551.01; A.A.C. R6-6-903.A, R6-6-905, R6-6-908, R6-6-909.

Behavior-modifying medications are drugs prescribed, administered, and directed specifically toward the reduction and eventual elimination of specific behaviors. Herbal remedies will be included among medications due to their psychoactive and potentially behavior modifying properties.

Behavior-modifying medications are only to be prescribed and used:

A. As part of the member's behavior treatment plan included in the Individual Service Plan (ISP); and,

When in the opinion of a licensed physician, they are deemed to be effective in producing an increase in appropriate behaviors or a decrease in inappropriate behaviors.

B. When it can be justified by the prescribing physician that the harmful effects of the behavior clearly outweigh the potential negative effects of the medication. Two examples of when the risks and benefits of the medications need to be reviewed with members with developmental disabilities, their families, and/or their guardians:

1. The older antipsychotic medications such as Thorazine (chlorpromazine), Mellaril (thioridazine), Haldol (haloperidol) and Navane (thiothixene) may cause such as tardive dyskinesia, a permanent muscular side effect. Tardive dyskinesia is characterized by slow rhythmic, automatic movements, either generalized or in single muscle groups.

2. The new antipsychotic medications such as Risperdal (risperidone), Zyprexa(olanzapine), Seroquel (quietapine), Abilify (aripiprazole) and Geodon(ziprasidone) are much less likely to cause tardive dyskinesia. However, these medications carry a high risk of significant weight gain. One study found 18 pounds average weight gain in three months. Such significant weight gain can result in the development of a metabolic syndrome, which is defined as three or more of the following:

a. Increased waist circumference;

b. Elevated triglycerides;

c. Reduced HDL (good) cholesterol;

d. Elevated blood pressure; and,

e. Elevated fasting glucose.

These factors lead to a much higher risk of heart disease and diabetes.

The use of behavior-modifying medications requires the Division to make available the services of a consulting psychiatrist to review medical records and make recommendations to the prescribing physician, which ensures the prescribed medication is the most appropriate in type/dosage to meet the needs of the individual.

The Division must provide monitoring of all behavior treatment plans that include the use of behavior-modifying medications to:

A. Ensure that data collected regarding a member's response to the medication is evaluated at least quarterly at a medication review by the physician and a member of the ISP team, other than the direct care staff responsible for implementing the approved behavior treatment plan; and:

B. Ensure that each member receiving a behavior modifying medication is screened for side effects and tardive dyskinesia as needed, and that the results of such screening are:

   1. Documented in the individual's central case record;

   2. Provided immediately to the physician, individual/responsible person, and ISP team for appropriate action in the event of positive screening results for side effects/tardive dyskinesia; and,

   3. Provided to the Program Review Committee (PRC) and the Independent Oversight Committee (IOC), and the Division's Medical Director within 15 working days for review of the positive screening results.

The member/responsible person must give informed, written consent before behavior-modifying medications can be administered. Non-scheduled or as-needed sleep preparations are not allowed, whether prescribed or over-the-counter. Aromatherapy does not require a behavior treatment plan but must be done with the consent of the member or his/her legal guardian.

See the Division Operations Manual for more detailed information regarding informed consent and the related forms.

**Monitoring Behavior-modifying medications/Treatment Plans**

For all behavior treatment plans that include the use of behavior-modifying medications, the Division must:

A. Provide second level reviews by a consulting psychiatrist to provider recommendations to the prescribing physician, which ensure that the prescribed medication is the most appropriate in type and dosage to meet the member's needs;

B. Ensure that data collected regarding an individual's response to the medication is evaluated at least quarterly by the physician; and the member of the Individual Service Planning Team (Planning Team) designated pursuant to A.A.C. R6-6-905, and other members of the Planning Team as needed; and,

C. Ensure that each individual receiving a behavior modifying medication is screened for side effects, and tardive dyskinesia as needed, and that the results of such screening

are:

1. Documented in the member's case record;

2. Provided immediately to the physician, member, responsible person, and Planning Team for appropriate action in the event of positive screening results; and,

3. Provided to the Program Review Committee (PRC) and the Independent Oversight Committee (IOC) within 15 working days for review of positive screening results.

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 to the Support Coordinator, the responsible person, and any applicable Division designee. The responsible person shall immediately be notified of any changes in medication type or dosage.

**Paper Reviews**

The following guidelines have been designed to provide an option to both the Planning Team and the PRC to meet minimum requirements for annual review of an established behavior treatment plan through a paper review process. This option is limited solely to situations where the individual is on psychotropic medications, and during the annual review by the PRC the presented information and data clearly demonstrate that the member's behavior has been stable for one year.

**Applicability**

Paper reviews are considered appropriate when the member's behavior treatment plan involves the use of psychotropic medications, including the use of over-the-counter and herbal medications when used to modify behavior, but does not involve the utilization of more restrictive approaches and/or strategies.

Note: The use of psychotropic medications is prohibited if they are administered on an as-needed, or PRN, basis, they are in dosages which interfere with the individual's daily living activities (as determined by the Planning Team), or they are used in the absence of a behavior treatment plan.

If the member's Behavior Treatment Plan includes any of the following techniques and/or strategies, the plan is not eligible for the PRC's paper review process:

A. Techniques that require the use of force;

B. Programs involving the use of response cost;

C. Programs that might infringe upon the rights of the consumers pursuant to applicable federal and state laws, including A.R.S. § 36-551.01; and,

D. Protective devices used to prevent a person from sustaining injury as a result of the person's self-injurious behavior.

For members living in an Intermediate Care Facility for Individuals with an Intellectual Disability

(ICF/IID), federal rules and regulations will take precedence over these guidelines for paper review.

**Eligibility**

A member's behavior treatment plan may be monitored by the PRC's annual paper review process, if the following criteria are met:

A. The member participated in their program, activities of daily living and chosen leisure/community activities without any significant behavioral disturbances for the previous 12 months. Significant behavioral disturbance is defined as any physical aggression, or pattern of verbal aggression, or other actions that are not typical for the member (such as significant deterioration in personal hygiene or social withdrawal);

B. There were no behavioral incidents requiring the use of emergency measures during the previous 12 months; emergency measures are defined as the use of physical management techniques or psychotropic medications in an emergency to manage a sudden, intense or out-of-control behavior;

C. During the previous 12 months, there were no changes in the member's prescribed psychotropic medications; the exception to this criterion is when the member required an increase in an antidepressant medication and it was in the absence of any behavioral disturbances; and,

D. Through a review of all incident or serious incident reports for the member during the previous 12 months, there were no situations noted where the member's behavior resulted in police involvement, psychiatric hospitalization, or crisis intervention through the behavioral health system.

**Initial Consideration of Paper Reviews**

For the PRC to consider annual reviews using the paper review process, the Planning Team must provide the following:

A. A copy of the member's current Planning Document;

B. A copy of the member's current behavior treatment plan, with data and information that meets the criteria set forth in the "Eligibility" section above;

C. Documentation that there is on-going medical monitoring, quarterly medication reviews, and laboratory testing as needed; and,

D. Copying of the Reassessment of the Planning Document for the previous 12 months.

**Subsequent Annual Paper Reviews**

For the PRC to complete subsequent paper reviews of a member's behavior treatment plan, the Planning Team must provide at a minimum:

A. A copy of member's current Planning Document;

B. A copy of the member's current behavior treatment plan, with information or data indicating the individual's continuous stable behavior;

C. Copies of on-going medical monitoring reports, quarterly medication reviews and any required laboratory testing, for the previous 12 months;

D. Copy of the Reassessment of the Planning Document for the previous 12 months; and,

E. Any other information requested by the PRC.

**Responsibilities of the Program Review Committee**

Upon receipt from the Planning Team of the required information detailed in the sections above, the PRC chairperson will:

A. Schedule a review of the submitted information by the entire membership of the PRC;

B. Request further information, and/or schedule a face-to-face review if during the paper review process, it is determined that further information is needed; and,

C. Forward a disposition report to the Planning Team. The disposition report will indicate approval, any recommendations made, and the date of the next scheduled review.

**Loss of Eligibility for Paper Review**

If any of the following situations occur, the Planning Team must notify the PRC chairperson in writing within 30 days of the occurrence. The Planning Team must also reconvene and, if the behavior treatment plan was amended, forward a copy to the PRC within 90 days. This includes situations where:

A. The member cannot participate in their program, activities of daily living and/or leisure activities of their choice, due to any significant behavioral disturbance;

B. An emergency measure intervention was utilized (physical and/or chemical restraint):

C. Any change or increase in the member's psychotropic medications was made;

D. The only exception to this criterion is when the member requires an increase in an antidepressant medication and it is in the absence of any behavioral disturbances; and,

E. The member's negative behavior results in law enforcement involvement, psychiatric hospitalization, crisis intervention by the behavioral health system, or injury to oneself or others.

Upon receipt of the member's behavior treatment plan from the Planning Team, the PRC will schedule a formal review of the plan. Subsequent PRC reviews of the behavior treatment plan will be conducted face-to-face until the member has been stable on their psychotropic medications for one year.

**Exit Criteria**

For a member's behavior treatment plan to exit from the PRC's required annual review the following criteria must be met:

A. Discontinuation of psychotropic medications as part of the behavior treatment plan strategy;

B. Psychotropic medication is clearly prescribed for a non-behavior modifying purpose:

1. Rationale for the medication is clearly documented by the prescribing physician as being medical in nature (e.g., migraine, seizures), with no associated behavioral disturbance or issues.

2. The PRC must be satisfied that use of the psychotropic medication will continue to be monitored by the prescribing physician and that there is clearly not a need for a behavior treatment plan to be developed by the Planning Team.

3. Unless otherwise indicated, use of a psychotropic medication prescribed for anon-behavior modifying reason and without the need for a formal behavior treatment plan will only require a one-time review and approval by the PRC.

C. Elimination of the use of other more restrictive approaches/strategies within the behavior treatment plan that require PRC review and approval and/or annual review, per A.A.C. R6-6-903.A:

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 individual pursuant to applicable federal and state laws, including A.R.S. § 36-551.01; and,

4. Protective devices used to prevent a member from self-injurious behavior.

D. The member is discharged from services through the Division.

For members living in an Intermediate Care Facility for Individuals with an Intellectual Disability (ICF/IID), federal rules and regulations will take precedence over the exit criteria outlined above.

# 900 EMERGENCY MEASURES AND PHYSICAL MANAGEMENT TECHNIQUES

REVISION DATE: 1/16/2019, 9/30/2016, 1/31/2014
EFFECTIVE DATE: July 31, 2014
REFERENCES: A.A.C. R6-6-906, R6-6-909.

## Emergency Measures

When an emergency measure, including the use of behavior modifying medications is employed to manage a sudden, intense, and out-of-control behavior, the person employing the measure must:

A. Report the circumstances immediately to the person designated by the Division, the responsible person and the Support Coordinator;

B. Provide a written report of the circumstances of the emergency measure to the responsible person, the Support Coordinator, and the Program Review Committee (PRC) and the Independent Oversight Committee (IOC) chairpersons within one day; and,

C. Request that the Support Coordinator reconvene the Planning Team to determine the need for a new or revised behavior treatment plan when any emergency measure is used two or more times within a 30-day period, or with an identifiable pattern.

The Support Coordinator is responsible for documenting in the member's case record the outcome of the Planning Team.

Upon receipt of a written report as specified above, the PRC must:

A. Review, evaluate, and track reports of emergency measures taken; and,

B. Report, on a case-by-case basis, instances of excessive or inappropriate use of emergency measures for corrective action to a person designated by the Division.

## Physical Management Techniques

Client Intervention Training (CIT) establishes specific techniques to be employed by staff and providers during an emergency to manage a sudden, intense, and out-of-control behavior. These techniques can only be used by persons certified in CIT. Such physical management techniques must:

A. Use the least amount of intervention necessary to safely manage an individual;

B. Be used only when less restrictive methods were unsuccessful or are inappropriate;

C. Be used only when necessary to prevent the member from harming himself/herself or others, or causing severe property damage;

D. Be used concurrently with the uncontrolled behavior;

E. Be continued for the least amount of time necessary to bring the member's behavior under control; and,

F. Be appropriate to the situation to ensure safety.

Persons may be re-certified in CIT when their supervisor determines that there is a need for re-training. This re-training can be accomplished by:

A. Viewing a videotape of the techniques, passing a written test, and demonstrating the techniques to the satisfaction of an instructor; or,

B. Attending the entire CIT course again.