

**DEPARTMENT OF HUMAN SERVICES
AGING AND PEOPLE WITH DISABILITIES
OREGON ADMINISTRATIVE RULES**

**CHAPTER 411
DIVISION 055**

INTENSIVE INTERVENTION COMMUNITIES (IIC)

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411-055-0305 Purpose *(Adopted 6/28/2019)*

(1) The purpose of the rules in OAR chapter 411, division 55 is to establish standards and procedures for licensed Residential Care Facilities endorsed as Intensive Intervention Communities (IICs). Intensive Intervention Communities provide specialized services for individuals with behavioral issues who are best served in smaller settings of fewer than six residents.

(2) These rules are designed to ensure that residents living in Intensive Intervention Communities have positive quality of life, consumer protection, autonomy, and person-centered care. Resident's rights, dignity, choice, comfort, and independence are promoted in this setting. The endorsement does not constitute a recommendation of any IIC by the Department of Human Services Aging and People with Disabilities (APD) program.

(3) The intent of these rules is to prevent institutionalization, re-institutionalization, or hospitalization of individuals who need the safe and skillful application of Intensive Intervention Services.

Stat. Auth.: [ORS 409.050](#), [410.070](#), [443.450](#)

Stats. Implemented: [ORS 409.050](#), [410.070](#), [443.400 - 443.455](#), [443.991](#)

411-055-0310 Definitions *(Adopted 6/28/2019)*

Unless the context indicates otherwise, the following definitions apply to the rules in OAR chapter 411, division 55:

(1) "Activities of Daily Living (ADL)" means those personal functional activities required by an individual for continued well-being, which are essential for health, and safety. Activities include eating, dressing and grooming, bathing and personal hygiene, mobility, elimination, and

cognition as described in [OAR 411-054-0005](#).

(2) "Adult Protective Services" (APS) means the services defined in [OAR 411-020-0002\(7\)](#).

(3) "Aging and People with Disabilities (APD)" means the Aging and People with Disabilities program within the Department of Human Services.

(4) "Approved Advanced Behavior Support Services Curriculum" means a course in procedures and techniques for intervening in behavioral emergency situations.

(5) "Area Agency on Aging (AAA)" means the Department designated agency charged with the responsibility to provide a comprehensive and coordinated system of services to individuals in a planning and service area. The term Area Agency on Aging is inclusive of both Type A and Type B Area Agencies on Aging as defined in [ORS 410.040](#) and described in [ORS 410.210 to 410.300](#).

(6) "Behavior Coordinator (BC)" is a Department-approved employee or a contractor of the service provider who is qualified as a Behavior Support Service Provider (BSSP) under [OAR chapter 411, division 46](#) who, in addition, has received training to provide the Intensive Intervention Services in this rule.

(7) "Behavior Interventions" means any planned pattern of interventions or interactions intended to modify an individual's environment or behavior to support the individual.

(8) "Behavioral Support" means the theories and evidenced-based practices supporting a proactive approach to behavioral intervention.

(9) "Behavior Support Plan" (BSP) means the written document that describes individualized support strategies designed to decrease challenging behaviors, while reinforcing alternative behavior that supports the individual's needs developed by the Behavior Coordinator.

(10) "Business day" means the days the Department of Human Services, APD or AAA office is open.

(11) "Care coordination" means the coordinated involvement of a team that may include the individual, Interdisciplinary Team, APD or AAA office case manager, mental health program staff, Central Office staff, and healthcare providers, when participants are dependent upon each other to carry out disparate activities regarding an individual's care to ensure the individual's needs are met.

(12) "Case manager" (CM) means a Department employee or an employee of the Department's designee who meets the minimum qualifications in [OAR 411-028-0040](#). The CM:

- (a) Assesses the service needs of the individual.
- (b) Determines eligibility.
- (c) Offers service choices to eligible individuals.
- (d) Authorizes referrals for a Behavior Support Service consultation, or placement in a program where Intensive Intervention Services (IIS) are provided.
- (e) Evaluates the effectiveness of Medicaid home and community-based services.

(13) "Chemical restraints" means the use of any substance or drug used for the purpose of discipline or convenience that has the effect of restricting the individual's freedom of movement or behavior and is not used to treat the individual's medical or psychiatric condition.

(14) "Contract Administrator" means the Department staff person who administers the Special Needs Contract with the Behavior Support Service Provider to ensure these providers provide appropriate specialized services to individuals living in Intensive Intervention Services settings.

(15) "Crisis Plan" means a required documented component of the Behavior Support Plan that direct care staff on actions to be taken if an individual's behavior deteriorates and the approaches in the other part of the Behavior Support Plan are no longer effective.

(16) "Dementia" means the major neurocognitive disorders listed in the Diagnostic and Statistical Manual of Mental Disorders (DMS-V).

(17) "Department" means the Department of Human Services (DHS).

(18) "Direct care staff" means an employee of a facility or program as defined in [OAR 411-054-0005](#) who has successfully completed training in an approved Intensive Intervention Services curriculum and is approved by the Department to use Intensive Intervention Services.

(19) "Emergency medication" means the use of medication to deescalate an individual's behavior and the use must be defined in the Behavior Support Plan and requires an Individually Based Limitation as described in [OAR 411-004-0040](#). It does not include the medication administered as treatment for a medical or psychiatric condition.

(20) "Excessive use of force" means force beyond the minimum necessary to mitigate an individual's behavior.

(21) "Healthcare Provider" means a licensed provider licensed to provide services to an eligible individual including, but not limited to:

- (a) Home health.
- (b) Hospice.
- (c) Mental health.
- (d) Primary care.
- (e) Specialty care.
- (f) Pharmacy.
- (g) Hospital.

(22) "Home and Community-Based Services" (HCBS) means the requirements as defined and described in [OAR Chapter 411, division 4](#).

(23) "Individual" means a person enrolled in or using HCBS and eligible for and receiving Intensive Intervention Services.

(24) "Injury" means the result of an act or failure to act, that damages or hurts an individual or others.

(25) "Intensive Intervention Services (IIS)" means services for individuals with mental, emotional or behavioral disturbances that help these individuals remain safe in a community setting. Specific services are individualized and determined by the individual, their representative, and their IDT.

(26) "Interdisciplinary Team (IDT)" means the team of individuals that plans and ensures delivery of the services that the individual receives. At a minimum, the IDT must include individual, the individual's legal representative (if applicable), the case manager or Department designee, the Behavior Coordinator, RN, the individual's healthcare providers, and at least one direct care staff.

(27) "Involuntary Seclusion" has the meaning as defined in [OAR 411-020-0002\(1\)\(g\)](#).

(28) "Involuntary Move-Out" means a decision by a service provider to evict an individual, when the individual, or as applicable the legal or designated representative of the individual, has not given prior approval that complies with the requirements in [OAR 411-054-0080](#).

(29) "Legal Representative" means a person who has the legal authority to act for an individual as defined in [OAR 411-054-0005](#).

(30) "Licensed Medical Professional (LMP)" means the licensed physician or Registered Nurse Practitioner who either prescribes most of the individual's medications or who consults with the prescribing medical professional.

(31) "Mechanical Restraint" means any restrictive device (e.g., seatbelt, straitjacket (camisole), vest, or physical confinement) used to restrict a person's free movement.

(32) "Medication review" means a review conducted by a physician or prescriber that focuses on all existing or potential medications that may impact the individual's behaviors.

(33) "Person-Centered Service Plan (PSP)" means the written details of the supports, activities and resources required for an individual to achieve personal goals. The PSP is developed to articulate decisions and agreements made during a person-centered process of planning and information gathering. For Medicaid consumers, this is provided by the Case Manager and includes the need for IIC services and supports.

(34) "Physical Restraint" means any manual method which restricts freedom of movement or normal access of the individual to the individual's body. Any manual method includes physically restraining someone by manually holding someone in place.

(35) "Protection" means the necessary and immediate actions taken to prevent abuse or exploitation of an individual, to prevent self-destructive acts, or to safeguard the individual, property, and funds of an individual.

(36) "Safeguarding Intervention" means a manual physical restraint that requires an individually-based limitation, is defined in the behavior support plan, included in the IBL and is used as an emergency crisis strategy to protect an individual from:

(a) Harming themselves;

(b) Harming others; or

(c) To stop behavior that is likely to lead to intervention by law enforcement.

(37) "Service Plan" means the plan defined in [OAR 411-054-0005](#) and also includes additional elements designed to meet the intensive needs of the IIC residents.

(38) "Service Provider" means a Department-approved provider authorized to provide IIS in a residential care facility to the eligible population.

(39) "These rules" means the rules in OAR chapter 411, division 055.

(40) "Unencumbered License" means a Residential Care Facility license that has not been sanctioned during the previous two years with either of the following:

(a) Any substantiation of Level 3 or Level 4 abuse.

(b) Any pending Notice of Denial, Suspension, Non-renewal or Revocation.

Stat. Auth.: [ORS 409.050](#), [410.070](#), [443.450](#)

Stats. Implemented: [ORS 409.050](#), [410.070](#), [443.400 - 443.455](#), [443.991](#)

411-055-0315 Application for Endorsement *(Adopted 6/28/2019)*

(1) ENDORSEMENT REQUIRED. To operate as an IIC, a service provider must be endorsed under these rules.

(a) At least 60 days prior to the proposed effective date of the endorsement, a service provider must submit the following to the Department:

(A) Completed Intensive Intervention Community (IIC) application form;

(B) Standard Residency Agreement Template that meets [OAR Chapter 411, Divisions 004 and 054](#); and

(C) Uniform Disclosure Statement (Form SDS 9098A), per [OAR 411-054-0025\(10\)](#) to the Department. The Department shall return incomplete forms to the service provider.

(b) The Department shall conduct an on-site inspection prior to the issuance of an endorsement to ensure the IIC complies with the physical plant requirements as described in [OAR chapter 411, division 54](#) and [OAR 411-055-0325](#).

(c) The endorsement shall be identified on the service provider's license and operated as a separate and distinct facility.

(2) ENDORSEMENT RENEWAL. Renewal for endorsement must be made using the RCF license renewal form, as required in [OAR 411-054-0013\(2\)](#), in addition to the IIC endorsement form at the time of the license renewal.

(3) RELINQUISHMENT OF ENDORSEMENT. The licensee must notify the Department in writing at least 60 days prior to the voluntary relinquishment of the endorsement. For voluntary relinquishment, the service provider must:

(a) Give all residents and their designated representatives 45-day notice.

(b) Submit a transition plan to the Department that demonstrates how the current residents shall be evaluated and assessed to reside in a setting that is not endorsed or the plan to move individuals to another HCBS setting. For Medicaid eligible individuals, the plan must include working with the affected individuals' case manager.

(c) Change service plans as appropriate to address any needs the residents may have with the transition.

(d) Notify the Department when the relinquishment process has been completed.

(4) REVOCATION OF ENDORSEMENT. The Department may issue a notice of revocation of endorsement upon finding there is substantial failure to comply with these rules such that the health, safety, or welfare of residents is jeopardized.

Stat. Auth.: [ORS 409.050](#), [410.070](#), [443.450](#)

Stats. Implemented: [ORS 409.050](#), [410.070](#), [443.400 - 443.455](#), [443.991](#)

411-055-0320 Service Provider Requirements *(Adopted 6/28/2019)*

The service provider shall be a Residential Care Facility that must:

(1) Have a history of an unencumbered license from the Department and meet the requirements of [OAR 411-054-0016](#).

(2) Meet all Home and Community-Based Service requirements set forth under [OAR chapter 411, division 4](#).

(3) Meet the staffing requirements described in [OAR 411-055-0330](#).

(4) Comply with all the rules in [OAR chapter 411, division 54](#).

Stat. Auth.: [ORS 409.050](#), [410.070](#), [443.450](#)

Stats. Implemented: [ORS 409.050](#), [410.070](#), [443.400 - 443.455](#), [443.991](#)

411-055-0325 Standards for Secure Settings *(Adopted 6/28/2019)*

(1) A service provider must have Department-approved policies and procedures to ensure that individuals who are determined by their IDT to need a secure setting to retain maximum independence and protection of their rights.

(2) A service provider must comply with the following standards concerning exit doors:

(a) Locking devices used on exit doors, as approved by the Building Codes Agency and Fire Marshal having jurisdiction over the IIC, must be electronic and release when any of the following occurs:

(A) Upon activation of the fire alarm or sprinkler system.

(B) Power failure to the facility.

(C) By activating a key button or key pad located at exits for use by staff for services.

(b) IICs may not have entrance and exit doors that are closed with non-electronic keyed locks. A door with a keyed lock may not be placed between a resident and the exit.

(3) The issues creating the need for the IIC services must be addressed in the individual's Behavior Support Plan.

(4) Individuals who are determined to need supervision while in the community must have an individual service plan that includes desired

community events with required supervision.

(5) The individual's need for this restriction must be reviewed by the IDT every month. The review must include discussion with the individual and include a review of the Individually Based Limitation as described in [OAR 411-004-0040](#).

(6) Providers of HCBS must meet all of the requirements set forth under [OAR chapter 411, division 4](#).

Stat. Auth.: [ORS 409.050](#), [410.070](#), [443.450](#)

Stats. Implemented: [ORS 409.050](#), [410.070](#), [443.400 - 443.455](#), [443.991](#)

411-055-0330 Staffing Requirements *(Adopted 6/28/2019)*

(1) The service provider must have sufficient qualified staff to meet the specialized needs of the service group and the number of residents being served.

(2) Service provider must have qualified awake direct care staff unless specified by the Department through contractual requirements, sufficient in number to meet the 24-hour scheduled and unscheduled needs of each resident.

(a) At least two direct care staff must be present 24 hours a day, seven days a week who have participated in individual specific training or coaching necessary to implement individual behavior support, activity, and crisis plans.

(b) All direct care staff must have received Department-approved training in Safeguarding Intervention procedures.

(3) All direct care staff must meet all training requirements as described in [OAR 411-055-0335](#) and have completed the approved curriculum trainings described in [OAR 411-055-0340](#) and [OAR 411-054-0070](#).

(4) The service provider must have a qualified Behavior Coordinator on staff or on contract. The Behavior Coordinator must:

(a) Meet the qualifications noted in [OAR 411-046-0180](#).

(b) Make observations, gather information, and establish a data collection process with timeframes to evaluate specific safeguarding interventions and desired behavior outcomes of both direct care staff and the individual.

(A) Data collection should focus on the individual's and direct care staff persons' acquisition of positive skills, and subsequent decrease in the individual's incidents of challenging behaviors.

(B) Data must be documented in the resident record and shared with the IDT at the next review meeting.

(c) The time spent by the Behavior Coordinator must be sufficient to meet the specialized needs of the service group and the number of residents being served and to ensure that unexpected issues are addressed timely.

Stat. Auth.: [ORS 409.050](#), [410.070](#), [443.450](#)

Stats. Implemented: [ORS 409.050](#), [410.070](#), [443.400 - 443.455](#), [443.991](#)

411-055-0335 Direct Care Staff Qualifications *(Adopted 6/28/2019)*

(1) In addition to specific requirements contained in [OAR 411-054-0070](#), the service provider must have a training program that has a method to determine performance capability through a demonstration and evaluation process.

(2) The service provider:

(a) Must ensure that all direct care staff meet the background check requirements in [OAR 411-054-0025\(2\)](#).

(b) Must be able to respond appropriately to any emergency situation at any time with appropriate staffing.

(c) And all staff, including direct care staff, must not be listed on the Office of Inspector General's or General Service Administration's Exclusion Lists.

(d) Is responsible for the supervision, training, and overall conduct of staff. This duty includes ensuring that direct care staff have demonstrated satisfactory performance in any duty they are assigned and have completed all training required in [411-054-0070](#).

Stat. Auth.: [ORS 409.050](#), [410.070](#), [443.450](#)

Stats. Implemented: [ORS 409.050](#), [410.070](#), [443.400 - 443.455](#), [443.991](#)

411-055-0340 Staff Training and Annual In-service Training (*Adopted 6/28/2019*)

(1) Staff serving individuals in the IIC program must complete a Department-approved IIC curriculum training to address the mental, emotional and behavioral needs of the residents.

(2) If the direct care staff duties include preparing food, they must have a food handler's certificate as described in [OAR chapter 411, division 54](#).

(3) All direct care staff must have current CPR and First Aid certification.

(a) Accepted CPR and First Aid courses must be provided or endorsed by the American Heart Association, the American Red Cross, the American Safety and Health Institute, or MEDIC First Aid.

(b) CPR or First Aid courses conducted online are only accepted by the Department when an in-person skills competency check is conducted by a qualified instructor endorsed by the American Heart Association, the American Red Cross, the American Safety and Health Institute, or MEDIC First Aid.

(4) All continuing education and training hours for direct care staff must be in addition to any hours required by the applicable licensing rules described in [OAR chapter 411, division 54](#). In addition to all other training, every direct care staff must complete an annual in-service training of six hours of dementia care training as specified in [OAR 411-054-0070](#).

(5) Requests for documentation verifying direct care staff participation in dementia pre-service and in-service training must be provided to the Department upon request.

(6) Behavior Coordinators are expected to receive, on an annual basis:

(a) A minimum of 12 hours of Department-approved continuing education in Positive Behavior Support; and

(b) A minimum of eight hours of training or training as needed to maintain certification to oversee or teach Department-approved Intensive Intervention Service procedures.

(7) Direct Care staff are expected to receive a minimum of four hours of continuing education necessary to provide services under these rules on an annual basis in addition to training required by licensure.

(8) Administrators, Behavior Coordinators, LMPs, RNs, and any other personnel who have direct contact with the resident must receive training on the Department-approved Safeguarding Intervention procedures.

Stat. Auth.: [ORS 409.050](#), [410.070](#), [443.450](#)

Stats. Implemented: [ORS 409.050](#), [410.070](#), [443.400 - 443.455](#), [443.991](#)

411-055-0345 Documentation Requirements *(Adopted 6/28/2019)*

(1) Compliance with documentation standards in these rules, and completion of mandatory Department forms, is intended to ensure communication between case managers, service providers, and the Department.

(2) The documentation requirements in these rules do not replace or substitute for the documentation requirements in the:

(a) Licensing or Medicaid Program rules governing the home and community-based care provider, as applicable.

(b) Home and Community-Based Services and Settings and Person-Centered Service Planning Rules under [OAR chapter 411, division 4](#).

(3) Any documents, plans, or forms that are reviewed or approved by the IDT, must be maintained per [OAR chapter 411, division 54](#) and documented as described in these rules.

Stat. Auth.: [ORS 409.050](#), [410.070](#), [443.450](#)

Stats. Implemented: [ORS 409.050](#), [410.070](#), [443.400 - 443.455](#), [443.991](#)

411-055-0350 Communication and Notification *(Adopted 6/28/2019)*

(1) The facility must notify the Department, the individual's case manager, legal representative, and the contract administrator immediately of:

- (a) Any use of Safeguarding Interventions.
- (b) An individual's change of condition that jeopardizes continued placement.
- (c) Any elopement or unanticipated absence from the service provider's facility.
- (d) Any report to APS.

(2) Use of Safeguarding Interventions that resulted in, or could have resulted in, harm to the individual or others must be reported to APS.

(3) Notification of other events.

(a) The facility must immediately notify the Department, service provider, and Behavior Coordinator of any life-threatening health and safety concerns. This communication may occur in person or by telephone.

(b) Behavior Coordinators must notify the case manager within 24 hours of the following:

(A) Life threatening health and safety concerns of an individual must be reported immediately, by telephone or in person.

(B) Concerns regarding the individual's placement. Concerns of this nature must be reported within one business day. The communication may occur by email or telephone.

(C) Any permanent reassignment of a Behavior Coordinator must be reported within five business days prior to onsite

service delivery. This communication may occur by email or telephone.

(D) A service provider licensee or direct care staff person who is unwilling or unable to implement the Behavior Support Plan, after completion of coaching plans and service coordination activities. This communication may occur by email or telephone.

(c) Case managers and Behavior Coordinators are required to exchange information regarding changes in the individual's eligibility status, service location, or service needs during the duration of eligibility for IIC as soon as possible.

(d) All employees and contractors, including Behavior Coordinators, must report suspected abuse immediately as required by [OAR 411-020-0002\(1\)](#) to the APD or AAA office or by calling the Department's toll-free abuse reporting hotline.

Stat. Auth.: [ORS 409.050](#), [410.070](#), [443.450](#)

Stats. Implemented: [ORS 409.050](#), [410.070](#), [443.400 - 443.455](#), [443.991](#)

411-055-0355 Admittance Criteria *(Adopted 6/28/2019)*

Intensive Intervention Services (IIS) may be provided to individuals who meet all the following requirements:

- (1) The individual is at least age 18 prior to admission.
- (2) The individual has been assessed by the IDT as needing Intensive Intervention Services during the person-centered service planning process.
- (3) An individually-based limitation, specific to the individual, has been justified and documented in the individual's person-centered service plan by the person-centered service plan coordinator, as outlined in [OAR 411-004-0030](#).

Stat. Auth.: [ORS 409.050](#), [410.070](#), [443.450](#)

Stats. Implemented: [ORS 409.050](#), [410.070](#), [443.400 - 443.455](#), [443.991](#)

411-055-0360 Approval for Services *(Adopted 6/28/2019)*

(1) Each individual's IDT must authorize IIS.

(a) The IDT must review the appropriateness of continued IIS to ensure the service plan is working to meet the needs of the individual. This review must occur weekly for one month after initial admission into the program, then monthly for the next three months, and then quarterly, unless there's a change of condition as defined in [411-054-0005\(14\)](#), to facilitate the individual's stabilization period.

(b) Frequency of the IDT reviews may be increased depending on the individual's response to the current Behavior Support Plan.

(2) IIS must be provided by direct care staff who meet the training requirements in [411-055-0340](#).

(3) For Medicaid-eligible individuals, service authorization and payment are defined in [OAR Chapter 411, Division 27](#).

Stat. Auth.: [ORS 409.050](#), [410.070](#), [443.450](#)

Stats. Implemented: [ORS 409.050](#), [410.070](#), [443.400 - 443.455](#), [443.991](#)

411-055-0365 Behavioral Interventions *(Adopted 6/28/2019)*

(1) Disclosures.

(a) The service provider must disclose the facility's policies and practices, as identified in the Residency Agreements, to a prospective individual or the prospective individual's legal representative.

(b) The individual, or their legal representative, must agree to the limitations and interventions prior to admission.

(2) Person-Centered Service Plans (PSP). The manner and degree of allowable behavior interventions must be consistent with the individual's Behavior Support Plan.

(a) The provider's initial assessment shall be initiated as part of the screening process and completed within one week of the admission date.

(b) Reassessment must be provided:

(A) Within one month of the admission date.

(B) At least four times a year, or more frequently if:

(i) The individual receives a Safeguarding Intervention;

(ii) The individual's need as noted at monthly IDT service plan meeting have changed and require reassessment; or

(iii) Direct care staff implementing the Behavior Support Plan give feedback that a reassessment should be completed.

(c) Individually-based limitations must be applied as described in [OAR 411-004-0040](#) and must:

(A) Have an established time limit for periodic review to determine if the limitation should be terminated or remains necessary.

(B) Be supported by a specific need and documented in the person-centered service plan by completing and signing a program approved form documenting the consent to the appropriate limitation.

(C) Be reviewed at least annually to determine if the limitation should be terminated or remains necessary.

(3) The Behavior Support Plan shall identify direct care staff intervention strategies.

(4) For each individual, the initial Behavior Support Plan:

(a) Must be reviewed and approved by the IDT and Department staff.

(b) Must have a subsection of the Behavior Support Plan identified as a Crisis Plan. The Crisis Plan must include:

(A) Identification of triggers or indicators of escalation.

(B) Procedures and strategies to defuse, de-escalate, and minimize the likely behaviors that could require a Safeguarding Intervention.

(C) Procedures to follow in managing a crisis situation.

(D) Whether or not the individual has received IDT and Department authorization for Safeguarding Interventions.

(5) Use of any Safeguarding Interventions for an adult is permitted in an IIC program if the Behavior Coordinator approved the use of the Safeguarding Interventions to be used in a Behavior Support Plan.

(6) A Behavior Coordinator may only include a safeguarding intervention in the plan when all of the following conditions are met:

(a) The safeguarding intervention is directed for use only:

(A) As strategy for addressing emergency crises.

(B) For as long as the situation presents imminent danger to the health or safety of the individual or others.

(C) As a measure of last resort.

(b) The Behavior Coordinator has weighed and documented in the BSP the potential risk of harm to an individual from the safeguarding intervention against the potential risk of harm from the behavior.

(c) The Safeguarding Intervention is in accordance with a Department-approved behavior intervention curriculum or the behavior coordinator has secured written authorization from the curriculum's oversight body to modify the safeguarding intervention. A copy of the

authorization to modify a safeguarding intervention must be attached individual's service plan.

(d) The Behavior Coordinator acknowledges that prior to the implementation of any safeguarding intervention, an individual must have an individually-based limitation for restraint in accordance with [OAR 411-004-0040](#).

(7) The Department does not authorize a Safeguarding Intervention that includes, but is not limited to, any of the following characteristics:

- (a) Abusive, as defined in [OAR 411-020-0002\(1\)\(h\)](#).
- (b) Aversive.
- (c) Coercive.
- (d) For convenience.
- (e) Disciplinary.
- (f) Demeaning.
- (g) Mechanical.
- (h) Prone or supine restraint.
- (i) Pain compliance.
- (j) Punishment.
- (k) Retaliatory.

(8) When a service plan is newly developed or revised and includes a Safeguarding Intervention, the plan must include a summary of all of the following:

- (a) The nature and severity of imminent danger requiring a safeguarding intervention.

(b) A history of unsafe or challenging behaviors exhibited by the individual.

(c) A description of the training and characteristics required for the designated person applying the safeguarding intervention.

(d) Less intrusive measures determined to be ineffective or inappropriate for the individual.

(9) A qualified staff applying safeguarding interventions must be trained on the use of safeguarding interventions by a person who is appropriately certified in Department approved behavior intervention curriculum.

(10) A behavior coordinator must only use safeguarding interventions the behavior coordinator is certified to use, and that direct care staff have been trained to provide.

(11) A Safeguarding Intervention may be used when:

(a) The Safeguarding Intervention is used as part of the Crisis Plan;

(b) Less restrictive alternatives have been tried and evaluated and documented before the use of the Safeguarding Interventions;

(c) The facility staff using the intervention has successfully completed the Department-approved trainings;

(d) The intervention is used for the shortest time possible; and

(e) The Safeguarding Intervention does not include excessive use of force.

(12) The manner and degree of allowable behavior interventions, including an appropriate level of Safeguarding Interventions for the individual, must be included in the individual's Behavior Support Plan. Any force used must be consistent with the Behavior Support Plan and may not be excessive.

(13) Safeguarding Interventions, if used, may only be used as a de-escalating intervention to minimize risk or harm to the individual or others and as an option of last resort. Restraints may only be used for the shortest

time possible and only until the Behavior Coordinator evaluates the behavior and develops care plan interventions to meet the individual's needs.

(14) The use of restraints may never be used for convenience of the provider or to discipline the individual.

(15) Use of Safeguarding Interventions may be considered abuse if a protective services investigation determines.

(a) A Behavioral Consultant has not conducted a thorough assessment before implementing a physician's direction for use of Safeguarding Interventions.

(b) Less restrictive alternatives have not been evaluated before the use of Safeguarding Interventions.

(c) Safeguarding Interventions is used for convenience or discipline.

(d) Is for an excessive time or uses excessive force.

(16) In an emergency or short-term situation, monitored separation from other residents in the resident's room may be permitted, if used for a limited period of time. Separation may only be used when:

(a) It as part of the Behavior Support Plan.

(b) Is included as part of their individually-based limitation.

(c) Other interventions have been attempted but have been unsuccessful.

(d) Implemented by direct care staff that have successfully completed the Department-approved training.

(e) Used as a de-escalating intervention until the Behavior Coordinator evaluates the behavior and develops a new BSP with revised interventions to meet the individual's needs. The Behavior Coordinator must evaluate the individual and the BSP no more than 30 minutes after the separation occurs.

(f) The individual is monitored no less frequently than every 10 minutes while separated from others.

(g) The individual needs to be secluded from certain areas of the facility because their presence in a specific area poses a risk to health or safety of the individual or another. However, such actions shall be considered abuse if an APS investigation determines:

(A) A Behavioral Consultant has not conducted a thorough assessment before implementing any separation.

(B) Less restrictive alternatives have not been evaluated before the use of any separation.

(C) Separation is used for convenience or discipline.

(D) Separation is for an excessive time or uses excessive force.

(17) The IDT must meet on a monthly basis, or more frequently if needed, to meet the requirements in these rules. Participants may attend via telephone or secured video conferencing.

Stat. Auth.: [ORS 409.050](#), [410.070](#), [443.450](#)

Stats. Implemented: [ORS 409.050](#), [410.070](#), [443.400 - 443.455](#), [443.991](#)

411-055-0370 Emergency Medications *(Adopted 6/28/2019)*

(1) Service providers must have Department-approved policies and procedures regarding the use of emergency medications. Documentation must exist and be available when requested, stating that all direct care staff have reviewed these procedures on an annual basis. Policies must include, but are not limited to the following:

(a) Emergency medications must never be given to discipline an individual or for the convenience of the direct care staff.

(b) Emergency medications must never be given to individuals until other interventions have been attempted.

(c) Individuals and their legal representatives must be informed of the service provider's policies and procedures regarding emergency medications before admission.

(d) The provider should have established policies to ensure that emergency medications are removed or discontinued as soon as possible.

(2) Prior authorized PRN (as needed) Medication.

(a) The Licensed Medical Practitioner who conducts the required Psychotropic Medication Review and who is a member of the individual's IDT can write a PRN order for a medication to be provided as part of the individual's prior authorized intensive intervention Crisis Plan or Behavior Support Plan if the following conditions are documented:

(A) The use of the medication is intended to reduce the need for and duration of the Safeguarding Interventions.

(B) The individual must accept the medication voluntarily without the need for the Safeguarding Interventions.

(C) The PRN. order must include specific behavior triggers necessitating the use of medication and instructions regarding frequency of monitoring, named side effects, and reporting procedures.

(D) Involuntary medications may be included as a PRN. only if a RN or LMP is onsite and have followed the steps listed in section (3) of this rule.

(b) Failure to comply with these requirements may be considered abuse if a protective services investigation determines the required steps and documentation have not occurred.

(3) Involuntary Medications.

(a) Individuals in IIC may have involuntary medications prescribed and administered only if these medications are prescribed by a

physician, agreed to beforehand by the individual or the individual's legal representative, are included in the individually-based limitation, and administered by a trained nurse.

(b) Administering an involuntary medication during implementation of the Safeguarding Interventions may be permitted if the following conditions are documented:

(A) The use of this medication is intended to reduce the duration of the episode or is deemed to be more beneficial to the individual than a Safeguarding Interventions.

(B) A RN or LMP is onsite to document the order and administer the medication.

(C) The RN or LMP must document justification of why administration of the medication protected the individual's health and safety and provide and document any clinical assessments required by their licensure.

(D) The RN or LMP must remain onsite and monitor the individual's response to the involuntary medication for a minimum of one hour after administration, or longer if needed to ensure the individual's health and safety.

(E) The RN or LMP must provide documented instructions to direct care staff regarding potential side effects, adverse reactions, and reporting requirements for the 24-hours following the administration of an involuntary medication.

(F) The Behavior Coordinator and the administrator must be informed within one hour of the incident.

(G) The individual's Behavior Support Plan and medication record must be reviewed and updated within 48 hours of the incident.

(H) Members of the individual's IDT must be informed of the incident within 24 hours and be provided with all relevant documentation.

(I) All uses of involuntary medications must be reported to the Contract Administrator and the Service Provider within 48 hours of the incident.

(J) If abuse, as defined by [OAR chapter 411, division 20](#), is suspected, staff must immediately report abuse, as required by [OAR chapter 411, division 54](#).

(c) A of any involuntary medication administration must be reviewed and documented. The review must include an examination of all prescriber's orders, related administration records, and consultation with a pharmacist and nurse.

(d) Failure to comply with these requirements may be considered abuse if so determined by a protective services investigation.

Stat. Auth.: [ORS 409.050](#), [410.070](#), [443.450](#)

Stats. Implemented: [ORS 409.050](#), [410.070](#), [443.400 - 443.455](#), [443.991](#)