



Restrictive Measures Policy and Procedure

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Purpose

Community[®] is Inclusa’s approach to everything we do. Central to our operations, Community[®] is a trademarked model of managed care that places emphasis on the importance of full citizenship and what it means to be an active participant in everyday life.

Inclusa is committed to assuring that all members live their lives in the least restrictive manner possible, in an environment that treats them with respect, and assures their health, safety, dignity, and liberty. Inclusa supports the right of each member to be free from unnecessary physical or chemical restraints, isolation, and seclusion. Inclusa is also committed to assuring all member rights are adhered to including, but not limited to, the right to be free from abuse and confinement. The member’s choices and preferences are to be respected and their dignity protected. Inclusa further supports the member’s right for their voice to be directing program and service decision making. Therefore, Inclusa must assure that the use of restrictive measures



is a practice of last resort through a systematic and coordinated process of assessment, technical assistance, plan review and ongoing monitoring of the use of restrictive measures with discontinuation of use as the ultimate goal.

Policy

Section 1: Who Must Follow These Requirements?

This policy applies to the use of restrictive measures for Inclusa members who live in community settings and are receiving services through Inclusa, including those with identified Traumatic Brain Injury, and those privately paying for services. Community settings include individuals residing in their or their family’s owned or rented home, in other supported living arrangements, adult family homes (AFHs), community-based residential facilities (CBRFs), and residential care apartment complexes (RCACs). Community-based vocational settings and day service programs are also community settings.

These requirements are not applicable to individuals residing in settings that are not considered home and community-based settings (ex: nursing homes, schools, hospitals, Institution for Mental Disease (IMD), Intermittent/Intensive Treatment Program (ITP)).

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 the [WI DHS Restrictive Measures 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 Ch. [DHS 94](#) or [83, 88](#), or [89, and Medicaid Standards for Certified 1-2 Bed Adult Family Homes](#) as applicable, by the Wisconsin Department of Health Services (DHS). For individuals enrolled in Family Care such failure will also be considered a violation of the terms and conditions of the DHS and Inclusa Family Care contract and may result in a disallowance for some or all costs associated with serving the individual.

The use of isolation, seclusion and restrictive measures in licensed facilities in Wisconsin is regulated by the Department’s Division of Quality Assurance (DQA). When providers are subject to such regulation, Inclusa shall not interfere with the procedures of the Division of Quality Assurance.

Inclusa staff are expected to work in close partnership with subcontracted providers, Department of Human Services (DHS), and the Division of Quality Assurance (DQA) on all matters of mutual concern and jurisdiction as they relate to the use of restrictive measures. Provider policies may be requested by Inclusa. Providers must meet all other applicable



requirements per their licensing or certification standards including Administrative Code, Wisconsin Statute, and Federal Law.

Section 2: Authority

DHS, DQA and Includa retain the authority to deny any restrictive measure being proposed or used for any individual regardless of their diagnosis or target group.

Includa and contracted providers must comply with the [WI DHS Restrictive Measures Guidelines and Standards](#). Per the DHS-MCO contract, “[t]he MCO 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.” This includes all applicable state and federal statutes and codes as they relate to member rights and restrictive measures including but not limited to: Section 1915(c) of the Social Security Act, 42 C.F.R. Sec 483.13(b), Wisconsin State Statutes 46.90 (4)(i), 50.09(1), 51.61(1)(i), 54, 55.043(4), and Department of Human Services (DHS) Administrative Codes 82.10, 83.12, 83.21, 83.32, 88.10, 88.11, 94.10, 132.33, 132.60, and 134.31. Providers must inform Includa members of their rights (as specified in HFS 94), including the right to be free from any form of restrictive measure as described in this policy. Includa supports that all individuals must be protected from physical, emotional, and sexual abuse, neglect, financial exploitation, and/or other unintended events that result in serious harm to the individual’s health or well-being.

Providers must report any suspected violation of these rights to the individual’s IDT Staff or Care Management Manager within one business day, and to any other agency which they are required to report to per licensing rules. Per ch. [46.90 \(4\)](#) and [55.043](#), IDT staff are required to report the discovery of any use of restrictive measure(s) that may constitute unreasonable confinement or restraint to the appropriate “elder adult at risk”, and “adult at risk agency” within 24 hours (or sooner, if warranted). For any type of incident, the IDT staff or Care Management Manager must follow the process outlined in the [Member Incident Management Policy](#) and take immediate action when required to ensure the individual’s safety to the best of their ability, based on the information they identify or receive from the reporter. Once the investigation begins, further information from the person investigating the report may require further action to ensure safety.

Section 3: Prohibited Practices

Restraint, seclusion, and restrictive measures must be avoided whenever possible and may only be used after all other feasible alternatives, including de-escalation techniques, have been exhausted. When necessary, restraint, seclusion, and restrictive measures may only be used with the minimum amount of force needed, and for the shortest duration possible, to restore safety. Per [DHS Memo 2021-07](#) the following maneuvers, techniques, or procedures under any circumstances:

- Any maneuver or technique that does not give adequate attention and care to protection of the individual’s head.



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- 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 use of restraint or restrictive measures to control a person or as a response to a person’s behavior is not treatment, nor is it therapeutic. It is best practice for all providers and IDT Staff to be familiar with the changing standards of care and best practices focused on building skills and techniques to de-escalate and redirect behaviors that present safety concerns and work earnestly to promote a trauma-informed culture of care. Additional information and a list of Trauma-informed practice and restraint reduction resources can be found within [DHS Memo 2021-07](#).

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 www.dhs.wisconsin.gov/aps/index.htm. For more information regarding what is defined as “Abuse” “Neglect” and “Self-Neglect” see [Appendix A: Definitions](#).

Section 4: Use of Restrictive Measures in Division of Quality Assurance – Bureau of Assisted Living (DQA-BAL) 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 Inclusa 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 [WI DHS Restrictive Measures Guidelines and Standards](#) 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 the [WI DHS Restrictive Measures Guidelines and Standards](#), the licensed provider must follow the process outlined within the following [DQA guidance website](#). The licensed provider should consult Wis. Admin. Code chs. [DHS 83](#), [88](#), or [89](#) 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 at this link: <https://www.dhs.wisconsin.gov/regulations/waiver-variance-assisted-living.htm>

Section 5: Emergency Use of Restrictive Measures

Inclusa is 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. Each instance of emergency use of a restrictive measures warrants completion of an incident report. Refer to [Section 12: Incident Reporting for Restrictive Measures](#) for information related to reporting the use of an Emergency Restrictive Measures to DHS.

All of the following conditions must be present for an emergency use of a 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 support plan for the individual dealing with the planned use of 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.

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



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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 measures approval.

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 of 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 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

REMINDER

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



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 the Emergency Restrictive Measure must be monitored in a manner that conforms to the requirements in the [WI DHS Restrictive Measures 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 and Inclusa recommend 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 the [WI DHS Restrictive Measures Guidelines and Standards](#). The Behavioral Health and Wellness Team will initiate a draft application within the [WI DHS Restrictive Measures Database](#) and 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: Incident Reporting for Restrictive Measures](#) for information related to reporting the use of an Unapproved Restrictive Measures 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. Training must include proactive strategies to intervene at the first signs of tension to prevent further escalation, information about how to use specific restrictive measures techniques or devices properly, and how to inspect the device or equipment. DHS and Inclusa do not require a specific training curriculum for direct support staff on techniques of restrictive measures, but DHS and Inclusa 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 Measures Application

It is essential for providers to work with Inclusa throughout the restrictive measures review process, so they are aware of Inclusa’s expectations. The information the provider submits to Inclusa should conform to the requirements and expectations outlined in this policy and the [WI](#)



[DHS Restrictive Measures Guidelines and Standards](#). DHS and Inclusa expect provider agency managers to review and approve the application internally before submission.

Inclusa must submit completed restrictive measures applications, along with all additional documentation, electronically through the [WI DHS Restrictive Measures Database](#). DHS will not accept incomplete applications. Inclusa may revise an application until submission to DHS. Upon submission to DHS, Inclusa cannot edit it until DHS logs a response.

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 provider must also submit this information as a behavioral request. All behavioral requests must include a Behavioral Health and Wellness Plan (BHWP) (i.e.: PBSP, BSP, etc.) or a similar support plan.

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 individual due to a medical procedure or condition. The individual’s medical condition must not 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 Inclusa and DHS approval.

All medical requests must include a 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. As stated above, if the medical procedure restraint is necessary as a form of behavioral control, Inclusa must submit a behavioral request.

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

9.1 Obtaining Approval Prior to Intensive Treatment Program (ITP) Discharge

Inclusa 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



Inclusa necessary information to adequately plan for provider needs, as well as planning time for the restrictive measures application process.

9.2 Application Due to a Provider Change

If an individual has approved restrictive measures and changes from one Medicaid-funded provider to another, Inclusa must submit a new restrictive measures application if the new provider intends to continue to use measures previously approved by DHS. Inclusa 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. Refer to [Section 12: Incident Reporting for Restrictive Measures](#) for information related to incident reporting.

9.3 Application Due to Program (MCO/ICA) 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 temporarily. Inclusa must submit a restrictive measures application to DHS within 90 business days of the enrollment change or discontinue use of the measure.

9.4 Expedited Review

When urgent and unanticipated events occur, the provider may request an expedited review from Inclusa and DHS.

A request for expedited review must contain the completed application, but Inclusa and DHS will accelerate their review timeframes. **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, Inclusa will have 30 business days to submit the medical provider's authorization to DHS once the individual has moved into the home.

9.5 Application Review and Approval

After Inclusa submits restrictive measures applications to DHS, a panel of DHS staff will review the application.

DHS and Inclusa 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 Inclusa, 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 measures 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.



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- 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 Health and Wellness 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.
- 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.
- Information must contain the rationale for the use of the proposed restrictive measure, including a description of the risks and benefits.
- 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 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 data summary about use of the restrictive measure(s) and the team’s analysis of the data must be included. (See [Section 10.4](#) and [Appendix C](#) for more information regarding data collection)
- An example of the tool that the provider will be using to track the data, such as a blank data collection form or a screen shot of the electronic recordkeeping system, must also be submitted with the application. (See [Section 10.4](#) for more information)

9.6 Requirements for "Denied—Pending Additional Items" Notices From DHS

If DHS requires more information or clarification, DHS will send a denial pending additional items notice to Inclusa via the [WI DHS Restrictive Measures Database](#). **The team will be required to respond to the questions and requests for additional information in the notice within 14 business days.** Inclusa 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, Inclusa must submit a new application.



Section 10: Continuous Monitoring, Renewal, Data Collection, Reporting, 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 measures 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 measures 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 measures applications submitted for expedited review will expire no later than six months after the date of approval.

Inclusa must submit a renewal application if the need to use a restrictive measure continues after the initial approval period. Inclusa must submit the renewal via the [WI DHS Restrictive Measures Database](#) 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. (See [Section 12: Incident Reporting for Restrictive Measures](#) for more information related to reporting use of an Unapproved Restrictive Measure.)

10.4 Restrictive Measures Data Collection Requirements and Reporting

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. The data will be submitted by Inclusa to DHS quarterly no later than forty-five (45) days after the end of the reporting period. Reporting periods are defined within the [State Reporting Requirements document](#). Inclusa must report utilization data within the [WI DHS Restrictive Measures Database](#) for 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.

The provider must collect data, send data tracking monthly to Inclusa for the IDT staff to review, monitor and record. For behavioral requests, providers must also track and analyze behaviors as explained in the "[Behavioral Health and Wellness Planning](#)" section of this policy. The reporting shall be submitted electronically through the [Restrictive Measures database](#).

Documentation of use of restrictive measures must include:

- Date, time, and location of use
- Duration of use (including start and end times)
- Frequency of use
- Explanation of imminent risk that warranted use of RM
- Less restrictive alternatives attempted
- Indication of the specific type of restrictive measure used
- Monitoring of the health and safety of the individual
- Names of staff involved
- Validation criteria:
 - Used as approved
 - Used for period of time approved
 - Individual released when criteria for release is met
 - Individual monitored for signs and symptoms of adverse effects on their health at specified intervals while in use

Validation of Restrictive Measures: DHS requires Inclusa to submit an annual report of all member restrictive measures data to the Department in accordance with the Department's restrictive measures report specifications.

1. Is the measure being used as approved?
2. Is the measure being used for the period of time approved in the plan?
3. Is the individual being released when criteria for release is met?
4. Is the frequency and duration of each use of the measure documented?
5. Is the individual being monitored for signs and symptoms of adverse effects on his/her health at specified intervals while the measure is in use?
6. Does the Inclusa IDT staff receive data/tracking on a monthly basis?

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(s) 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 measures to control an individual or as a response to an individual's behavior is not treatment, nor is it therapeutic. Inclusa 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.

RESOURCES:

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 Measures

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.
- DHS or Includa denies the application.
- DHS or Includa revokes approval.
- Invocation of an on-site suspension.

Providers must remove discontinued restrictive measures from the individual’s Behavioral Health and Wellness Plan. If the provider intends to use a previously discontinued measure as an Emergency Restrictive Measure, the provider must meet criteria in [Section 5: Emergency Use of Restrictive Measures of these guidelines](#). Following the decision to discontinue the use of a measure, Includa is responsible for entering the discontinuation date, the discontinuation reason, and a letter of discontinuation into the previously approved application in the [WI DHS Restrictive Measures Database](#).

Section 11: Suspension, Revocation, and Amended Approval

11.1 Temporary Suspension of Approval

DHS or Includa staff may impose suspensions on-site without written notification. This 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 business day period. Inclusa maintains the written notification of suspension and the associated provider notes in the individual's record.

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

DHS intends suspensions of approval to be temporary pending further fact-finding and review. Inclusa considers suspensions an interim step toward either restoration of the approval or toward revocation. Inclusa 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, Inclusa 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(s) 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 Inclusa.

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 Inclusa revokes a restrictive measures approval, Inclusa must communicate revocation of the approval of the measure to DHS, the individual, the legal decision maker (if applicable), and the provider in writing. The notice will provide the reasons for the revocation and include grievance rights for all parties involved. **DHS prohibits the provider from using the measure when Inclusa 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 Inclusa may also amend approval by imposing new or additional conditions if the need is determined. Inclusa 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

Inclusa 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. More detailed information regarding reporting requirements for Unapproved Restrictive Measures can be found within [AIRS Member Incident Reporting Categories & Notification Types](#).



Inclusa must also report the use of Approved Restrictive Measures used in a manner outside of the approved plan to DHS via AIRS.

Provider agencies shall follow incident reporting requirements outlined in their contract. All contracted providers must report the use of Emergency or Unapproved Restrictive Measures to Inclusa no later than one business day once the incident is discovered. Inclusa staff will follow the [Member Incident Management Policy](#) for reporting the use of an Emergency or Unapproved Restrictive Measure.

APS Reporting: Reporting of incidents involving restrictive measures will not be forwarded to Adult Protective Services by Inclusa unless the IDT staff suspect abuse or neglect was involved. If the IDT staff discovers any use of a restrictive measure in the community or by a paid caregiver that does not meet “emergency” criteria, they will first assess if the utilization constitutes unreasonable confinement or restraint. If the restrictive measure does rise to this level the IDT staff will assure health and safety of the individual and report to the appropriate “elder adult at risk”, and “adult at risk agency”. If the restrictive measure does not meet the criteria Per ch. [46.90 \(1\)\(a\)](#) and [55.043](#) stated above the IDT staff will educate the provider or informal caregiver of individual rights and restrictive measures per Wis (s) [51.61](#), [HFS 94.10](#).

Section 13: Inclusa’s Restrictive Measures Oversight

Inclusa is required to have an internal restrictive measures oversight committee. Inclusa’s 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 decisions must be communicated to the individual/member, legal decision maker (if applicable), the provider, and IDT staff 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 are signed by the designated Restrictive Measures Lead . Denials must include grievance information for the individual/member, the legal decision maker (if applicable), and the provider. This communication provides 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 Inclusa has denied. **Inclusa must approve the provider’s application before submitting the application to DHS.** Provider requests to DHS for input, advice, or technical assistance regarding restrictive measures must also come through Inclusa.

13.1 Behavioral Health Review Committee

The Behavioral Health Review Committee (BHRC) is Inclusa’s DHS required internal restrictive measures oversight committee which reviews all restrictive measures applications. The committee is a multidisciplinary committee made up of colleagues from the Member Experience and Member Relations Divisions within Inclusa. The Inclusa staff conducting the review and approval must be in addition to the IDT staff supporting the individual. The individual’s IDT staff cannot function as any one of the oversight roles, but they are invited to participate in the review meeting to facilitate, provide clarification and answer questions about the individual.



BHRC Committee Responsibilities Include:

- Meet for regularly scheduled virtual meetings to review applications for restrictive measures, using the approval criteria from [Section 9.5 Application Review and Approval](#).
- The committee must either approve the application as submitted, approve the application with conditions, request additional information, or deny the application.
- Maintain data related to all restrictive measures applications and decisions respective to its members regardless of state level entity utilized for restrictive measures review and approval. (Inclusa Behavioral Health and Wellness Team)
- Track annual reviews. (Inclusa Behavioral Health and Wellness Team)
- With the assistance of Inclusa’s Learning Team, the committee will provide training on or a combination of Restrictive Measures Policy, Wisconsin State Statute [Chapters 51.61](#), [HFS 94.10](#), and Behavioral Health and Wellness Planning for Care Management (CM) Practice staff during initial orientation and as needed ongoing trainings.
- Work collaboratively with the IDT staff, CR/PR, and the Behavioral Health and Wellness Team to provide education and training on Restrictive Measures and Behavioral Health and Wellness Planning.
- Regular review and follow up on Member Incident Reports (Inclusa Behavioral Health and Wellness Team)
- Develop and update forms as needed
- The BHRC will ensure proper oversight and monitoring of all approved applications. (Inclusa Behavioral Health and Wellness Team)

Section 14: 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 and the grievance process is made available to them.

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 DHS website at: <https://www.dhs.wisconsin.gov/clientrights/complaints.htm>.

14.1 Grievances of Inclusa Decision

Inclusa members have the right to file a grievance regarding Inclusa’s decisions related to the use of a restrictive measure. The existing Inclusa 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. Inclusa has a written description of the 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 Inclusa decisions related to the use of restrictive measures should follow that process.

Members may file a grievance in any of the following ways:

- Contacting the individual’s Inclusa IDT staff or Inclusa’s Member Relations team
- Calling MetaStar at 1-888-203-8338

14.2 Grievance of Department Health Services Decisions

If the team agrees about the use of a restrictive measure and DHS either denies or imposes unacceptable conditions on approval, Inclusa may email the Bureau of Quality and Oversight at dhsbmcrm@dhs.wisconsin.gov. Inclusa may work with the provider to update documents and submit an updated or new restrictive measures 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.

Procedure

1.0 Plan Development

- 1.1 Upon learning an individual’s Behavioral Health and Wellness Plan does, or is likely to, include the use of restrictive measures, the IDT staff will initiate a Restrictive Measures internal resource request in D365.
- 1.2 The Inclusa Restrictive Measures Lead will review the initial information and schedule a meeting with the IDT staff and provider(s) to get more details and discuss next steps, if necessary.
- 1.3 If the Restrictive Measures Lead determines that proceeding with the application process is necessary, they will ask the BHW Business Support Professional to send the initial application packet and information to the Provider(s) and IDT staff via email.
- 1.4 Teams will review the information within the initial application packet, along with the [WI DHS Restrictive Measures Guidelines and Standards](#) to ensure that they understand the required behavioral health and wellness planning elements. (See [Section 9.5](#) and [Appendix C](#) for more details.)
- 1.5 Teams will consult and collaborate with Inclusa BHW Team throughout the process.

2.0 Initial Application

- 2.1 DHS requires RM requests to be submitted via [WI DHS Restrictive Measures Database](#). Because Inclusa and other MCOs have exclusive access to enter and submit information through the database, Inclusa has a separate fillable [Restrictive Measures Application Form](#) for providers to complete with all the applicable information.



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- 2.2 The provider(s) seeking approval will submit, or work with IDT staff to submit, the Restrictive Measures Application to the BHW Team via behavioralhealth@inclusa.org. Details regarding the information and supporting documents required in the request submission can be found within the [Restrictive Measures Application Form](#) and [Instructions for Restrictive Measures Application](#).
 - 2.3 The Inclusa Restrictive Measures Lead will determine if a regular or expedited review is necessary, and the BHW Business Support Professional will schedule a pre-review meeting with the provider.
 - 2.4 Within five days after the pre-review meeting, the BHW Business Support Professional will send the pre-review notes to the provider via email that will include any revisions or recommendations for the provider to complete and return to behavioralhealth@inclusa.org prior to the Inclusa BHRC review. The BHW Business Support Professional will schedule the BHRC review.
- ** New plans skip section 3.0 and continue to section [4.0 BHRC Review](#)

3.0 Renewal Applications

- 3.1 The BHW Business Support Professional will monitor the expiration dates of the currently approved RM plans and send a notification email to the provider and IDT staff when the renewal is coming due and will coordinate and schedule all stages of the renewal process. Restrictive Measures Lead will pre-review last year's plan and prepare feedback for the BHW Business Support Professional to send to the provider.
- 3.2 It is requested that the provider submits the restrictive measures application and supplemental documents via behavioralhealth@inclusa.org at least 14 days prior to the BHRC review.
- 3.3 Inclusa will submit the renewal at least 45 days prior to the previous approval expiration date. Inclusa's renewal process timeline is included in [Appendix D](#) of this policy for reference.

4.0 BHRC Review

- 4.1 The BHRC reviews the restrictive measures application as outlined in the policy.
- 4.2 After reviewing the plan, the committee will deliberate and return one of the following decisions: approve the application as submitted; approve the application with conditions; ask for additional information; or deny the application.
- 4.3 Within five days from the BHRC review, the Inclusa Restrictive Measures Lead will send a document to the provider via email that includes the BHRC decision and any notes from the review meeting including any revision suggestions and conditions for approval. If the Inclusa Restrictive Measures Lead has determined that a post-review consult or general support with plan preparation is needed, they will coordinate with the provider to schedule this.



5.0 DHS Submission and Review

- 5.1 The Inclusa Restrictive Measures Lead will work with the provider to ensure that the conditions of the BHRC's approval is met and that updated documents are sent to Inclusa for the final DHS submission. Inclusa's goal is to submit all renewal applications by 60 days before the previous DHS approval is set to expire and no later than the DHS requirement of 45 days prior to the previous approval expiration date.
- 5.2 The BHW Business Support Professional enter the application into the [WI DHS Restrictive Measures Database](#). All the supporting documents are uploaded as attachments and the application is submitted to DHS.
- 5.3 DHS will review the application and enter their determination into the [WI DHS Restrictive Measures Database](#).
 - 5.3.1 If approved, DHS will also send a formal approval letter via email to Inclusa's BHW Team.
 - 5.3.2 If denied, DHS may require more information or clarification from the team prior to approving or denying an application. DHS will send a "Denial Pending Additional Items Notice", also known as DHS feedback, to Inclusa. The team will be required to respond to the questions and requests for additional information in the notice within 14 days. If the team needs additional time to gather the requested information, Inclusa can request an extension from the DHS RM Coordinator. If DHS does not receive a response within 45 days of the date of denial - pending notice, the application closes. If the team wishes to pursue approval after that point, Inclusa must submit a new application.
- 5.4 Once approved, the BHW Team will assemble a comprehensive RM packet document that includes all parts of the plan's submission and feedback items. The approval letter and RM packet will be saved in the individual's member record and sent to the provider(s) and IDT staff. IDT staff will be responsible for making sure a copy of the document is shared with the individual and legal decision maker (if applicable).

6.0 IDT Staff responsibilities include:

- 6.1 Ensuring that the application for Restrictive Measures and BHWP is completed within the required timeframes.
- 6.2 Outreach to other departments as needed. (i.e.: Member Relations for client/member rights questions, Care Management Support for durable medical equipment questions, Quality for incident related questions, etc.)
- 6.3 Reviewing and analyzing the restrictive measures and Behavioral Health and Wellness Plan (BHWP) (e.g.: PBSP, BSP, etc.) with the team every six months (or more if needed) and case noting this.



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- 6.4 At every in-person contact the IDT staff are required to check and document in the chart that each individual with a Behavioral Health and Wellness Plan (BHWP) (e.g.: PBSP, BSP, etc.) and/or Restrictive Measures Plan have an effective, up to date BHWP and/or Restrictive Measures Plan in place and that residential provider staff are trained and following the BHWP and/or Restrictive Measures Plan appropriately.
- 6.5 Gathering, reviewing, and analyzing data collected with the provider on a monthly basis. Upon collection of this data, IDT staff will enter and submit data to the BHW Team through D365.
- 6.6 Making sure updates are made to the individual's MCP and assessment information on specific restrictive measures (including abuse, neglect, unreasonable confinement, restraint, unapproved use of restrictive measures) along with approval dates and review dates for both RM and Behavioral Health and Wellness Plan (e.g.: PBSP, BSP, etc.) plans.
- 6.7 Case noting and documenting details of the BHRC review.
- 6.8 Supporting the RM review process by assisting in obtaining signatures and other documents as needed or requested.
- 6.9 The individual's choice, dignity, and preference must be respected. To assure this, the IDT staff must involve the individual/legal decision maker in all steps of the restrictive measures process. The IDT staff must adhere to the [Member Rights and Responsibilities Policy & Procedure](#) and the [Member Incident Management Policy](#) during development, application, and evaluation of restrictive measures.
- 6.10 All IDT staff and providers receive education on restrictive measures. IDT staff receive training on restrictive measures upon hire and annually thereafter. In signing contracts, providers acknowledge they will follow all applicable state statutes as outlined in their contracts. Information is available to providers anytime via Inclusa's Provider Learning Center.
- 6.11 Complete required contacts for individuals residing in a 1-2 bed adult family home, including but not limited to, in person visits to the individual's home between 15-30 days after a change is made to the Behavior Health and Wellness Plan or Restrictive Measures plan.

7.0 Ongoing Requirements

- 7.1 Each month providers will review and send data tracking to Inclusa. IDT staff will review, monitor, and record the data within D365. If any questions or concerns are noted the IDT staff will reach out to the provider and pull in the BHW Team as needed.
- 7.2 Approved restrictive measures reporting is due quarterly to DHS. Inclusa BHW Team will report this data to DHS no later than forty-five (45) days after the end of the reporting period through the [WI DHS Restrictive Measures Database](#).



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- 7.3 Inclusa requests providers to notify the IDT staff within one business day after any use of seclusion. It is recommended that the team meets regularly to review and analyze uses of seclusion making sure to identify and implement any appropriate modifications to the Behavior Health and Wellness Plan that may help reduce and/or eliminate the need for seclusion in the future. If the team does not have routine meetings, IDT staff will work to coordinate.



Appendix A: Definitions

Abuse: as defined by [s. 46.90\(1\)\(a\), Wis. Stats.](#) means any of the following:

- a) Physical Abuse: as defined in s. 46.90(1)(g), Wis. Stats., means the intentional or reckless infliction of physical pain or injury, illness, or any impairment of physical condition.
- b) Emotional abuse: language or behavior that serves no legitimate purpose and is intended to be intimidating, humiliating, threatening, frightening, or otherwise harassing, and that does or reasonably could intimidate, humiliate, threaten, frighten, or otherwise harass the individual to whom the conduct or language is directed.
- c) **Sexual Abuse:** a violation of criminal assault law, sexual conduct in the first through fourth degrees as defined in Wis. Stat. § 940.225., s. [940.225 \(1\)](#), [\(2\)](#), [\(3\)](#), or [\(3m\)](#), Wis. Stats.
- d) Treatment without consent: the administration of medication to an individual who has not provided informed consent, or the performance of psychosurgery, electroconvulsive therapy, or experimental research on an individual who has not provided informed consent, with the knowledge that no lawful authority exists for the administration or performance.
- e) Unreasonable confinement or restraint: the intentional and unreasonable confinement of an individual in a locked room, involuntary separation of an individual from their living area, use on an individual of physical restraining devices, or the provision of unnecessary or excessive medication to an individual, but does not include the use of these methods or devices in entities regulated by the department if the methods or devices are employed in conformance with state and federal standards governing confinement and restraint.

Adult at Risk: as defined in Wisconsin State Statute Chapter [55.01\(1e\)](#), Wis. Stats. means any adult who has a physical or mental condition that substantially impairs their ability to care for their needs and who has experienced, is currently experiencing, or is at risk of experiencing abuse, neglect, self-neglect, or financial exploitation.

Adult Protective Services (APS): APS encompasses the activities of conducting an investigation and determination as set forth in Section [46.90](#) of Wisconsin Statutes into an abusive or neglectful situation involving an elder adult or an adult-at-risk and working with local officials and the court to assure protection in the immediate term and services over the longer term as required to improve or correct the situation. Per Wisconsin State Statute Chapter [46.90 \(4\)](#), Includa professionals are to report to the county department/elder-adult-at-risk agency when it is suspected that an elder or adult at-risk is at imminent risk of serious bodily harm, death, sexual assault, or significant property loss and is unable to make an informed judgment about whether to report the risk. APS may encompass guardianship determination, protective placement and Wisconsin State Statute Chapters [51](#), [54](#) and [55](#).

Behavioral Supports: The 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 opportunities for developing relationships, improving the quality of living environments, schedule modifications, assisting the individual to learn methods to self-calm, or other clinical interventions.



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Behavioral Health Review Committee: A group of people, developed by Includa, who are responsible for the review and approval of any applications for the use of restrictive measures prior to submittal to DHS.

Behavioral Health and Wellness Plan (BHWP) (e.g.: PBSP, BSP, etc.): A written document detailing individualized, person-centered interventions that assist an individual to ensure support in the most effective manner possible while attempting to understand and appreciate cultural and personality differences, maintain self-worth, provide ample opportunities, are respectful, understand social, physiological, medical, and environmental influences on wellness and behavior, and understand their trauma history and responses. This plan aims to attain and maintain the highest quality of life for an individual by providing positive, proactive, and consistent support, approaches that are flexible and maximize strengths, supports that preserve rights, offer learning and enhancing knowledge, skills, and tools, and create positive change to fit the individual's needs, preferences, and outcomes. It is important to include direction on how to utilize supports, strategies, and interventions in order to ensure safety and to decrease the individual's behavioral communication that may be harmful to themselves or others.

Behavior Support Plan (BSP): See "[Behavioral Health and Wellness Plan](#)"

Business Day: Mondays through Fridays are considered business days. As different agencies recognize different holidays, for the purposes of restrictive measures process timelines, Includa will only exclude Saturdays and Sundays when calculating business days.

Challenging or Dangerous Behavior: an 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.

Chemical Restraints: Any drug that is used for discipline or convenience and not required to treat medical symptoms. Note: Medications are also appropriately used or for the purpose of reducing the symptoms of a diagnosed mental, emotional, or behavioral disorder and are not considered a chemical restraint as long as there is informed consent, a medical provider's order and behavior modifying medication assessment consistent with [IDT staff handbook](#) section 12.9.

NOTE: IDT staff shall complete a Member Incident Report whenever they suspect or believe an individual is being inappropriately **chemically restrained**.

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

De-escalation Strategies: 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).



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- 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 been known to occur before or it could include current behaviors that suddenly and unexpectedly escalate to an intensity the team has not seen before.

Graduated Guidance: The use of brief, intermittent physical contact to redirect or assist an individual in a purposeful movement or to spontaneously intervene or protect the individual or staff from injury as part of a Behavioral Health and Wellness Plan (BHWP). Contact should be only the level and amount of prompting needed to elicit the desired response or action as part of teaching. Examples include gently guiding individual via the arm or turning an individual around that is disoriented or walking in the wrong direction, holding limbs or the body to provide functional movement or positioning, or to prevent falling. It can also include self-protective behavior or passive redirection against aggressive behavior. Brief interventions used in this way are not considered restrictive. However, if the need for these interventions becomes more than brief or intermittent, it would no longer meet the definition of graduated guidance and would require development of a Behavioral Health and Wellness Plan (BHWP) and restrictive measures plan requiring formal approval.

Guardianship: Per State [Statute 54](#), a “guardian” is a person appointed by a court under [S.54.10](#) to manage the income and assets and provide for the essential requirements for health and safety and the personal needs of a minor, an individual found incompetent, or a spendthrift.” Please refer to Wis Stats. [Ch.54](#) – “Guardianships and Conservatorships” and the DHS Document [P-20460 “Guardianship of Adults.”](#)

Imminent Risk of Harm: Immediate and impending threat of an individual causing substantial physical injury to self or others.

Interdisciplinary Team (IDT): See [“Team \(Interdisciplinary Team \(IDT\)\)”](#)

Interdisciplinary Team Staff (IDT Staff): Employees of Inclusa assigned to the IDT. The IDT staff include at a minimum:

1. A Community Resource Coordinator (CRC) who, at minimum, must have attained a four-year bachelor’s degree in the human services area or a four-year bachelor’s degree in any other area with a minimum of three (3) years of experience in social service care management or related social service experience with persons in the Inclusa target population.
2. A Health & Wellness Coordinator (HWC) who is a licensed Wisconsin registered nurse.



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Isolation: Involuntary physical or social separation of an individual from others by the actions or direction of staff, contingent upon behavior. See section "[Appendix B: Specific Information on Isolation and Seclusion](#)" for more information including examples of what may or may not be considered Isolation.

Isolation by Staff Withdrawal: The involuntary physical separation of staff, and others if necessary, from an individual due to the presence imminent risk of harm. It is considered to be isolation by staff withdrawal when the individual is either unlikely to follow, unable to follow, or unable to reach where the staff/others have retreated to. See section "[Appendix B: Specific Information on Isolation and Seclusion](#)" for more information including examples of what may or may not be considered Isolation by Staff Withdrawal.

Legal Decision Maker: A person who has the legal authority to make certain decisions on behalf of an individual. A legal decision maker may be a guardian of the person or estate (or both) appointed under [Chapter 54](#) of the Wisconsin Statutes, a person designated power of attorney for health care under [Chapter 155](#) of the Wisconsin Statutes or a person designated durable power of attorney under [Chapter 244](#) of the Wisconsin Statutes. A legal decision maker may have legal authority to make certain kinds of decisions, but not other kinds of decisions. An individual may have more than one legal decision maker authorized to make different kinds of decisions. In any provision of this Contract in which the term "legal decision maker" is used, it applies only to a person who possesses the legal authority relevant to that provision. A person designated by the individual as an "authorized representative" under 42 CFR § 435.923 for assisting with Medicaid application and renewal of eligibility is not a legal decision maker.

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 and Includa do 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: 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.

Inclusa 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. If the medical procedure restraint is necessary as a form of behavioral control, Inclusa must submit a behavioral request.

Neglect: defined in s.46.90(1)(f), Wis. Stats., to mean the failure of a caregiver, as evidenced by an act, omission, or course of conduct, to endeavor to secure or maintain adequate care, health care, and creating significant risk or danger to the individual's physical or mental health. "Neglect" does not include a decision that is made to not seek medical care for an individual, if that decision is consistent with the individual's previously executed declaration or do-not-resuscitate order under ch. 154, Wis. Stats., a power of attorney for health care under ch. 155, Wis. Stats., or as otherwise authorized by law.

Protective Equipment: 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 and Inclusa do not consider the following devices to be restrictive measures:

- Mechanical supports as defined in the [WI DHS Restrictive Measures Guidelines and Standards](#).
- 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.



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- 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: 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: 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 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. Inclusa must submit a restrictive measures application to DHS if the restraint to allow healing will be utilized for more than 90 days.

Restrictive Measure: 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 the [WI DHS Restrictive Measures Guidelines and Standards](#).

Seclusion: A restrictive measure in which staff physically remove the individual from others using a room with locked doors equipped with a pressure-locking mechanism. See section "[Appendix B: Specific Information on Isolation and Seclusion](#)" for more information about seclusion.



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Self-neglect: A significant danger to an individual’s physical or mental health because the individual is responsible for his/her own care but fails to obtain adequate care, including food, shelter, clothing, or medical or dental care. See, [Wis. Stat. s. 46.90\(1\)\(g\)](#).

Staff: 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 participant-hired workers (PHWs).

Supported Decision Making: A set of strategies to help individuals with disabilities have more control over their life and future. Family and friends work together with individuals to support in making complex decisions. Wisconsin has Supported Decision Making agreements available as a legal option to be used by eligible individuals to formalize and define the support they want.

The Supporter has no authority to make the person’s decisions. The Person makes all their own decisions. Supporters cannot sign legal documents for the Person or bind a Person to a legal agreement. Supporters have only the authority/role granted by the Person under the terms of the supported decision-making agreement. The possible roles of the Supporter are limited to:

- Access, collect, or obtain information relevant to a decision area the person has chosen
- Helping the person understand that information
- Helping the person understand their options, responsibilities, and consequences of that person's life decisions, without making those decisions on behalf of that person
- Assisting with communicating the person’s decision to others

Supported Living Arrangement: 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 (Interdisciplinary Team (IDT)): Refers to all people involved in the development and implementation of the Behavioral Health and Wellness Plan. This would include the individual, their legal decision maker (if applicable), Includa Interdisciplinary Team Staff, 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.

Trauma Informed: A strengths-based framework that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for both providers and survivors.

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: Specific Information on Isolation and Seclusion

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. It is considered to be isolation by staff withdrawal when the individual is either unlikely to follow, unable to follow, or does not have access to 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 the 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 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. DHS and Includa 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 the individual from others using a room with locked doors equipped with a pressure-locking mechanism.

Additional information about seclusion:

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



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- DHS and Inclusa permit seclusion only with the use of a pressure-locking mechanism that requires the constant manual application of pressure to maintain the locked condition.
- DHS and Inclusa 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 and Inclusa do 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 Behavioral Health and Wellness Plan must indicate the method staff uses to transport an individual safely to seclusion.
- DHS and Inclusa requires staff to have continuous visual monitoring of the individual during seclusion.

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

- Per [WI DHS Restrictive Measures Guidelines](#), the room must be at least the size of a small bedroom so there is sufficient space for the individual to move. The [WI Medicaid Standards for Certified 1-2 Bed Adult Family Homes](#) define a single occupancy bedroom as a room with a minimum of 80 square feet (floor area) and DHS [83](#) and [88](#) further clarify a ceiling height of seven feet. Rooms that do not meet this requirement will be addressed on a case-by-case basis. This will be done to ensure that safety needs are met.
- 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 video cameras.
- The room must have adequate ventilation, heating, and cooling.
- The wall 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.



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- 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.

Inclusa requests that providers notify the IDT staff within one business day after any use of seclusion. It is recommended that the team meets regularly to review and analyze uses of seclusion making sure to identify and implement any appropriate modifications to the support structure/plan that may help reduce and/or eliminate the need for seclusion in the future.

Appendix C: Behavioral Health and Wellness Planning

The purpose of Behavioral Health and Wellness Planning is to ensure that this individual is being supported in the most effective manner possible while understanding cultural and personality differences and maintaining self-worth, opportunity, and respect. This plan focuses on being mindful, person-centered, trauma informed, least restrictive, and integrated in the most effective manner. In order for this individual 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 their “behavior”.

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 Behavioral Health and Wellness 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 Behavioral Health and Wellness Plans (e.g.: PBSP, BSP, etc.)

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 Behavioral Health and Wellness 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.

Behavioral Health and Wellness Plans provide caregivers a structure to strategize support in a way that is unique to a given individual. Preparation of a Behavioral Health and Wellness Plan can be a valuable forum for gathering input from everyone involved. Once complete, a Behavioral Health and Wellness 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 Behavioral Health and Wellness Plan can serve as a detailed written record of the team's work to support an individual.

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Components of Behavior Health and Wellness 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.)



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- 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:



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- 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 Behavioral Health and Wellness 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 Behavioral Health and Wellness Plan (e.g.: PBSP, BSP, etc.)

A thoroughly developed Behavioral Health and Wellness Plan typically contains the following elements.



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- 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, 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.



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- **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 towards 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 to the team 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 Behavioral Health and Wellness Plan will require a more rigorous review schedule are



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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 health and wellness plan was used, whether it was helpful to caregivers, and whether it kept the individual, staff, and peers safe.

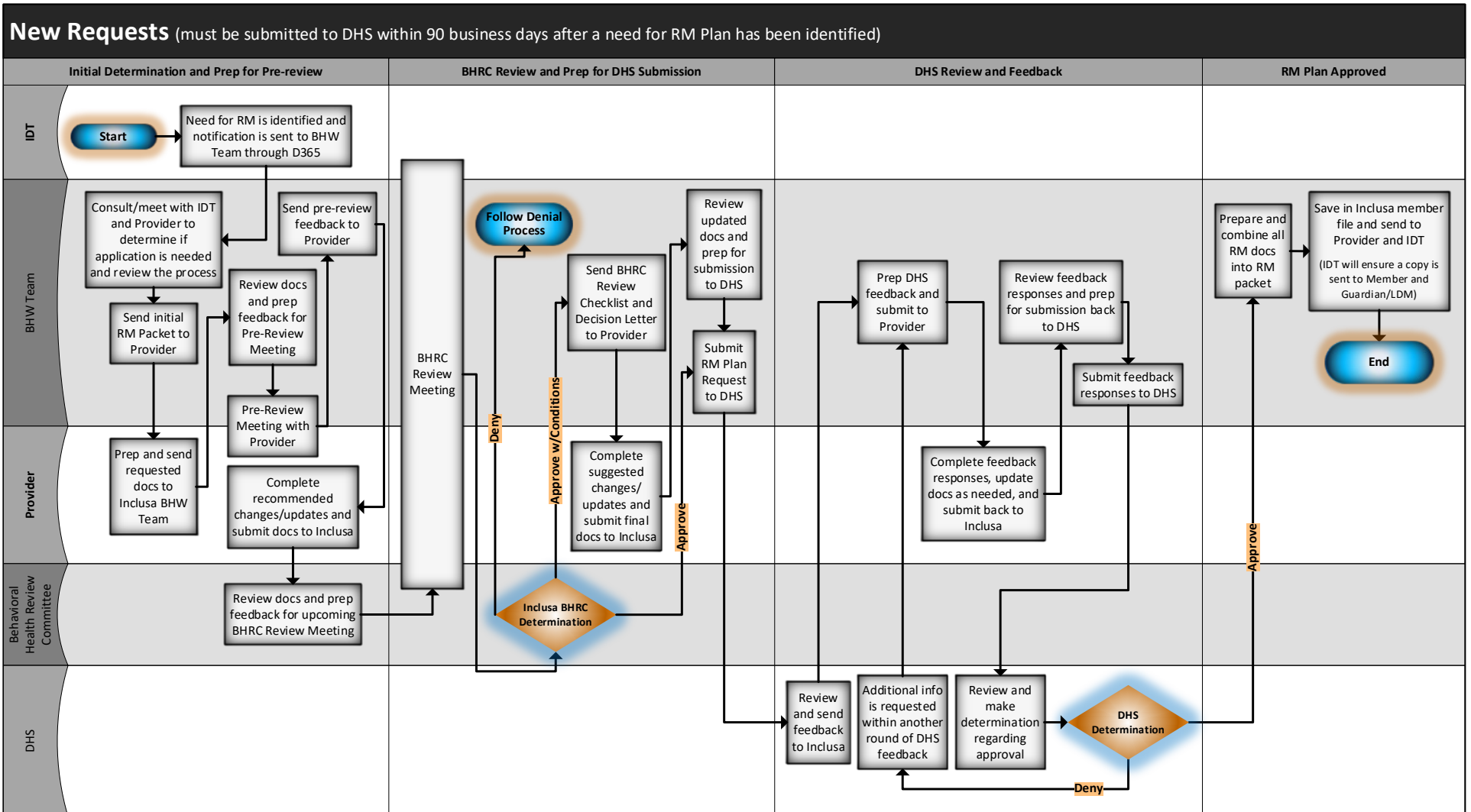
When specific target behaviors no longer exist, the team should highlight the successes staff are having and ensure the plan matches the strategies staff are actually using to support the individual. This will also provide new caregivers and settings with the same tools, so they are not starting from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

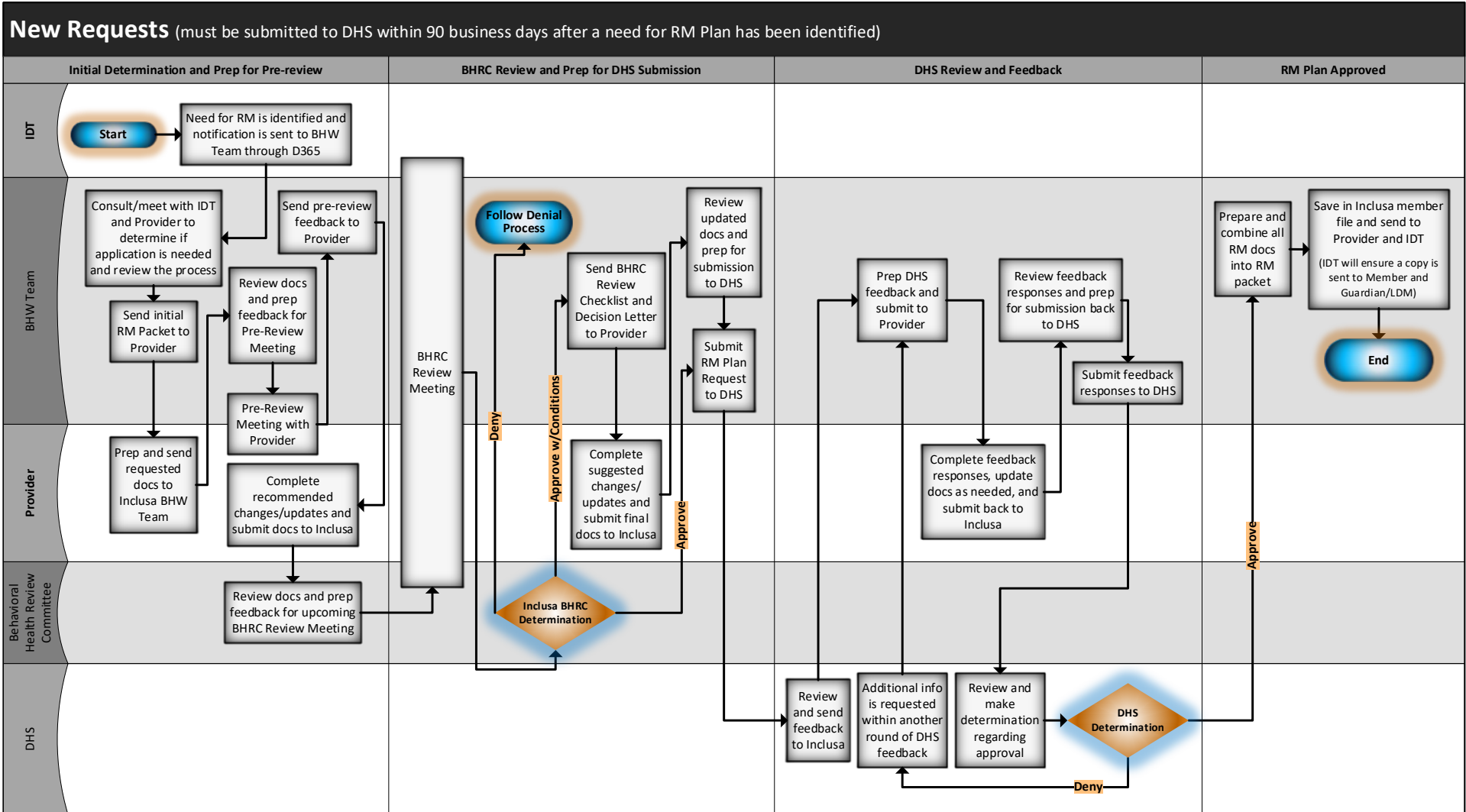
- I. Addendums to Behavior Health and Wellness Plans: In some support situations, it may be helpful to have additional information accompany a behavior health and wellness plan as an addendum. Examples of addendums include:
 - Proactive police and emergency professional plans, which include the team’s 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 measures 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.

For information regarding specific elements of a Behavior Health and Wellness Plan and support planning, see Includa’s [Instructions for Restrictive Measures Application](#) and [Supporting Individual Choice, Connection, and Dignity video](#).

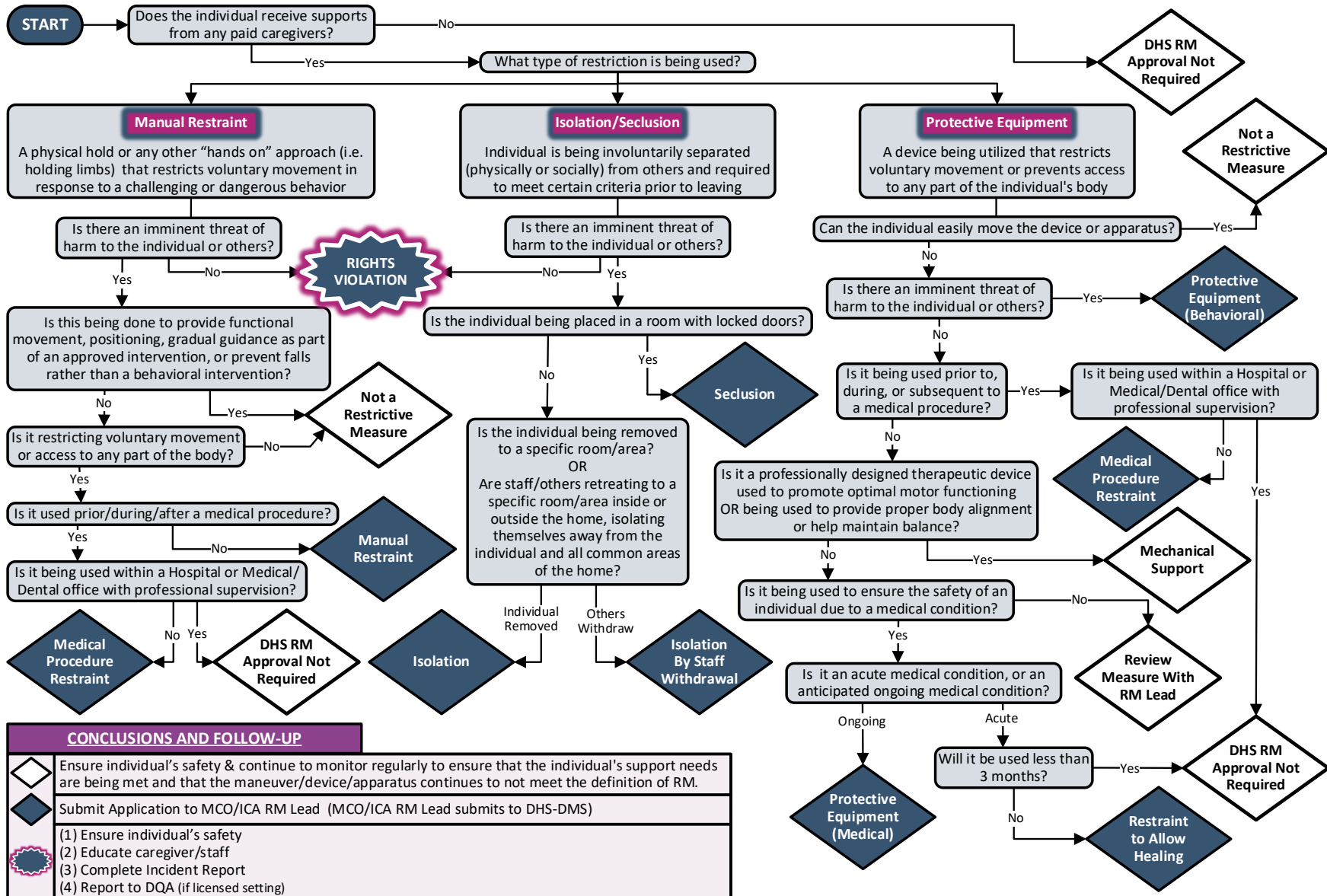
IDT staff can refer to [IDT staff handbook](#) for additional information on the Behavioral Health and Wellness Plan.

Appendix D: Restrictive Measures Timeline Flowchart





Appendix E: Identifying Restrictive Measures Flowchart



*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>)



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- References** [DHS Memo 2021-07 - Prohibited Restraints and Restrictive Measures in Community-Based Programs and Facilities](#)
- [Member Incident Management Policy](#)
- [Member Rights and Responsibilities Policy and Procedure](#)
- [AIRS Member Incident Reporting Categories & Notification Types](#)
- [Identifying Restrictive Measures](#)
- [Inclusa IDT Staff Handbook](#)
- [Instructions for Restrictive Measures Application](#)
- [Restrictive Measures Application Form](#)
- [Restrictive Measure Categories](#)
- [Restrictive Measures Timeline](#)
- [Seclusion Room Inspection Checklist](#)
- [Supporting Individual Choice, Connection, and Dignity video](#)
- [Wisconsin Department of Human Services \(WI DHS\) Restrictive Measures Guidelines and Standards](#)

Revision History #	Date	Description of Revision(s)	Requested By	Staff Training Date
1	10/2017	Inclusa format & 2018 certification		
2	12/13/2018	2019 Certification – DHS approved.	Doc Mgt	
3	09/17/2019	Updated language to reflect changes in process.	BHW Team	
4	4/29/2020	Contract Changes, New DHS RM Guideline Revisions	DHS	
5	12/11/2020	2021 Certification – DHS approve	Doc Mgmt	
6	10/29/2021	Updates Made: <ul style="list-style-type: none"> - Added info re: emergency RM use in short-term/crisis/transitional homes. - Generalized required roles for BHRC (no longer job title specific). - Removed reference to restraint for protection. - Added info re: quarterly RM Utilization Reporting. - Added definitions for “neglect” and “self-neglect.” 	BHW Team	
7	12/20/2021	DHS approved 12/14/2021	Doc Mgmt	
8	3/23/2022	Updates Made: <ul style="list-style-type: none"> - Contract changes updated. - Added “Wellness” to Behavioral Health and Wellness Team and titles. - Updated prohibited practices based on new memo 2021-07. - Added appendix E “Identifying RM Flowchart.” 	DHS, BHW Team	
9	5/2/2022	DHS approved 04/28/2022	Doc Mgmt	



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10	10/24/22	<p>Updates Made:</p> <ul style="list-style-type: none"> - Reorganized to match updates made to DHS Guidelines as of 9/1 - Added Section #s - Redefined/split apart emergency and unapproved RM and updated to include new contract language making emergency RM immediate reportable. - Updated all BSP/PBSP to Behavioral Health and Wellness Plan - Seclusion is no longer permitted in emergencies. - Updated timelines for application submission – 90 days. - Changed RM “request” to RM “application” - Changed “physician” to “medical provider” - Changed member “file” to member “record” - Created featured info/text boxes to match DHS Guidelines - Added reduction and elimination resources - Removed sections and definitions that are no longer needed or used. 	DHS, BHW Team	
11	12/12/2022	DHS approved 12/9/2022	Doc. Mgmt.	
12	6/23/2023	Minor edits made to reflect D365 transition. Starting 6/26/23 D365 will replace power app and data tracking spreadsheets previously used.	BHW Team	
13	10/9/2023	<p>Updates Made:</p> <ul style="list-style-type: none"> - Update to wording in Section 13 to make it clear that member AND legal decision maker must receive info re: denial. - Added “Seclusion Room Inspection Checklist” to resources 		
14	12/11/23	Updated for AIRS process transition	BHW Team	
15	12/12/2023	DHS approved for certification	Doc Mgmt	
16	4/29/2024	Added reference to “AIRS Member Incident Reporting Categories & Notification Types” document as it has updated reporting info for unapproved RM.	BHW Team	
17	8/19/24	<p>Updates Made:</p> <ul style="list-style-type: none"> - Updated job titles to match new Humana titles - Updated process to include new pre-review process - Updated RM Timeline Flowchart 		