



Restrictive Measures Provider Requirements

In accordance with Chapters 46, 50 and 51 (Wisconsin Statutes) and HFS 83, 88 and 94 of the Wisconsin Administrative code, Community Care members will be protected from the unnecessary use of restrictive measures. Community Care providers are expected to refrain from using unnecessary restrictive measures with members, and to assist members in understanding and asserting their right to be free of restraints.

DEFINITIONS:

A **restrictive measure** is any form of restraint, isolation or protective equipment as defined in this policy. All restrictive measures are limitations on individual rights.

Restraints

- 1) **Physical Restraint:** any device, garment or physical hold that restricts voluntary movement of a person's body or access to any part of the body, and cannot be easily removed by the person.
 - a) **Manual Restraint** – holding limbs or body contingent upon behavior while restricting or preventing movement; cannot be done for more than 15 continuous minutes.
 - b) **Exceptional Manual Restraint** – any form of horizontal restraint, including physically forcing a person to lie in a horizontal position; also includes “takedowns” in which a person is physically forced to a prone position on the ground, floor or mat.
 - c) **Mechanical Restraint** – a device applied to any part of the body; used to manage dangerous behavior; restricts or prevents movement or normal use/functioning of the body part; cannot be easily removed by the person.
 - d) **Exceptional Mechanical Restraint** – includes restraint vests, jackets, body wraps, wrist or ankle restraints, restraint chairs, and bed enclosures.

Note: a mechanical support (e.g., apparatus that properly aligns a person's body or helps maintain balance) may be considered a restraint if it restricts free movement or access to the body and cannot be removed easily by the person.
- 2) **Isolation:** physical or social separation from others that is contingent on behavior and is non-voluntary.
 - a) **Exceptional Isolation: Seclusion**, which is physically setting a person apart from others through the use of locked doors. Seclusion will only be approved in circumstances where some type of pressure locking mechanism is employed and requires the continual presence of staff to maintain the locked status.
- 3) **Protective Equipment:** a device that does not restrict movement, but does prevent access to a part of the body; cannot be easily removed by the person. May be applied to a part of the body to prevent tissue damage as a result of a behavior.
- 4) **Medical Restraint:** a device or hold applied to any part of the body that restricts free movement or normal use; cannot be easily removed by the person; is used prior to, during, or subsequent to a medical procedure, or to protect during the time a medical condition exists; requires a physician's order and informed consent.
 - a) **Medical procedure restraints** – medical procedure or apparatus restraint used when necessary to accomplish diagnostic or therapeutic procedures ordered by a physician, physician's assistant or dentist.

- b) **Restraints to allow healing** – restraints for health-related conditions to allow for healing of an injury; examples of such may include restraints used to allow healing of lacerations, fractures, post-surgical wounds, skin ulcers and infections.
- c) **Long-term restraints** – restraints used for protection from injury in the presence of a chronic health condition; an example is using a safety belt to protect a person who has severe osteoporosis and ataxia.

Behavior Support Plan: a plan that assists a person in building positive behaviors to replace or reduce a challenging behavior; may include teaching improved communication skills, increasing relationships, using clinical interventions, etc. When such strategies are not effective in reducing a challenging behavior, a Behavior Intervention Plan using restrictive measures may be proposed and added to the Behavior Support Plan.

Behavior Intervention Plan: a plan which assists a person in building positive behaviors to replace or reduce a challenging behavior; includes the use of a restrictive measure to ensure safety of the member and others when a dangerous behavior is presenting imminent risk; such a plan is always used in conjunction with a Behavior Support Plan.

PROCEDURE:

Residential and Other Providers

1. Residential providers must comply with State statute and administrative rule regarding the use of restrictive measures. This includes the notification and approval requirements outlined in HFS 83.21 (4) (n) and applicable resident rights outlined in HFS 88.10(3) (n).
2. Other providers must comply with applicable State statute and administrative rule regarding the use of restrictive measures.
3. If a contracted residential or other provider identifies a, behavior requiring a plan for intervention, the provider must have a Behavior Support Plan (BSP) in place for the Community Care member. **A BSP must be reviewed and approved by the member’s Interdisciplinary Team (IDT, which is the Community Care care manager and nurse) and Community Care’s Restrictive Measures Review Committee (RMRC) prior to implementation.** A copy of the BSP will be filed into the member’s electronic medical record. Required components of a BSP include:
 - a. Description of the behavior
 - b. Situations in which the behavior is likely to occur
 - c. Signs and signals that might occur prior to the behavior
 - d. How staff should respond
 - e. How staff and others can encourage and support more appropriate responses
4. If the behavior support strategies do not supply the needed level of support, including all use of restrictive measures, a formal Behavior Intervention Plan (BIP) must be completed by the residential or other provider or in collaboration with a licensed behavioral health professional. Required components of a BIP are:
 - a. A review of health considerations
 - b. A description of challenging or dangerous behavior
 - c. Previous support strategies tried and the results (e.g., the Behavior Support Plan)
 - d. Current and proposed strategies for use of restraints, isolation or protective equipment

- e. Step-by-step procedures for applying and monitoring the restrictive measure
- f. Description of the risks and benefits of the restrictive intervention
- g. Schedule for reviewing progress
- h. Description of criteria for release
- i. Maximum duration for use of the measure
- j. A method of documentation of the identified target behaviors and the use of the restrictive measure(s) implemented
- k. Identification of who may apply it and who can authorize application
- l. Information regarding how the staff have been, or will be, trained to implementing the restrictive measure

5. **A BIP must be approved by the MCO's Restrictive Measures Review Committee and reviewed as needed.** At minimum, the BIP must be approved and signed annually by the participant or his/her legal representative, the IDT, the participant's physician and a representative of the agency (or agencies) who will be implementing the BIP. In addition, the IDT should only consider approving restraints as part of a BIP if the following conditions are met:

- a. A restrictive measure is necessary for medical or safety purposes, or for purposes of maintaining community placement
- b. It benefits the member and allows the member to attain or maintain his/her highest level of independent functioning
- c. The provider has assessed for underlying conditions which may cause symptoms or behaviors that require restrictive measures (e.g., a behavior that may be the result of an environmental stressor or medical issue)
- d. A support plan accompanies the request for approval of restrictive measures
- e. Service providers have attempted/documentated alternative methods to minimize or eliminate symptoms/behaviors without success
- f. The proposed restrictive measure is the least restrictive measure
- g. Service providers are not using a restrictive measure for discipline, punishment or convenience or as a substitute for necessary staff.
- h. The restrictive measure will be used only during the time necessary and only as approved in the behavior intervention plan.
- i. Adequate documentation is maintained and communicated to the IDT and a plan for review and termination is documented
- j. The plan includes when, how and by whom service providers will be trained to use restrictive measures.
- k. The member or his/her legal representative has been informed of the risks and benefits of the restrictive measure and has approved of its use
- l. The plan is approved by the member's primary physician or psychiatrist.

6. The RMRC meets monthly. Attendees may include; a Behavioral Health Specialist, Family Care Administrators, Regional Directors, a Quality Improvement (QI) RN Specialist, QI Case Management Specialist, Restrictive Measures Lead, Provider Quality Manager and Associate Director of QI for Family Care. When the IDT determines that the use of restrictive measures is the most appropriate course of action, the IDT will present its findings to the RMRC. All restrictive measures used will be reviewed by the RMRC, upon identification by IDT that all less restrictive measures have been explored.

The Restrictive Measures Lead conveys and communicates the RMRC's decision and recommendations to the IDT and administrator. IDTs work with providers to follow up on the RMRC's recommendations.

If the restrictive measure meets the state definition of a restraint; restricts voluntary movement or cannot be easily removed by the member and the member meets the target group of developmentally disabled, approval is needed from the state for use of the restraint.

7. The Restrictive Measures Lead must submit the approved BIP along with the form: **Request for Use of Restraints, Isolation or Protective Equipment as Part of a Behavior Support Plan** or the **Request for Use of Medical Restraints** to the DHS Division of Long Term Care's Lead on Restrictive Measures prior to implementation. This application should be submitted to: Julie Shew, BLTS-PIR, and P.O. Box 2285, Oshkosh, WI 54903-2285. julie.shew@dhs.wisconsin.gov, or (920) 303-3026.

NOTE: The restrictive measure may be implemented while the plan is pending approval, but should be reported to the case management team as a critical incident..

8. Emergency restrictive measures may be used in an **unanticipated** situation in which there is reason to believe a person's behavior may cause harm to self or others, and in which less restrictive alternatives were attempted but were unsuccessful.
 - a. Any emergency use of restrictive measures must be reported by the residential or other provider to the IDT within 24 hours; this may be done via e-mail or phone call.
 - b. The IDT will document the incident in their case notes and evaluate the need for follow up.
 - c. The IDT will complete a Critical Incident Report describing the utilization of emergency restraints, isolation or protective equipment.
 - d. If such procedures are used more than two times in a six month period, the behavior is no longer considered an emergency; continued use of the procedure requires the development of a support plan and approval for use of a restrictive measure.
 - e. All providers will have a written copy of the MCO' policy on emergency restraint use on file.

NOTE: A Community Care IDT reserves the right to deny a provider's request to use restraints with a member, even if a Behavior Intervention Plan is created.

9. It is recommended that the IDT seek consultation with an Occupational Therapist or a Physical Therapist before implementation of any restrictive measures.
10. The use of all restrictive measures must be reviewed with the MCO Restrictive Measures Lead and then forwarded to the Restrictive Measures Review Committee (RMRC) for review.
11. Documentation of restrictive measures must be made in the Member Plan of Care/ISP.
12. Reports of any suspected abuse of the use of restraints and/or seclusion in a licensed residential facility must be made to the licensing specialist at the Division of Quality Assurance. Such reports will be treated as a Critical Incident.
13. Community Care Service Providers are obligated to adhere to the procedure set forth in this Guideline. Failure to do so may result in termination of the Provider's contract with Community Care and, when warranted, a consultation with or referral to the Division of Quality Assurance.

14. IDTs will be trained annually on restraint policies by MCO Restrictive Measures Lead or Managed Care Unit Managers. Additionally, letters informing providers of Community Care's restraint policy will go out to providers minimally, every two years.

Appeals Process

- A. Appeals to Decisions by Community Care: Appeals will be directed to a Community Care Member Rights Specialist. Members will be notified of RMRC's decision and right to appeal via Notice of Action.
- B. Appeals to decisions by DHS: A member, guardian/legal representative, Community Care staff or provider may appeal a decision made by DHS related to the restrictive measure application. Such appeals may be completed by letter and directed to:
 - Client Rights Office
 - PO Box 7851
 - 1 W. Wilson St. Room 850
 - Madison, WI 53703-7851