



WISCONSIN DEPARTMENT
of HEALTH SERVICES

Restrictive Measures Guidelines and Standards

Bureau of Quality and Oversight
Bureau of Programs and Policy
Division of Medicaid Services
P-02572 (01/2024)

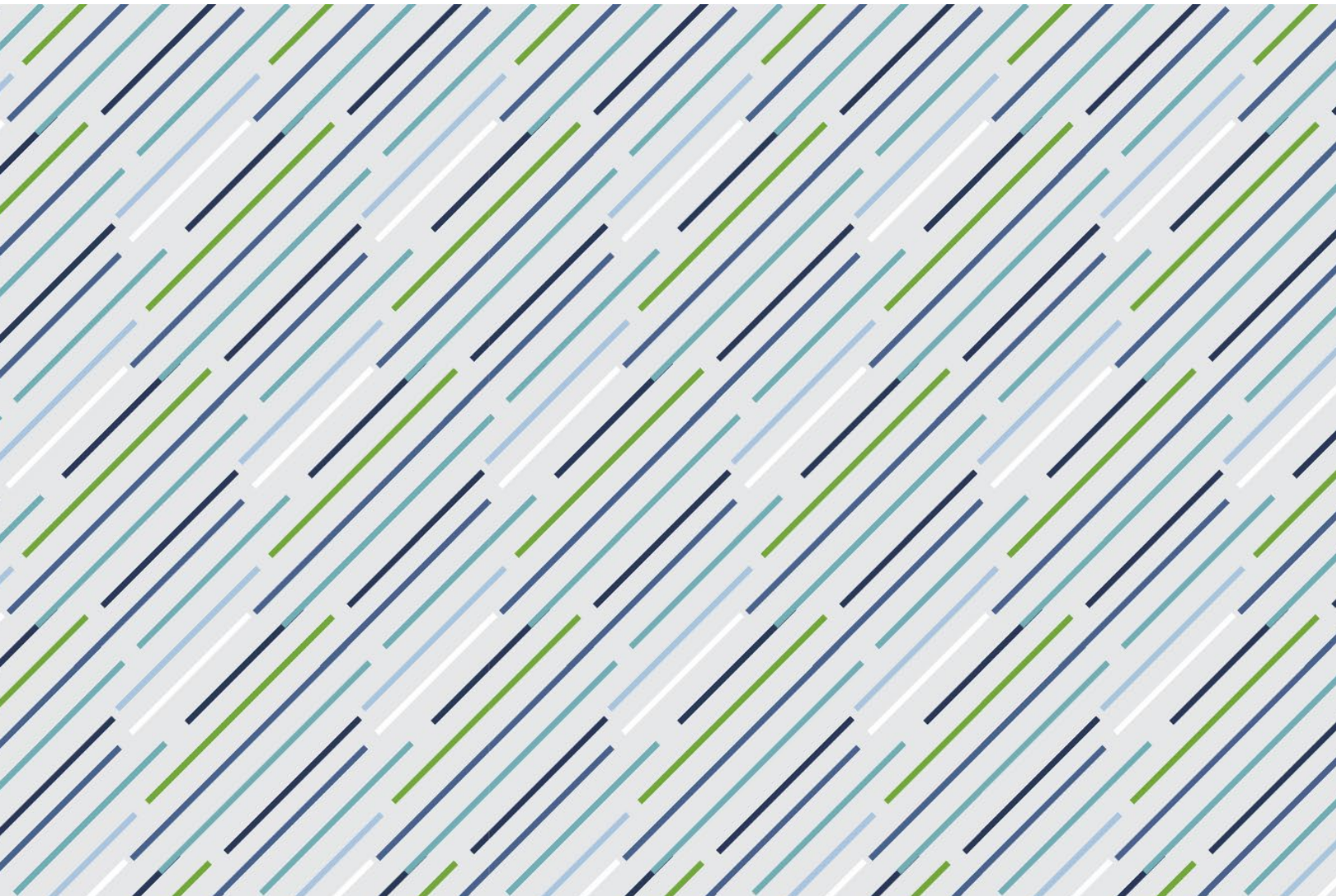


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Section 1: Who Must Follow These Requirements?

These requirements apply to the use of restrictive measures for individuals who live in community settings in all Medicaid-funded adult long-term care (LTC) programs. Medicaid funded adult LTC programs include Family Care, Family Care Partnership, IRIS (Include, Respect, I Self-Direct), and PACE (Program of All-Inclusive Care for the Elderly). Community settings include individuals residing in their owned or rented home, in other supported living arrangements, adult family homes, community-based residential facilities, and residential care apartment complexes. Community-based vocational settings and day service programs are also community settings.

These requirements apply to any individual who receives payment from a Medicaid-funded long-term support program to provide direct support services to an individual. Common examples are providers, provider agency staff, paid family caregivers, and participant-hired workers (PHWs).

These requirements and the rule governing the approval and use of restrictive measures do not apply to unpaid caregivers. Unpaid caregivers working in conjunction with a service provider may have limitations in their use of unapproved restrictive measures if the team identifies risks inherent in their use.



Failure to obtain approval for the use of restrictive measures according to the process and criteria contained in these guidelines and standards will be considered a violation of the individual's rights under Wis. Stat. §§ [51.61](#) or [50.09](#) and Wis. Admin. Code chs. [DHS 94](#), [83](#), [88](#), or [89](#) as applicable, by the Wisconsin Department of Health Services (DHS). For individuals enrolled in Family Care, Family Care Partnership, or PACE, such failure will also be considered a violation of the terms and conditions of the DHS and managed care organization (MCO) contract and may result in a disallowance for some or all costs associated with serving the individual. Individuals enrolled in IRIS who fail to obtain approval for use of restrictive measures may be subject to involuntary disenrollment due to health and safety risks that participants are unwilling or unable to resolve.

NOTE

These requirements are not applicable to individuals not enrolled in the referenced Medicaid adult LTC programs.

Section 2: Authority

Per the IRIS Policy Manual, “The approved 1915(c) Home and Community-Based Services waiver states the following regarding the required approval process for the use of restrictive measures: ‘For a community placement, the use of isolation, seclusion, or physical restraint shall be specifically approved by the department on a case-by-case basis.’”

The MCO and its providers are contractually required to comply with these standards. Per the DHS-MCO and PACE contracts:

The MCO/PACE Organization (PO) and its providers shall follow the Department’s written guidelines and procedures on the use of isolation, seclusion, and restrictive measures in community settings, and follow the required process for the approval of such measures.

REMINDER

Individuals enrolled in IRIS **must** adhere to the guidelines and standards outlined in this document in accordance with the IRIS Policy Manual.

Section 3: Prohibited Practices and Inappropriate Use of Restrictive Measures

Providers **may not** use the following maneuvers, techniques, or procedures under any circumstances:

- Any maneuver or technique that does not give adequate attention and care to the protection of the individual's head
- Any maneuver, technique, or device that places pressure or weight on the chest, lungs, sternum, diaphragm, back, or abdomen
- Any maneuver or technique that places pressure, weight, or leverage on the neck or throat, on any artery, on the back of the head or neck, or that otherwise obstructs or restricts the circulation of blood or obstructs an airway, such as straddling or sitting on the torso or any type of chokehold
- Any maneuver or technique that involves pushing into an individual's mouth, nose, or eyes
- Any maneuver or technique that utilizes pain to obtain compliance or control, including punching, hitting, hyperextension of joints, or extended use of pressure points
- Any maneuver or technique that forces a person to remain in a prone (face-down) position
- Any maneuver or technique that forcibly takes an individual from a standing position to the floor or ground (This includes taking an individual from a standing position to a horizontal [prone or supine] position or to a seated position on the floor.)
- Any maneuver or technique that creates a motion causing forcible impact on the individual's head or body or forcibly pushes an individual against a hard surface
- Any use of seclusion where the door to the room would remain locked without someone having to remain present to apply constant pressure or control to the locking mechanism

The inappropriate use of restrictive measures by both paid and unpaid caregivers may be considered to be abuse or neglect under elders and adults-at-risk laws outlined in Wis. Stat. §§ [46.90\(1\)\(a\)](#), [46.90\(1\)\(f\)](#), [46.90\(1\)\(i\)](#), and [55.01](#) and should be reported to the appropriate local elder-at-risk, adult-at-risk, or county adult protective services agency. For additional information on how to address such situations, please go to the

Adult Protective Services website at
www.dhs.wisconsin.gov/aps/index.htm.

Section 4: Use of Restrictive Measures in Division of Quality Assurance—Bureau of Assisted Living Licensed Assisted Living Facilities

Use of restrictive measures for all Wisconsin residents of state-licensed assisted living facilities requires DHS approval by the Bureau of Assisted Living (BAL). As the licensing authority, BAL must approve all requests before providers implement the practice.

Providers may also need to seek input from the MCO or IRIS Consultant Agency (ICA) prior to submitting a request to the BAL regional office for Waiver, Approval, Variance, and Exception (WAVE) determination.

BAL licensed providers must complete the application process outlined in these guidelines prior to submitting the request to the BAL regional office for WAVE determination.

In instances where the requested measure does not meet the definition of a restrictive measure as outlined in these guidelines and standards, the licensed provider must follow the process outlined in the DQA guidance memo. The licensed provider should consult Wis. Admin. Code chs. DHS 83, 88, or 89 for licensing requirements regarding the need to assure waiver participant health and safety and least restrictive treatment.

Licensed providers should consult the Restrictive Measures Request Process information on the DHS website at <https://www.dhs.wisconsin.gov/regulations/waiver-variance-assisted-living.htm>.

REMINDER

Use of restrictive measures in a Division of Quality Assurance (DQA)-licensed setting to a non-Medicaid waiver individual must follow the DQA process and requirements for approval found at

<https://www.dhs.wisconsin.gov/regulations/waiver-variance-assisted-living.htm>.

Section 5: Emergency Use of Restrictive Measures

MCOs and ICAs are required to obtain approval for use of restrictive measures from DHS prior to the provider using the measure. DHS will make an exception to the requirement for prior approval if the situation meets the definition of an Emergency Restrictive Measure.

An Emergency Restrictive Measure applies to situations that either have not occurred before or have not occurred more than two times in a six-month period. An Emergency Restrictive Measure also applies to situations the team does not anticipate will occur again.

Any Emergency Restrictive Measure used must be the least restrictive approach possible, and the support staff must use the measure for the shortest time possible to eliminate imminent risk. Refer to [Section 12](#) for information related to reporting use of an Emergency Restrictive Measure to DHS.

If all alternative measures tried prove to be ineffective, the emergency situation continues, and the individual or others are at imminent risk of harm, the provider may use emergency manual restraint, isolation, or protective equipment. **DHS does not permit emergency use of seclusion.** In emergencies, providers may not use restrictive measures with contraindications, restrictive measures previously denied or revoked (by the MCO or DHS), or restrictive measures with on-site suspension invoked.

The Emergency Restrictive Measure chosen should be the least intrusive option likely to be effective. If the initial measure is ineffective, the provider may use other measures involving greater restriction. Providers should document in the individual's record the use of each measure, the reasons the provider selected the measure, and a description of why any measure was not effective. Providers may reference documentation of these explanations in preparation for future applications for restrictive measure approval.

DID YOU KNOW?

All of the following conditions **must** be present for use of an Emergency Restrictive Measure:

- An individual's behavior poses an immediate threat of harm to self or others.
- The support staff has implemented all other de-escalation strategies to the extent possible.
- There is no existing behavior plan for the individual dealing with the planned use of a restrictive measure intended to address this behavior, or there is an approved plan, but it failed to anticipate a significant escalation in intensity or severity of the behavior.
- The situation has either not occurred previously or could not have been reasonably foreseen to occur based on observations of the individual's behavior.

The provider must address the following requirements to be able to use emergency restrictive measures:

- 1. Written policy:** Each provider agency must have a written policy describing the process used in the event staff need to use an Emergency Restrictive Measure. The policy must identify the specific person or type of position that is authorized to select and initiate the Emergency Restrictive Measure and the person responsible for related procedures when an emergency situation is present. At minimum, the policy must require those using the measure to obtain authorization by the agency director or designee as quickly as feasible after its use. Such authorization must be limited to the specific current emergency episode. The provider is required to document the date, time, and method of all attempts of authorization.
- 2. Release criteria:** Support staff may use manual restraint for a maximum 15 continuous minutes. If the individual's behavior continues to pose an imminent threat of harm, the direct support staff may re-apply the manual restraint for a maximum of four 15-minute increments. The maximum amount of time an individual may be in isolation or protective equipment may be used is 60 minutes. Any threats to an individual's health or well-being caused by the measure during its application require the immediate release from the restrictive measure and notification of supervisory personnel or medical personnel (if the individual requires immediate medical care).
- 3. Reauthorization of use:** Direct support staff using the measure must obtain reauthorization for the use of the measure from the agency director or designee if an emergency recurs after release from restraint.
- 4. Time limits and medical provider's orders:** The agency director or designee may initially authorize the use of manual restraint, protective equipment, or isolation in emergencies for up to 60 minutes. After 60 minutes, the provider must attempt to contact the individual's medical provider to obtain a written authorization for continued use of the measure. The medical provider's initial authorization is limited to a maximum of two additional 60-minute intervals. Please refer

Individuals who utilize PHWs may outline emergency use of restrictive measures specific to the individual by completing a Risk Agreement – IRIS Program, [F-01558](#).

REMINDER

Support staff must release the individual from the restrictive measure as soon as the imminent risk of harm has ended.

to the Release Criteria listed above for more information on the 60-minute intervals. The provider must document medical provider authorization in the individual's record.

- 5. Training of staff:** The provider must ensure direct support staff applying or using the Emergency Restrictive Measure is adequately trained and able to use the techniques competently. The provider should outline the training curriculum in the written emergency procedure policy. The provider should proactively seek the assistance of external professionals when needed to assist staff in responding to the emergency.
- 6. Measure employed must be monitored:** The use of an Emergency Restrictive Measure must be monitored in a manner that conforms to the requirements in these guidelines and standards including collecting data on the frequency per incident and the duration (number of minutes) each Emergency Restrictive Measure was utilized.
- 7. Involve law enforcement when necessary:** If the dangerous behavior during the emergency reaches a point where staff believes they are not able to manage the situation effectively or safely and that harm to the individual, staff, or others is likely to result, staff should call appropriate law enforcement authorities for assistance. DHS recommends that proactive discussions occur with local law enforcement and the team develops a plan that details the desired outcome for situations involving law enforcement.

Section 6: Unapproved Use of Restrictive Measures

If the team anticipates a situation that led to use of an Emergency Restrictive Measure is likely to occur again or it has occurred more than twice in a six-month timeframe, the situation **no longer** meets the definition of an Emergency Restrictive Measure. Once the provider anticipates an ongoing need for a restrictive measure, DHS requires the team to go through the planning and approval process contained in these guidelines. The team must request approval for continued use of the measure within 90 business days of the second reported Emergency Restrictive Measure. If the provider will continue to use the restrictive measure while the team is gathering information for DHS approval, DHS considers the use of an unapproved use of a restrictive measure.

Refer to [Section 12](#) for information related to reporting use of an Unapproved Restrictive Measure to DHS.

Section 7: Training

All staff involved in the use of restrictive measures must receive adequate training. Training must occur prior to implementing any restrictive measure and annually at minimum. Assurance of training of all individuals involved in the use of restrictive measures is the responsibility of the team. Training must include proactive strategies to intervene at the first signs of tension to prevent further escalation, information about how to use specific restrictive measure techniques or devices properly, and how to inspect the device or equipment. DHS does not require a specific training curriculum for direct support staff on techniques of restrictive measures, but DHS may request information from teams on the training curriculum used and on the qualifications of the individuals who conducted the training.

Section 8: Restrictive Measures Applications

8.1 Restrictive Measure Application

Providers are strongly encouraged to work with representatives of MCOs or ICAs early in the process to ensure they are aware of the expectations related to the application process. MCOs and ICAs are encouraged to be sensitive to the fact that many providers will be working with different agencies. MCO and ICA differences will make the process more difficult and frustrating for providers; therefore, MCOs and ICAs must try to work with one another to create a consistent process. DHS staff will attempt to facilitate this to the extent possible.

The information the provider submits to the MCO or ICA should conform to the requirements and expectations in these guidelines and standards, plus any additional requirements required by the MCO or ICA. DHS expects provider agency managers to review and approve the application internally before submission.

The ICA or MCO must submit completed restrictive measures applications, along with all additional documentation, electronically through the DHS restrictive measures internet-based application. DHS will not accept incomplete applications.

8.2 Behavioral Requests

The team must submit an application as a behavioral request if a restrictive measure is necessary to ensure safety during a situation when the individual's behavior will put themselves or others at imminent risk of serious harm. If the measure is necessary to act as a form of behavioral control during a medical procedure or while a medical condition exists, the team must also submit this information as a behavioral request. All behavioral requests must include a behavior support plan. The support plan must provide details about when and how the direct support staff will use the measure, maximum length of time of use, and criteria for release from or removal of the restrictive measure.

8.3 Medical Requests

The team must submit an application as a medical request if a restrictive measure is necessary to ensure the safety of an

Authorized users may access the internet-based application through the [LTC Information Exchange System \(IES\)](#).

individual due to a medical procedure or condition. The individual's medical condition cannot be related to a challenging or dangerous behavior, such as the medical condition is not caused by an intentional behavior, or an intentional behavior is not occurring because of a medical condition.

Restrictive measures used to complete medical procedures in a medical or dental professional's office do not require DHS approval.

All medical requests must include a service plan or protocol for use of the measure(s). The service plan or protocol must provide details about when and how the direct support staff will use the measure, maximum length of time of use, and criteria for release from or removal of the restrictive measure. The protocol should also include information related to regular inspection of all devices to ensure they remain in good working condition.

8.4 Request Drafts

MCOs and ICAs may revise an application until submission to DHS. Upon submission to DHS, MCOs and ICAs cannot edit it until DHS logs a response in IES.

Section 9: Department of Health Services Review and Approval of Restrictive Measures Applications

9.1 Obtaining Approval Prior to Intensive Treatment Program Discharge

The MCO or ICA **must** have DHS approval for all use of restrictive measures prior to an individual's discharge from an intensive treatment program (ITP). Upon an individual's admission to an ITP, the team and the ITP staff should discuss possible restrictive measures recommendations for the community as an agenda item starting with the first update meeting. DHS recognizes the ITP staff may not have recommendations during the first few meetings as they get to know the individual and support needs; however, it is important to consider whether there will be a need for restrictive measures in the community as soon as possible after admission. These quality discussions around the need for restrictive measures in the community setting will give MCOs or ICAs necessary information to adequately plan for provider needs, as well as planning time for the restrictive measures application process.

The MCO or ICA must have DHS approval for all use of restrictive measures prior to an individual's discharge from an ITP.

9.2 Application Due to a Provider Change

If an individual has approved restrictive measures and changes from one Medicaid-funded provider to another, the MCO or ICA must submit a new restrictive measures application if the new provider intends to continue to use measures previously approved by DHS. The MCO or ICA must submit the application for the new provider to DHS within 90 business days of the provider change. DHS considers the new provider's use of the restrictive measure Unapproved Use until DHS grants approval. The MCO or ICA must follow the requirements for incident reporting outlined in [Section 12](#).

9.3 Application Due to a Program Change

If an individual has approved restrictive measures and changes from one Medicaid-funded adult LTC program to another or enrolls in a different ICA or MCO, the current plan may remain in place for 90 business days from the date of the change. The new MCO or ICA must submit a restrictive measures application to

DHS within 90 business days of the enrollment change or discontinue use of the restrictive measure.

9.4 Expedited Review

When urgent and unanticipated events occur, the MCO or ICA may request an expedited review from DHS.

A request for expedited review must contain the completed application, but DHS will accelerate the review timeframe. All expedited approvals will expire after no more than six months. A renewal submission is required 45 days prior to expiration. If DHS approves an expedited request without the required medical provider's authorization, the MCO or ICA will have 30 business days to submit the medical provider's authorization to DHS once the individual has moved into the home.

All expedited approvals will expire after no more than six months.

9.5 Application Review and Approval

After MCOs or ICAs submit restrictive measures applications to DHS, a panel of DHS staff will review the application.



DHS will only consider an application for approval when all of the following information is included:

- A signed and dated form is required to authorize the use of the restrictive measure by the MCO or acknowledgment by the ICA, provider(s), and the individual (or legal decision maker, if applicable). The team must obtain these signatures annually.
- An authorization or approval from a medical provider is required for all restrictive measure applications. The team must obtain a medical provider's signature annually. The medical provider's statement must list the same restrictive measures as the application and must attest there are no contraindications for the use of the measures. **Providers may not use measures if the medical provider has indicated any contraindications.**
- Documentation must indicate that the provider has tried less restrictive strategies and interventions that were ineffective.
- Details must be provided about use of behavioral restrictive measures **only** in situations of imminent risk of harm. Imminent risk does not include things such as property damage, yelling, throwing objects, or verbal threats.

- A service plan or protocol must detail the use of the measure(s) when applying for a medical request.
- A behavioral support plan or document must detail how to support the person during incidents that may lead to imminent risk of harm when applying for a behavioral request.
- A current medication list which includes the names and dosages for both scheduled and PRN medications.
- A PRN protocol which includes the names and dosages of the psychotropic PRN medications, the criteria for offering them, the maximum number of times they can be provided within 24 hours, whether there needs to be any authorization prior to administering them, and, if more than one PRN medication is prescribed, whether they are only to be given together or if they can be given separately.
- Information must support how the proposed measure(s) is the least restrictive approach available to achieve an acceptable level of safety for the individual. This applies to each measure proposed and the interactive effects, if any, of all such measures.
- A detailed description of use and images of each requested restrictive measure is required. Images must not be of the individual, may not include the individual's likeness, or contain any identifying aspects of the individual.
- Photos of the room and seclusion room locking mechanism must be included with the application when applying for initial approval and upon renewal for use of seclusion rooms. Additionally, the photos must demonstrate how staff continuously monitor the individual while seclusion is in use.
- A floor plan of the home indicating the isolation space and location of any mirrors, cameras, windows, etc. used to monitor the individual during isolation must be included with the application when applying for initial approval and renewal for use of isolation via staff withdrawal.
- Information specifying frequencies and intervals for monitoring an individual for signs and symptoms of adverse effects on their health and well-being during use of a restrictive measure must be included. The selection of the frequency of monitoring depends on the individual and the measure used but must not be less than once every 30 minutes, and the plan must clearly indicate the frequency.

When plans include the use of isolation or seclusion, staff must ensure continuous visual monitoring.

- Information detailing the maximum duration of continuous application of the measure for each instance of use must be included. The maximum amount of time an individual may be in isolation or seclusion is 60 minutes per instance of use. Support staff may use manual restraint for a maximum of 15 continuous minutes per instance of use. If the individual's behavior continues to pose an imminent threat of harm, the direct support staff may re-apply the manual restraint for a maximum of four 15-minute increments.
- Information outlining the release criteria from the measure must be included. The provider must establish individual-specific release criteria for each measure. Release criteria documentation must include a description of any conditions that must be present prior to releasing the individual. The criteria for release should also identify cues that are unique to the individual for determining if they are no longer posing imminent risk of harm to self or others. Staff must release the individual from the measure when the criterion identified in the plan is met. Individuals do not need to have calmed for release from a restrictive measure; the release must occur when imminent risk of harm is no longer present.
- Information must demonstrate the provider does not use restrictive measures in lieu of adequate staffing, in lieu of adequate staff training, or for staff convenience.
- Information detailing how staff adequately ensures the health, safety, welfare, dignity, and other rights of the individual while the restrictive measure is in use must be included.
- Detailed training information must demonstrate how staff involved in the use or monitoring of the restrictive measure receive training prior to implementing it to ensure staff uses the measure properly.
- Information about the team's supervision, monitoring plan, and backup arrangements to ensure effective responses to unanticipated reactions to the measure that might arise must be included.
- A plan for reducing or eliminating the need for using the measure as soon as possible must be included.

- A measurable benchmark that would lead the team to consider eliminating the use of the measure in an effort to determine whether the plan is effective must be included.
- Information related to how the team will regularly inspect protective equipment or other types of devices to ensure they remain in good working condition must be included.
- Information about how often the team will meet to engage in a formal review of the use of the restrictive measure to ensure it remains the most effective method to meet the individual's support needs must be included.
- A copy of the blank tracking form used which includes tracking the frequency and duration the measures is used.
- A data summary about use of the restrictive measure(s) and the team's analysis of the data must be included.

9.6 Requirements for Denial—Pending Additional Items Notices

If DHS requires more information or clarification, DHS will send a denial pending additional items notice to the MCO or ICA via IES. The team will be required to respond to the questions and requests for additional information in the notice within 14 business days. The MCO or ICA may request an extension from DHS if the team needs additional time to gather the requested information. If DHS does not receive a response within 45 days of the date of denial—pending notice, the application request will be closed. If the team wishes to pursue approval, the MCO or ICA must submit a new application.

The team will be required to respond to the questions and requests for additional information in the notice within 14 business days.

Section 10: Continuous Monitoring, Renewal, Data Collection, Reduction, and Discontinuation of Restrictive Measures

10.1 Restrictive Measures Monitoring

The approval process for restrictive measures is a continuous process that does not end with the approval by DHS. The team must continually monitor the use of any approved restrictive measure according to an individual-specific plan that must accompany each application. Continuous monitoring should address whether less restrictive supports are available as an alternative to use of the restrictive measure and whether the continued use of the measure is the most effective method to meet the individual's support needs.

10.2 Approval and Renewal Submission Timelines

Approval for all restrictive measures, other than applications submitted for expedited review, will expire no later than one year from the date of approval. In some instances, the review panel may approve an application for less than one year. Restrictive measure applications submitted for expedited review will expire no later than six months after the date of approval.

The MCO or ICA must submit a renewal application if the need to use a restrictive measure continues after the initial approval period. The MCO or ICA must submit the renewal via IES 45 days prior to the previous approval expiration date.

10.3 Expired Approval

If the previous approval expired without the application being submitted and the provider intends to continue to use the restrictive measure, DHS considers the use an unapproved use of a restrictive measure.

10.4 Restrictive Measure Data Collection Requirements

Data collection is required for all approved restrictive measures, including those in self-directed settings. The provider must collect data, which includes the frequency per incident and the duration (length of time) each restrictive measure was utilized. The data must indicate which specific restrictive measure staff utilized. MCOs and ICAs must report utilization data in IES for

Refer to [Section 12](#) for information related to reporting use of an Unapproved Restrictive Measure to DHS.

each measure according to the reporting requirements in the contract or policy.

For renewal applications, the provider must submit a data summary of use in the previous approval period. DHS will not accept copies of completed data sheets as a data summary. The team may provide additional data collection information, such as graphs or tables, as attachments to applications as needed.

The provider must submit a blank data collection form for all restrictive measures applications.

Teams are required to review restrictive measures utilization data and provide an individualized analysis. For behavioral requests, the data analysis should outline if there are any patterns, trends, or correlations to when target behaviors are more or less likely to occur and what intervention strategies have been most effective. Analysis should also describe changes to the plan, if any, the team made because of the data analysis.

10.5 Reduction and Elimination of Restrictive Measures

Restrictive measures applications must include a plan the team will use to work toward reducing or eliminating the need to use the restrictive measure as soon as possible. Teams should not think of approved behavioral restrictive measures as the solution for addressing the dangerous or challenging behavior but should instead think of them as a temporary strategy used to maintain safety.

The use of a restrictive measure to control an individual or as a response to an individual's behavior is not treatment, nor is it therapeutic. MCOs, ICAs, and providers should become familiar with the changing standards of support and best practices focused on building skills and techniques to de-escalate and redirect situations that present safety concerns and work earnestly to promote a trauma-informed culture of care.

QUICK LINKS

Trauma-informed practice and restraint reduction resources include:

- [Resilient Wisconsin: Applying the Parallel Values of Trauma-Informed Practices](#), P-02640
- [Resilient Wisconsin: Developing Parallel Skills for Trauma-Informed Practice](#), P-02641
- [Resilient Wisconsin: Healing Comes From Relationships](#), P-01229
- [Promoting Alternatives to the Use of Seclusion and Restraint: A National Strategy to Prevent Seclusion and Restraint in Behavioral Health Services](#)
- [Promoting Alternatives to the Use of Seclusion and Restraint: Making the Business Case](#)
- [Six Core Strategies for Reducing Seclusion and Restraint Use](#)
- [Restraint Reduction](#)

10.6 Discontinuing the Use of the Restrictive Measure

Providers are required to discontinue the use of a restrictive measure if:

- The team determines the use of the restrictive measure is not effective or is no longer necessary.
- The previously determined benchmark for elimination has been met. DHS will not approve applications for use of restrictive measures for “just in case” situations.
- There are medical contraindications for use of the measure.
- The MCO or DHS denies the application.
- The MCO or DHS revokes approval.
- Invocation of an on-site suspension.

Providers must remove discontinued restrictive measures from the individual’s support plan or ensure it is clear that any historical restrictive measures mentioned are no longer approved and may not be used. If the provider intends to use a previously discontinued measure as an Emergency Restrictive Measure, the provider must meet criteria in [Section 5](#) of these guidelines.

Following the decision to discontinue the use of a measure, the MCO or ICA is responsible for entering the discontinuation date, the discontinuation reason, and a letter of discontinuation into the previously approved application in IES.

Section 11: Suspension, Revocation, and Amended Approval

11.1 Temporary Suspension of Approval

DHS, ICA, or MCO staff may impose suspensions on-site without written notification. The entity imposing the on-site suspension must follow up with a written notification within five business days confirming the suspension, explaining the reasons for the suspension, and describing the action the provider must take to remove the suspension in a timely fashion. The imposing entity must send the written follow-up to the provider (with copies to the other approval entities) even if the suspension is lifted within the five-day period. The MCO or ICA must maintain the written notification of suspension and the associated provider notes in the individual's record.

DHS intends suspensions of approval to be temporary pending further fact-finding and review. MCOs and ICAs should consider suspensions an interim step toward either restoration of the approval or toward revocation. The MCO or ICA must complete fact-finding for a suspension within 30 business days of the initial notice of suspension. If the results of the fact-finding investigation substantiate the suspension, the MCO or ICA must notify DHS. The imposing entity must remove suspensions if the provider corrects the concerns noted in the written suspension notification.

If the results of the fact-finding investigation after an on-site suspension indicate that the restrictive measure is not effective, is being misused, or is having unanticipated harmful effects, approval of the use of the measure will be revoked. DHS will send an approval revocation letter upon receiving the results of the fact-finding investigation from the MCO or ICA.

Approval authorities will not accept grievances of suspensions; if the entity imposing the suspension does not find sufficient evidence to lift the suspension, the provider must resubmit an application to use the measure.

11.2 Revocation of Approval and Amended Approval

If a MCO revokes a restrictive measure approval, the MCO must communicate revocation of the approval of the measure to DHS,

REMINDER

On-site suspensions take effect immediately. Continued use of the restrictive measure could be a violation of the individual's rights.

the individual, the legal decision maker (if applicable), and the provider in writing. MCO notices will provide the reasons for the revocation and include grievance rights for all parties involved.

DHS prohibits the provider from using the measure when the MCO has revoked approval. If the provider intends to continue to use the same restrictive measure, the process for obtaining approval must start over.

DHS may also revoke approval at any time upon a determination there has been a negative impact on the individual. This may be either temporary or permanent. Cause for such an action may include a finding that there has been a substantial deviation in some aspect of the plan for using the measure or failure to adequately meet the conditions of approval.

DHS or the MCO may also amend approval by imposing new or additional conditions if the need is determined. The MCO must submit new imposed conditions of approval to DHS and the conditions are subject to DHS review and approval.

Section 12: Incident Reporting for Restrictive Measures

MCOs must report each use of an Emergency Restrictive Measure **and** each use of an Unapproved Restrictive Measure to DHS within the timeline outlined in the MCO-DHS contract, via the Adult Incident Reporting System (AIRS), regardless of injury.

ICAs must report each use of an Emergency Restrictive Measure to DHS via Immediate Report, regardless of injury.

ICAs are required to report use of unapproved restrictive measures as a critical incident by following procedures in the [Reporting and Follow-up for Immediate Reportable and Critical Incidents](#), P-03131.

Section 13: Managed Care Organization Restrictive Measures Oversight

MCOs are required to have an internal restrictive measures oversight committee. The MCO oversight committee must review restrictive measures applications and either approve the application as submitted, approve the application with conditions, request additional information, or deny the application. All MCO decisions must be communicated to the member, legal decision maker (if applicable), and the provider in writing. The written communication must identify each measure reviewed separately, describe reasons for the return or denial (if applicable), include any conditions of approval along with adequate descriptions of these conditions, and someone in a management position designated by the director of the MCO must sign the notification. Denials must offer information for both the provider and individual or legal decision maker to grieve the decision. DHS recommends the communication provide guidance on what revisions the provider can make to remedy the defects in the returned or denied application (if applicable). DHS prohibits providers from using measures the MCO has denied. **The MCO must approve the provider's application before the MCO submits the application to DHS.** Provider requests to DHS for input, advice, or technical assistance regarding restrictive measures must also come through the MCO.

The MCO must approve the provider's application before the MCO submits the application to DHS.

DHS recommends the MCO approval process parallel the process used by DHS. MCOs must have a written and easy to understand description of the review and decision-making process for providers to reference. The process must describe:

- All of the elements of the review, including the identification and description of the established point of contact for applications.
- The method used to review the application and who will participate (type of position, not necessarily a specific person) in the review.
- The method of communication used to communicate the results of the review to the individual, the legal decision maker, if applicable, and the provider.

- The grievance process made available to providers if a provider wishes to contest the MCO decision.

Section 14: IRIS Participant Restrictive Measures Assistance

Individuals enrolled in IRIS may choose who they would like to be involved in the development of their restrictive measures application. IRIS participants and those they have selected to develop their restrictive measures application will gather the necessary documents listed in these guidelines and standards. The ICA must review the information and ensure all required components of the restrictive measures application are complete prior to submission to DHS. The ICA may delegate this duty to either their internal quality assurance staff or manager within the ICA. The ICA will initiate the DHS review process by ensuring the application is complete in IES. Participant or provider requests to DHS for input, advice, or technical assistance regarding restrictive measures must come through the ICA.

DID YOU KNOW?

The IRIS consultant can be a great resource to assist during this process.

Section 15: Contesting Restrictive Measures-Related Decisions

All decisions made with respect to restrictive measures are subject to grievance, other than suspension of use, if there is disagreement with the decision. A grievance may come from an individual, their legal decision maker, a provider on behalf of the individual, or any person filing on behalf of an individual.

Individuals who receive treatment for mental health, substance abuse, or an intellectual/developmental disability may also follow the grievance process outlined in Wis. Admin. Code ch. [DHS 94](#) to grieve decisions related to the use of a restrictive measure. More information about grievances can be found on the [Client Rights: How the Complaint Process Works](#) page of the DHS website.

15.1 Grievance by IRIS Participants

IRIS participants have the right to grieve the use of restrictive measures. IRIS participants may make complaints verbally, in person, or in writing, in an attempt to resolve the complaint before filing a grievance. DHS encourages participants to talk with their ICA or IRIS consultant if they disagree with a decision. Working with the ICA or consultant directly is usually the fastest and easiest way to address concerns. Participants may file complaints with their IRIS consultant, ICA, MetaStar, or DHS.

If the participant does not want to, or is unable to resolve the complaint, they can choose to file a grievance so that an IRIS ombudsman or mediator can help.

IRIS participants may find additional information in the [IRIS Participant Education Manual](#), P-01704.

15.2 Grievance by Family Care, Partnership, and PACE Members of the Managed Care Organization Decision

Family Care, Family Care Partnership, and PACE program members have the right to file a grievance regarding the MCO's decisions related to the use of a restrictive measure. The existing MCO grievance process applies to all member grievances related to the use of or denial of use of restrictive measures, other than the decision to suspend use. Each MCO has a written description

HOW TO FILE A GRIEVANCE

IRIS participants may file a grievance in any of the following ways:

- Calling MetaStar at 888-203-8338
- Calling Disability Rights Wisconsin at 800-928-8778 (for participants who are between ages 18–59)
- Calling the Board on Aging and Long-Term Care at 800-815-0015 (for participants who are age 60 or above)
- Completing and submitting a [Grievance—IRIS Program](#) form, F-01212

of their grievance process and written protocols for explaining member rights, including the right to be free from restrictive measures and the right to prompt and adequate treatment. Members or their legal decision makers who wish to grieve MCO decisions related to the use of restrictive measures should follow this process.

15.3 Grievance of Department of Health Services Decisions

If the team agrees about the use of a restrictive measure and DHS either denies or imposes unacceptable conditions on approval, the MCO or ICA may email the [Bureau of Quality and Oversight](#). The ICA or MCO may work with the provider to update documents and submit an updated or new restrictive measure application based on the feedback DHS provided prior to the original decision to deny the measure or impose conditions of approval. DHS's restrictive measures review panel will review the updated or new application and proceed with the approval or denial process.

HOW TO FILE A GRIEVANCE

Family Care, Family Care Partnership, and PACE program members may file a grievance in any of the following ways:

- Contact the individual's MCO care management staff or an MCO member rights specialist
- Call MetaStar at 888-203-8338

Appendix A: Definitions

Behavior Supports

Components of an individual's environment and support strategies intended to assist the individual to replace challenging or dangerous behaviors and help the individual attain their desired quality of life. Behavior supports may include, but are not limited to, assistance with communicating with others, expanding the opportunities for developing relationships, improving the quality of living environments, schedule modification, assisting the individual to learn methods to self-calm, or other clinical interventions.

Behavior Support Plan

A behavior support plan is a written document, specific to the individual, intended to inform direct support staff how to assist the individual in building pro-social and adaptive behaviors. Behavior plans also include direction on how to utilize supports, strategies, and interventions in order to ensure safety and to decrease the individual's behavior that may be harmful to themselves or others. For individuals with restrictive measures, the behavior support plan must include information about the use of the restrictive measures. The plan must include a description of the step-by-step procedures for applying or implementing the restrictive measure along with a description of how it will be monitored and the criteria that govern release of the individual from the measure. The plan should also identify the maximum duration for the use of the measure. In addition, the plan must address the methods or strategies the team will employ to attempt to reduce or eliminate the restrictive measure. For individuals who have a behavior support plan, the ICA or MCO must attach the plan to the individual service and support plan or member-centered plan as an addendum.

Challenging or Dangerous Behavior

Challenging or dangerous behavior refers to the individual's behavioral response during an incident that may place the individual or others at risk of serious harm. Teams must only incorporate restrictive measures into an individual's support plan for use when the individual's behavior puts themselves or others at imminent risk of serious physical harm.

Contraindication

A factor that renders the use of a restrictive measure inadvisable, in most instances, determined by a medical professional.

De-Escalation Strategies

These are strategies direct support staff use to help an individual return to a baseline, adaptive, or calm state. Strategies may include direct support staff:

- Adopting a caring but neutral position.
- Remaining calm and using a calm tone of voice.
- Paying attention to the individual; listening, focusing on feelings, and validating them; empathizing; being nonjudgmental (in both body and verbal language).

- Assisting the individual to use skills they have learned to calm or to cope with the stressful situation.
- Working to reduce environmental stressors and ensure sensory needs are met.
- Trying to determine what may have triggered the event and offering solutions or alternatives.
- Drawing the individual into a more pleasant, positive, and grounded state.

Emergency Restrictive Measure

An emergency, as it relates to restrictive measures, means an unanticipated situation has occurred where an individual suddenly engages in dangerous behavior, placing themselves or others at imminent, significant risk of physical injury. This may include the appearance of a behavior that has not happened for years or has not occurred before, or it could include current behaviors that suddenly and unexpectedly escalate to an intensity the team has not seen before.

Imminent Risk of Harm

Imminent risk of harm is an immediate and impending threat of an individual causing substantial physical injury to self or others.

IRIS Consultant Agency

The ICA is the entity DHS has certified to provide flexible and specialized support that is responsive to an IRIS participant's needs and preferences for LTC services. The ICA's roles and responsibilities focus on supporting the participant in self-direction, which includes enrollment, service planning, and continued eligibility. Additional information may be found in the [IRIS Participant Education Manual](#), P-01704.

Isolation

Isolation is the involuntary physical or social separation of an individual from others by the actions or direction of staff. Refer to [Appendix B](#) for additional information.

Isolation by Staff Withdrawal

This occurs when the support team determines staff should remove themselves from the area the individual is in due to the presence of imminent risk of harm. Refer to [Appendix B](#) for additional information.

Managed Care Organization

An MCO is the entity DHS has certified as having capacity for financial solvency and stability and which has agreed to make services in the benefit package available to individuals enrolled in Family Care, Family Care Partnership, and PACE. Additional information regarding services and the benefit package is available in the [DHS-MCO contract](#).

Manual Restraint

A manual restraint, including physical holds and escorts, involves one or more people holding the limbs or other parts of the body of the individual to restrict or prevent their movement. DHS does not consider the following actions to be manual restraints or restrictive measures:

- Holding an individual's limbs or body to provide support for the achievement of functional body positions and equilibrium, such as supporting someone to walk or achieving a sitting or standing position
- Holding an individual's limbs or body to prevent them from accidentally falling
- Use of self-protection and blocking techniques in response to aggressive behaviors
- Use of graduated guidance, assisting the individual to move, but not restricting body movement or forcing body movement, as part of an approved intervention

Mechanical Support

A mechanical support is any apparatus used to provide proper alignment of an individual's body or to help an individual maintain their balance. Mechanical supports include, but are not limited to, postural supports, position devices, and orthopedic devices. The team must utilize a qualified professional to design a plan for use of mechanical supports in accordance with principles of good body mechanics, with concern for circulation, and with allowance for change in position. Mechanical supports must not impair or inhibit visual or auditory capabilities or prevent or impair speech or other methods of communication.

Medical Provider

A medical provider, as it relates to restrictive measures, means a physician, psychiatrist, nurse practitioner, or physician assistant who regularly provides care for the individual and is aware of the individual's LTC support needs.

Medical Procedure Restraint

Medical procedure restraints are utilized to accomplish a specific diagnostic or therapeutic procedure ordered by a medical professional.

DHS does not need to approve medical procedure restraints used while under the care of medical professionals in a medical or dental office or while receiving treatment in a clinic or hospital, as long as the medical provider is directing staff who accompanies the individual.

MCOs or ICAs must submit an application to DHS for approval of a medical procedure restraint when the procedure is occurring in the individual's home, day program, or other nonmedical setting. The use of the restraint must only occur for the minimum duration necessary to complete the procedure. As stated earlier in this document, if the medical procedure restraint is necessary as a form of behavioral control, the MCO or ICA must submit a behavioral request.

Protective Equipment

Protective equipment is a device that restricts movement or limits access to areas of one's body, refers to devices applied to or near any part of an individual's body to prevent tissue damage or other physical harm, **and** cannot easily be removed by the individual. Protective equipment must

not impair or inhibit visual or auditory capabilities or prevent or impair speech or other methods of communication. Protective equipment includes, but is not limited to, devices such as:

- Helmets, with or without face guards
- Gloves or mitts
- Enclosed beds
- Wheelchair seatbelts
- Shower chair seatbelts
- Bedrails
- Wrist cuffs
- Ankle straps
- Goggles
- Pads worn on the body
- Clothing or adaptive equipment specially designed or modified to restrict access to a body part

DHS does not consider the following devices to be restrictive measures:

- Mechanical supports as defined in these guidelines
- Wheelchair seat belts or foot straps, bed rails, and other transportation safety devices such as stretcher belts intended to prevent an individual from accidentally falling or slipping during transport
- Motor vehicle seat belts or harnesses with buckle guards or similar devices in place to ensure a passenger is unable to remove the safety belt in a moving vehicle
- Professionally designed therapeutic devices to promote optimal motor functioning

Provider

A provider is an individual or agency that receives payment from a Medicaid-funded long-term support program to provide direct support services to an individual.

Release Criteria

Criteria specified in the plan, which once met, would result in the termination of the use of the specific restrictive measure for that incident. The criteria for release should identify cues that are unique to the individual for staff to determine if the individual is no longer exhibiting behavior that puts someone at imminent risk of harm. The individual does not have to be calm or compliant before the release of the restrictive measure. Upon release, staff must offer the individual the opportunity to move about, the opportunity to have food and drink, and to attend to their other needs.

Staff must release the individual from a restrictive measure:

- If there are any threats to the individual's health or well-being from use of the measure.
- When the criteria outlined in the plan is met.

- If the criteria for releasing the individual from approved isolation or seclusion have not been met but 60 minutes has passed since the use began.
- If the criteria for releasing the individual from an emergency use of isolation or protective equipment have not been met but 60 minutes has passed since the use began.
- When the use of an approved or emergency manual restraint has lasted 15 continuous minutes.
- When the individual's behavior is no longer posing a threat of harm to themselves or others.

Restraint

A restraint is any device, garment, or physical hold that restricts the voluntary movement of, or access to, any part of an individual's body **and** the individual cannot easily remove it.

Restraint to Allow Healing

A restraint to allow healing is a restrictive measure used to assist with the treatment of acute medical conditions such as lacerations, fractures, post-surgical wounds, skin ulcers, or infections. The use of a restraint to allow healing must include a protocol for use. The protocol must be for the specific device or procedure, include the rationale for its use, and specify the limited period of time it may be used. The MCO or ICA must submit a restrictive measures application to DHS if the restraint to allow healing will be utilized for more than 90 days.

Restrictive Measure

Restrictive measure is the term used to encompass any type of manual restraint, isolation, seclusion, protective equipment, medical procedure restraint, or restraint to allow healing as defined in these guidelines.

Restrictive Measure Oversight Committee

This refers to the group of people, developed by the MCO, who are responsible for the review and approval of any applications for the use of a restrictive measure prior to submittal to DHS.

Seclusion

Seclusion is when staff physically remove an individual from others using a room with locked doors equipped with a pressure-locking mechanism. Refer to Appendix B for additional information about seclusion.

Staff

Staff is any individual who receives payment from a Medicaid-funded long-term support program to provide direct support services to an individual. Common examples of staff are providers, provider agency staff, and PHWs.

Supported Living Arrangement

These are services that offer supports to individuals who require assistance to live in the least restrictive community setting possible and to engage in community life. Examples of supported living arrangement settings include an individual's own home, rented home, or family home.

Team

In these guidelines, the term team refers to the individual, their legal decision maker (if applicable), MCO care management staff, IRIS consultants, the provider, and any other person the individual wishes to be a member of their team. Teams may include, if possible, the individual's family members, medical provider, other professionals involved with the support of the individual, and other people who are significantly involved in the individual's life.

Unapproved Restrictive Measure

Instances of unapproved restrictive measures are when there is a need for a restrictive measure and the team is gathering information for DHS approval or the current restrictive measure expired and is still being utilized.

Voluntary Movement

In relation to restrictive measures, voluntary movements are movements the individual can control and that are purposeful.

Appendix B: Information Specific to Isolation and Seclusion

This appendix clarifies isolation and seclusion with examples and situations.

Isolation

Isolation is the involuntary physical or social separation of an individual from others by the actions or direction of staff, contingent upon behavior.

At times, a physical or social separation from others may occur, but the intent of the action must be considered to determine whether isolation is occurring. The following examples should assist the team in determining whether or not the physical or social separation is a restrictive measure.

Examples of what would not be considered a restrictive measure:

- Staff separates an individual from others to prevent the spread of communicable disease. This is not a restrictive measure.
- Staff suggests an individual should go to another area to calm down, the individual's presence in that room or area is voluntary, and there are no adverse consequences to the individual if they refuse to go there or if the individual leaves the room or area before they are calm. This is not a restrictive measure.
- An individual decides on their own to go to another area to calm, the individual's presence in that room or area is voluntary, and there are no adverse consequences to the individual if they leave the room or area before they are calm. This is not a restrictive measure.
- If an individual is involuntarily moved away from others in response to their behavior, but the staff allows the individual to leave the area they had been taken or directed to whenever they like (such as before the individual has calmed). This is not a restrictive measure.
- An individual is engaging in dangerous behaviors in an area where peers are located, and staff directs the peers to leave the area. This is not a restrictive measure.
- An individual voluntarily walks to a room built for seclusion, the staff do not engage the locking mechanism, and the individual may leave the room at any time, even if they are not calm. This is not a restrictive measure.

Examples of what **would** be considered a restrictive measure:

- Staff remove an individual's means of mobility in response to threat of harm (that is, disabling someone's power wheelchair), so the individual is unable to leave where they are or cannot access other areas of the home. This is a restrictive measure.
- Staff involuntarily move an individual to a different room or area of the home and the individual must meet release criteria before they may leave the area or room. This is a restrictive measure.
- Staff directs the individual to go to another area to calm and the individual goes because they believe they must go (such as someone who tends to comply automatically with staff directives). This is a restrictive measure because the individual is unable to refuse or unaware that they have the option to refuse.

- An individual is involuntarily moved away from others in response to their behavior or directed by staff to move to another area, staff remains with the individual in the area they are directed or taken to, and the individual must meet release criteria prior to leaving. This is a restrictive measure.
- If a home has a room built for the use of seclusion and staff involuntarily move an individual to the room, staff does not engage the locking mechanism, but the individual must meet release criteria before leaving the room, this is a restrictive measure (isolation). If staff engages the locking mechanism on the door at some point, isolation has ended, and the use of seclusion has begun. Isolation and seclusion are two distinct measures, and staff must document the frequency and duration of the use of each separately.

Isolation by Staff Withdrawal

Isolation by staff withdrawal occurs in situations when the support team determines staff should remove themselves from the area the individual is in due to the presence of imminent risk of harm. When staff withdraws, they go to a predesignated room or area for a specific amount time to allow the individual to calm. DHS considers isolation by staff withdrawal to be a restrictive measure when the individual is either unlikely to follow, unable to follow, or does not have access staff after the staff has retreated to the designated area. Typically (but not always) this involves staff locking the door between them and the individual. If staff go into an area of the home without locking it because they know the individual would never try to enter that area, this would also be a restrictive measure of isolation by staff withdrawal.

While staff have retreated to the area the individual is unwilling or unable to access, they must be able to monitor the individual to assure continued safety. If, at any time, staff is not able to monitor the individual, staff must leave the secure area to ascertain the individual's safety. When submitting an application for approval of the use of isolation by staff withdrawal, a diagram of the home's layout or images of the home must be provided to demonstrate how staff monitor the individual from the area staff is isolating in. Consideration must also be given to risks to the individual's safety while staff are isolating, such as potential for self-harm or elopement. The DHS review panel will take into consideration whether the individual shares supports and any potential impact staff isolation would have on others.

Seclusion

Seclusion occurs when staff physically remove an individual from others by using a room with locked doors equipped with a pressure-locking mechanism.

Additional information about seclusion:

- DHS does not permit unapproved or emergency use of seclusion.
- DHS does not permit locking an individual in any room where the door would or could stay locked without constant pressure under any circumstance.

- DHS does not permit half doors, gated barriers, or any barrier without a viewing window or monitor and pressurized lock that an individual cannot remove or open on their own to be used for seclusion.
- DHS does not permit situations when the room door would remain closed by staff applying pressure using a part of their body, such as pushing the door closed or holding the door with their foot.
- DHS permits seclusion only with the use of a pressure-locking mechanism that requires the constant manual application of pressure to maintain the locked condition.
- DHS must inspect all newly constructed seclusion spaces before the space is used.
- Seclusion does not include the use of devices like “wander guards,” door alarms, or similar products that may notify staff when an individual is leaving the home.
- DHS does not permit the use of seclusion as a form of behavior modification or as a consequence for noncompliance.
- Appropriate use of seclusion ensures the safety of the individual and others due to prolonged physical aggression or to clear an area of harmful items, such as broken glass.
- The behavior support plan must indicate the method staff uses to transport an individual safely to seclusion.
- DHS requires staff to have continuous visual monitoring of the individual during seclusion.

When the MCO or ICA submits an application to use seclusion, information should be provided as to whether it is a newly constructed seclusion room, or the room has previously been inspected and approved. As previously stated, DHS requires inspection and approval of newly constructed seclusion rooms prior to use. The MCO or ICA must arrange an inspection of the room. The following features must be in place for DHS approval of a seclusion room:

- The room must be at least the size of a small bedroom so there is sufficient space for the individual to move.
- The locking mechanism must be a pressure-locking device, such as magnetic locks or another mechanical device that requires the continual presence of support staff to apply pressure to keep the door lock engaged.
- Staff must be able to engage in continuous visual monitoring of an individual in the room, such as through an observation window with ceiling-mounted mirrors or with video cameras.
- The room must have adequate ventilation, heating, and cooling.
- The walls and floor must be padded if the individual is likely to engage in self-harm (such as head-banging or hitting walls) to the extent that such behavior could cause significant injury if the padding was not present.
- Recessed lighting, covered lighting, or high ceilings to ensure the individual would not be able to reach or damage any light fixtures in the room.
- Protective covering over any electrical outlets in the room.
- Protective covering or specialized windows in place to ensure the individual would not be able to break any windows in the room.

If a mirror is located in the room to ensure staff can see all areas of it, the mirror must be made of a non-breakable material or have protective covering around it to prevent the individual from being able to break the mirror.

Appendix C: Supporting Individuals with Complex Behaviors

This appendix provides information to teams to assist with supporting individuals who have complex behavioral health supports.

Rule Out Medical Conditions

A best practice in determining the reason behind any sudden change in mood or behavior is to rule out possible medical conditions that could be contributing towards the change in condition. The team should determine whether there are any medical conditions contributing to the challenging or dangerous behavior and implement interventions to reduce or eliminate symptoms. After the team has ruled out or addressed medical issues, they should explore other stress triggers.

Determining the Reason Behind the Challenging Behavior

All behavior serves a function. The team can assist with completion of a wide variety of assessments to gain useful and essential information about the factors associated with the individual's challenging and dangerous behaviors. These assessments may include:

- **Medical and health assessments** determine whether any illnesses, injuries, conditions, efficacy of current treatments or medications, pain concerns, or dental health issues affect, contribute to, or even cause the challenging and dangerous behavior.
- **Quality of life assessments** determine the extent to which an individual has or has not realized their preferred lifestyle and vision of themselves. Such assessments should consider the amount of control the individual has over their immediate environments and whether the individual lives the way they want to live. This includes whether the amount of independence the individual has during daily activities is acceptable to the individual; how much access the individual has to friends, family, and places in the community; and the extent to which these factors influence behavior.
- **Environmental assessments** determine if factors in the individual's physical environment cause or contribute to the challenging behavior. These may include noise level, space, attractiveness, and cleanliness; access to desired materials or possessions; opportunities to make decisions and choices about their physical environment; the responsiveness of others present in the places the individual frequents; and the individual's communication style and how housemates, friends, family, staff, and others communicate and interact with the individual.
- **Functional assessments** identify the purpose or function of the individual's challenging and dangerous behavior. This assessment may include an analysis that systematically manipulates and studies antecedent and consequent events, which may influence the individual's behavior. This analysis helps the team to understand the function of the behavior.
- **Psychiatric assessments** identify if a psychiatric condition is present, identify the extent to which it may influence the dangerous and challenging behavior, identify if psychotropic medication may be recommended, and determine whether changes or additions in current medication are necessary.

- **Other assessments**, such as trauma, sensory evaluation, speech and language, communication, hearing, happiness, psychological, or psychological needs assessments, help to determine if there are other factors that may be influencing or causing the individual's dangerous and challenging behavior.

Record Behavior Information and Intervention Strategies

Data collection is the process of gathering and measuring information to examine trends and evaluate the effectiveness of interventions. It serves a twofold purpose:

1. It functions as a tool to help identify new and emerging behaviors, potential triggers, and successful ways to respond.
2. It determines the effectiveness of the supports and interventions when the team incorporates known patterns and trends into a plan.

The team should collect and analyze data on behaviors, as this information is critical to the development of a behavior support plan and its ongoing evaluation. For example, does the data indicate behaviors targeted for decrease are in fact decreasing and behaviors targeted for increase are increasing? If the goals of the behavior plan are not met (or at least showing some improvement), the team's hypothesis for the function of the behavior may be incorrect and further assessment is needed or some of the planned strategies and interventions are ineffective and need to be revised. Reviews may also involve monitoring the collected data to determine whether staff utilize and follow the plan as intended.

Formalizing Behavior Support Plans

All behavior, including challenging and dangerous behavior, has a purpose and meaning for the individual. Teams must treat individuals who exhibit challenging behaviors that may cause harm to themselves or others with respect and ensure individuals have a high quality of life.

A behavior support plan is a written plan intended to provide unique strategies or specific protocols as a method to build on positive behaviors and replace or reduce a challenging behavior. Supports may include, but are not limited to, assistance with communicating with others, expanding the opportunities for developing relationships, improving the quality of living environments, modifying schedules, assisting the individual to learn methods to self-calm, or other clinical interventions. The purpose of the plan is to ensure the team supports the individual in the most effective manner possible while understanding cultural and personality differences and maintaining self-worth, opportunity, and respect. The plan focuses on being mindful, individual-centered, and trauma-informed while supporting the individual in the least restrictive and most integrated manner possible.

Positive behavioral supports offer an approach for developing an understanding of why an individual engages in the challenging and dangerous behavior and focuses on supporting them in a respectful, dignified, and person-centered manner through empowerment, choice, and connections in order to prevent the reoccurrence of behaviors with negative outcomes.

Behavior support plans provide caregivers a structure to strategize support in a way that is unique to a given individual. Preparation of a behavior support plan can be a valuable forum for gathering input from everyone involved. Once complete, a behavior support plan has numerous uses. For ongoing staff, the plan is a behavioral snapshot that is useful as a summary of current support strategies, as well as a future gauge of progress. For new staff, the plan provides information about the unique needs of the individual. A behavior support plan can serve as a detailed written record of the team's work to support an individual.

In order for individuals to attain and maintain the highest quality of life, the support team must provide the individual with positive, proactive, and consistent support and understand the social, physiological, medical, and environmental influences to challenging and dangerous behaviors. The goal of any positive support strategy is to improve quality of life. A plan meets this goal by teaching the individual skills or strategies that increase their ability to meet their own needs and thereby increase the individual's autonomy. Approaches outlined in the plan must be flexible and incorporate, as appropriate, a full integration of social, emotional, environmental, occupational, intellectual, spiritual, and physical wellness. It is through this holistic and balanced plan that the individual and support team can maximize strengths, preserve rights, learn, and enhance skills and tools, maintain resilience, and create positive social change to fit the individual's needs, preferences, and outcomes.

There is a common misperception that a behavior support plan fixes the individual or behavior. Although the plan will assist in reducing the likelihood of challenging and dangerous behavior through replacement of adaptive and desirable behavior, the main intention is to devise a consistent caregiver approach that best supports the individual's well-being.

Components of Behavior Support Planning

The following components guide the team through planning supports around an individual's challenging behavior:

- A.** Assembling the support team and brainstorming ideas from all parties provides support to the individual for the team to best understand what the individual is trying to convey through their behavior and creates support strategies that will actually work for this unique individual. Team members bring different and valuable information based on their relationship with the individual.
- B.** Describing the challenging and dangerous behavior (also referred to as target behavior) by considering the following:
 - What are the behaviors of concern?
 - What do you see and hear during the behavior? What does the behavior look and sound like for this specific individual? (Include specific statements the individual uses.)
 - How long does the behavior last? How often does it occur? Does the individual repeat the behavior?

- What need is the individual trying to fulfill (escape, avoidance, attention, stimulation, pain relief)?
 - What emotions does the individual connect to the behavior?
- C.** Discussing situations and circumstances where behaviors are likely to occur (such as triggers and meaning) by asking:
- Have the individual's physical needs been addressed by staff?
 - When is the behavior most or least likely to occur (for example, confrontation, under or over-stimulated, specific activity, specific request from others, power struggle, specific time of day)?
 - Where is the behavior most or least likely to occur (for example, home, day program, outing, doctor visit)?
 - With whom is the behavior most or least likely to occur (for example, staff, family, peers, strangers)?
 - What activities are most or least likely to produce the behavior (for example, transition, familiarity, routine)?
 - Are there positive or negative stressors (for example, family visit, holiday, hungry, tired, in pain, ill)?
- D.** Noting behavioral signs and signals that occur prior to the behavior:
- Does the individual change their tone of voice or content of language (for example, yelling, mumbling, negative self-talk, threats)?
 - Repeated questioning of others or refusal of task (for example, power struggles)?
 - Does the individual have a change in facial expression or body language (for example, glaring, staring, grimacing, pouting, arms closed, stomping)?
 - Is there a change in activity or engagement level (for example, pacing, fidgeting, invading personal space)?
 - Are there signs the individual is over- or under-stimulated? What are the potential causes (for example, no activity, large crowd)?
- E.** Identifying how staff should respond to the individual when the behavior occurs such as:
- Engage with the individual by using appropriate eye contact.
 - Use a non-threatening approach and engage in de-escalation strategies.
 - Be comforting, positive, and personalized in the approach.
 - Suggest the individual go to another area to calm.
 - Direct staff not to react to certain behaviors, as appropriate.
 - Pay attention to the individual; listen, focus on feelings, and validate the individual; empathize; be nonjudgmental (in both body and verbal language).
 - Assist the individual to use skills or techniques they have learned to calm or to cope with the stressful situation.
 - Work to reduce environmental stressors and ensure sensory needs are met.

Questions the team should consider when developing the staff's verbal and physical responses include:

- What self-soothing and self-calming strategies does the individual know?
 - What calming strategies can staff assist with?
 - What can staff say in the situation?
 - How should staff deliver the message? Include specific examples of what usually works with the individual. What approaches should staff avoid (for example, power struggles, dismissal, complaining, lack of empathy)?
 - What amount of personal space does the individual prefer?
 - How should the staff position themselves to maintain safety?
 - What restrictive measures techniques are approved as part of the plan? What are the criteria for use, maximum amount of time, criteria for release, and documentation required if used? (This may not be applicable to all behavior support plans.)
 - What are emergency procedures if additional staff or police intervention is needed?
 - Should the staff and the individual engage in a discussion about what happened (debrief) after the incident is over?
- F.** Identifying how staff can support and engage the expression of safer, alternative behavior:
- What is the best approach to interacting with the individual (for example, rapport, nonverbal communication, staffing pattern)?
 - What types of praise, reassurance, and positive support does the individual like?
 - What type of activity does the individual like (for example, quiet, social, long, or short duration, physical or sedentary)?
 - What stress coping mechanisms does the individual know? What new coping mechanisms can staff teach the individual? When is the best time to practice new coping mechanisms? Include sensory integration if it is beneficial to the individual.
 - What situations routinely cause stress or anxiety for the individual? What are best support techniques for staff to use to assist an individual during these high stress situations?
 - What are the individual's likes and dislikes (for example, objects, food, smells, type of music)?
 - What type of environment does the individual prefer (for example, lighting, temperature, number of people, noise level)?
 - What does a consistent routine or timely communication about routine changes look like for the individual? Does the individual need gradual introduction of new information, new routines, or a new residence?
 - Is there a reward or incentive program for positive reinforcement of appropriate behavior (tangibles or special activities)? Does the individual find value and success with the use of the incentive program? Is everyone involved following the incentive program the exact same way?

Essential Elements of a Behavior Support Plan

A thoroughly developed behavior support plan typically contains the following elements:

A. Introduction to the Individual: Provide a summary of the individual's personality, family involvement, living situation (setting and with whom they live), likes and interests, strengths, dislikes, cultural considerations, communication preferences and accommodations, daily routine (the usual work, school, or activity schedule), and behaviors of concern.

An introduction to the individual may include an exploration into medical diagnoses the individual has, a focus on their strengths, and any identified challenges. This should not simply be a summary of what the individual is "not capable of doing," but instead be a positive approach to working with the individual and improving their quality of life. The goal here is if someone did not know the individual, and were to read this, they would have an accurate "snapshot" of the individual.

B. Psychosocial History: Provide a summary of the individual's life experiences that are essential for caregivers to know. By providing caregivers with information on the life experiences the individual has encountered, this can cultivate compassion, understanding, and patience when interacting with the individual and can assist staff to have a better understanding of why the individual may exhibit challenging or dangerous behavior.

This history could include:

- **Family history:** Includes information about where the individual was born, where the individual grew up, and important relationships in the individual's life.
- **Significant recent events:** Major life changes the individual experienced in the recent past, which might include deaths, hospitalizations or institution for mental disease stays, residential moves, change of primary care providers, job loss or change, or new diagnosis or medical condition.
- **Legal involvement:** Include information about any pending charges or convictions, such as probation, parole, registered sex offender status, mental health commitments, court orders, and restraining orders.
- **Residential background:** A summary of prior living situations, such as independent living, community residential settings, any institutionalizations, frequency of residential changes, and what led to the change.
- **Complex needs:** Information detailing challenging and dangerous behaviors the individual previously demonstrated, but no longer occur, including the reason behind the behavior and what successes led to the elimination or reduction in the behavior. Also, include what interventions have been previously attempted for the existing challenging and dangerous behavior (for example, medication regime, psychological evaluations, hospitalization, behavioral interventions) including what has worked and what has been unsuccessful.
- **Trauma history:** Examples of past trauma experiences can include, but are not limited to, emotional, physical, or sexual abuse, neglect, or observation of these occurring to others

in the past. Triggers refer to those things that take the individual back to the traumatic event. When an individual exhibits a behavioral response triggered by past traumatic experiences, the behavioral responses can be exaggerated or seemingly coming from nowhere. The response may seem to be huge in comparison to the situation that triggered the response.

- **Diagnostic history:** An individual with complex behavioral health needs is likely to have diagnosed conditions in their treatment records. It is important to think of a diagnosis as only one part of understanding an individual because, as an individual changes and is assessed by different providers, their current diagnosis may change.

C. Health Concerns and Care Coordination: Identify chronic and acute medical conditions that are or could be attributed to challenging and dangerous behavior, how chronic and acute conditions are coordinated and monitored when identified as stress triggers, and which medical caregivers should be contacted, if any.

D. Stages of Behavior: Identify how the individual signals a given behavior stage and tailor strategies for support during each specific stage, including proactive and reactive supports. Common stages of behavior include:

- **Adaptive:** Describe the individual's baseline or normal behavior (for example, how the individual appears when calm, regulated, and comfortable around others and in their environment).
- **Tension:** Describe how the individual presents when irritable or tense. This is the optimal time to intervene to prevent the situation from escalating to the next stages.
- **Emotional Distress:** Describe how the individual emotionally responds when experiencing mental distress, mental suffering, or mental anguish.
- **Physical Distress:** Describe how the individual physically responds to their environment and others when experiencing psychological distress, suffering, or anguish.
- **Recovery:** Describe the physical signs that demonstrate the individual is coming out of a state of distress or beginning to calm down.

E. Approved Restrictive Measures: Include specific restrictive measures approved as part of the individual's supports. It is essential to include when it is appropriate to use the restrictive measure, maximum length of time, criteria for release, and documentation of use.

F. Restrictive Measures Reduction and Elimination Plan: Teams should not think of restrictive measures as the solution for addressing the dangerous or challenging behavior but should instead think of them as a temporary strategy the team will work toward eliminating as quickly as possible. The plan should include what alternate support methods the team will attempt to work toward reducing and eliminating the need to use restrictive measures, as well as a measurable goal or benchmark that, once met, would lead the team to consider eliminating the use of the measures.

- G. Notification of Team Members:** Outline the process and criteria for direct caregivers to notify supervisors, legal decision makers, and other stakeholders of behavioral events.
- H. Review Schedule:** Identify the people responsible for reviewing the plan for effectiveness and safety. This section should also include the frequency of review, as it is important to conduct a regular review of these plans for efficacy. Indicators that the behavior support plan will require a more rigorous review schedule are frequent incident reporting, involvement with law enforcement, county crisis services, psychiatric hospitalizations, and frequent provider or caregiver changes.

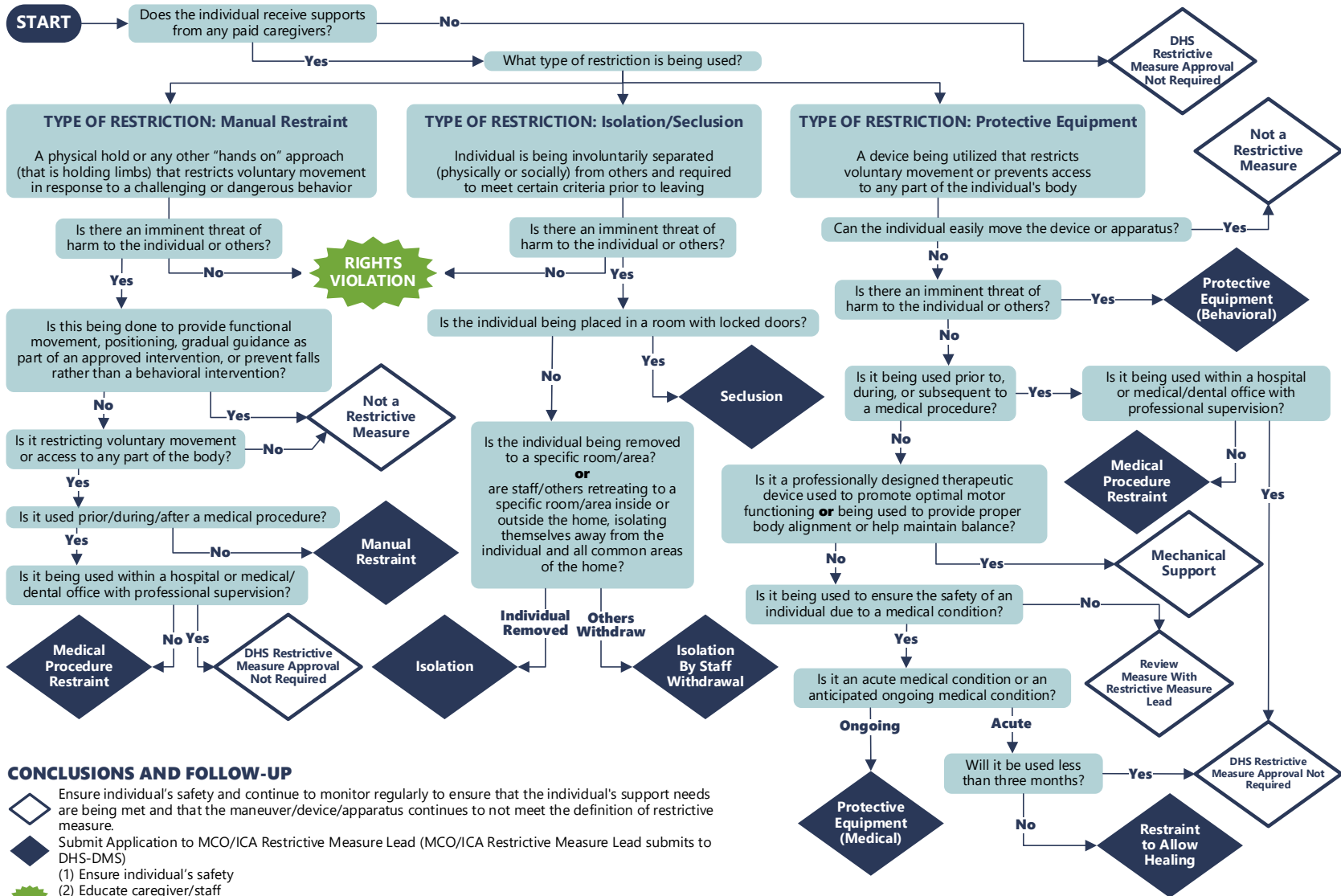
A plan review is the optimal time to ask what is working or not working and why. Behavioral incidents present as an opportunity to explore whether the behavior support plan was used, whether it was helpful to caregivers, and whether it kept the individual, staff, and peers safe.

When specific target behaviors no longer exist, the team should highlight the successes staff are having and ensure the plan matches the strategies staff is actually using to support the individual. This will also provide new caregivers and settings with the same tools so they are not starting from scratch and will know how to best care for the individual from the start.

- I. Addendums to Behavior Support Plans:** In some support situations, it may be helpful to have additional information accompany a behavior support plan as an addendum. Examples of addendums include:
- Proactive police and emergency professional plans, which include the team's preference for outcome of police contact, such as returning the individual to their home if safety is not a concern.
 - Protocols about use of specific restrictive measures.
 - Images or diagrams of specific approved restrictive measure techniques.
 - Completed client rights limitations or denials forms.
 - Information about the individual's incentive program, if applicable.
 - Protocol about use of prescribed as needed (PRN) medications.

Appendix D: Restrictive Measures Flowcharts

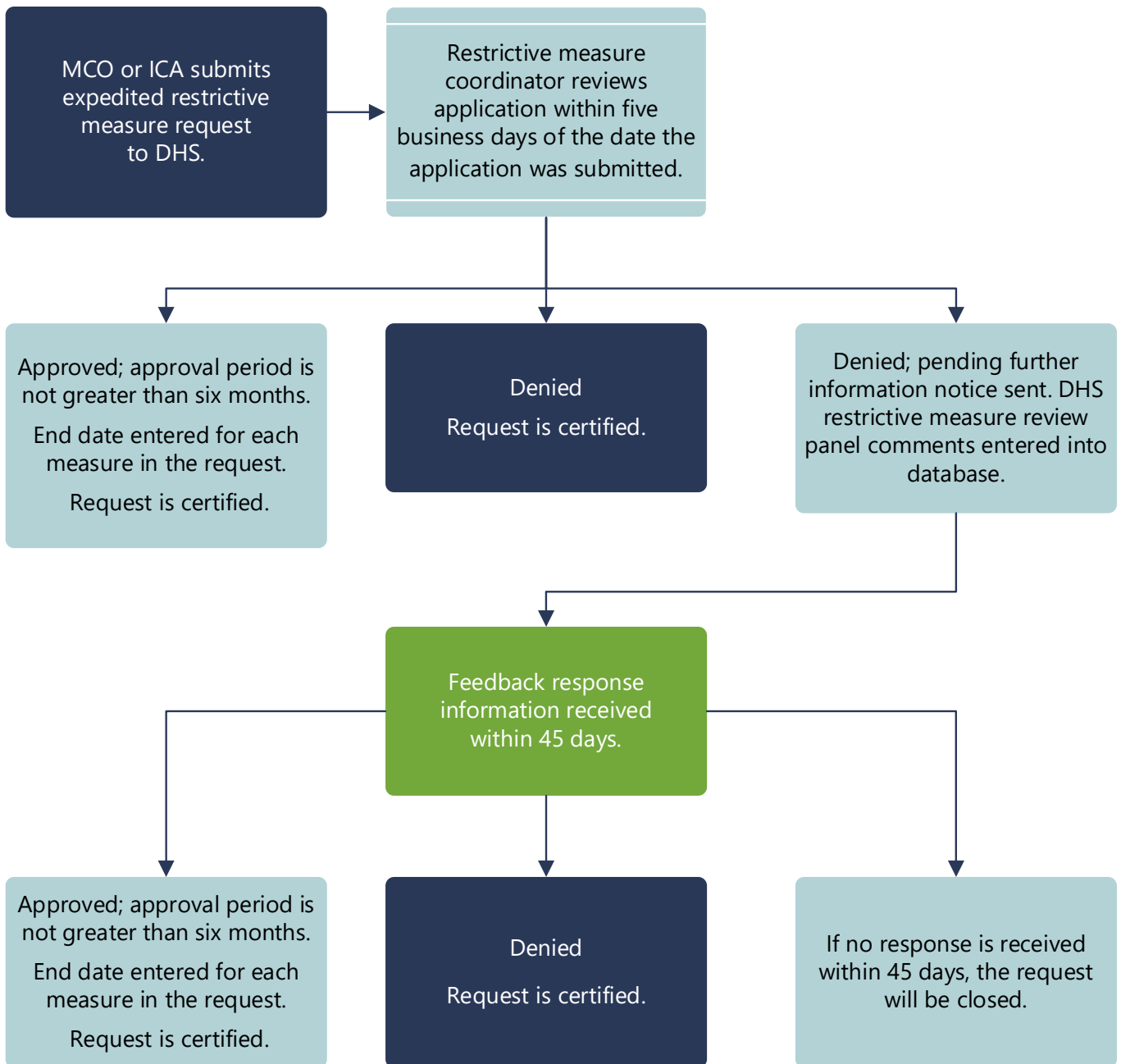
Identifying a Restrictive Measure Flowchart



2/28/2022

*For information regarding prohibited restrictive measures in community-based programs and facilities, see Prohibited Practice Memo (<https://www.dhs.wisconsin.gov/dms/memos/num/2021-07.pdf>)

Expedited Restrictive Measure Review Flowchart



Standard Restrictive Measure Review Flowchart

