



**Developmental Disabilities  
Worker’s Guide**

**Office of Developmental  
Disabilities Services**

<b>Topic:</b>	Guide to Professional Behavior Services
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**Description:** This Guide supplements information available in applicable Oregon Administrative Rules (OAR) chapter 411, divisions 304-Professional Behavior Services and 317-Definitions.

**Purpose/Rationale:** To assist service coordinators, personal agents, and behavior professionals in understanding, authorizing, invoicing, approving and/or monitoring professional behavior services.

**Applicability:** Service coordinators, personal agents, and behavior professionals.

**Summary of February 23, 2023, updates:**

- Overall revision of worker guide to reduce length and make it clearer.
- Clarification of documentation and record retention for Re-enrollment, Re-certification, Endorsement.
- Updates on how to use the behavior professional database.
- Updates to exhibiting a challenging behavior under Chapter 2.
- Clarification on authorizing OR570 and OR310 in a person’s ISP.
- Clarification and updates to chapter 4; hour limits, approving documents and invoices, incomplete events, collaboration, rates, and exceptions.
- Updates to Functional Alternative Behavior section of Chapter 6 FBA.
- Clarification on restraints in Children’s DD Residential, Foster, and Host Homes
- Restrictive measures section updated to outline physical positioning and limb shadowing/buffering.

- Clarification on ROIs in Chapter 10 Professional Behavior Services Standards of Practice.
- Updates to Chapter 11 Using Telecommunications Technology
- Addition of Chapter 13, Rules, References, and Additional Resources.
- Updates to the TESP, FBA, and PBSP checklists in Appendix.
- Removal of Invoice Examples from Appendix.
- Removal of Acronym and Resources Appendix.
- Addition of Restraints in Children’s Developmental Disabilities Residential, Host Home, and Foster Care Settings Appendix
- Addition of OIS Workshop Level table in the appendix

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### **Chapter 1 Becoming a Behavior Professional**

Both agency and independent providers of professional behavior services are held to the same requirements, and qualifications. They both follow the requirements of OAR 411-304, and the components of professional behavior services are the same for both provider types. Any person who is creating a temporary emergency safety plan (TESP), functional behavior assessment (FBA), positive behavior support plan (PBSP) or maintaining the PBSP is doing the work of a behavior professional.

<b>Agency</b>	<b>Independent Provider</b>
Must follow OAR 411-323, OAR 411-370 and complete the agency Provider Enrollment Application and Agreement (PEAA).	Must follow OAR 411-375 and complete the independent PEAA.
Certified Medicaid agencies are subject to the requirements of their certification.	Independent providers are not subject to ODHS licensure.
Agencies may have employees.	Independent providers do not have employees.
Agencies are endorsed to and required to follow OAR 411-304.	Are required to follow OAR 411-304.
Agencies have a provider enrollment agreement with ODDS. Agencies are responsible to ensure that all employees or contractors adhere to OAR 411-304. All employees or contractors delivering professional behavior services must meet the	Independent providers have a provider enrollment agreement with ODDS.

Agency	Independent Provider
<p>education and experience requirements as well as the have a background check and be certified in an ODDS-approved behavior intervention curriculum upon hire or promotion. Any existing employee who is performing the work of a Profe must meet requirements when the agency goes through their certification or endorsement process.</p>	
<p>Agencies must carry insurance as outlined in OAR 411-323</p>	<p>Independent providers are required to carry commercial liability insurance.</p>

**Supported Living Providers**

Supported living providers may deliver professional behavior services to individuals within their agency without a separate endorsement to OAR 411-304. These agencies are required to ensure staff providing professional behavior services are qualified. If the supported living agency chooses to offer professional behavior services to someone not enrolled in their agency, they must become endorsed to OAR 411-304. When a person residing within the supported living setting requires that their PBSP include another setting, such as employment, they may choose to have the behavior professional employed by the supported living provider update their plan.

**Education and Experience Requirements for Behavior Professionals**

Education	Experience
BCBA	1 year of experience providing positive behavior supports.
Master’s	1 year of experience providing positive behavior supports.
Bachelor’s	2 years of experience providing positive behavior supports.
No Qualifying Degree	6 years of experience delivering professional behavior services gained prior to January 1, 2023.

Qualifying degrees would be in the field of psychology, sociology, human services, education, social work, or other social or behavioral sciences, or the equivalent.

### **Additional Qualification Requirements**

All behavior professionals must meet education and experience requirements, pass a background check and maintain certification in an ODDS-approved behavior intervention curriculum. Proof of qualifying education is required upon initial endorsement or enrollment for behavior professionals.

### **Background Check**

All ODDS providers are subject to background checks.

### **Certification in an ODDS-Approved Behavior Intervention Curriculum**

Every person working as a behavior professional must maintain certification in an ODDS-approved behavior intervention curriculum.

For more information on becoming a behavior professional please go to the behavior professional resource page linked here:

<https://www.oregon.gov/dhs/SENIORS-DISABILITIES/DD/PROVIDERS-PARTNERS/Pages/behavior-professional-resources.aspx>

### **Co-Authorship and Oversight**

When an agency employee is not qualified as behavior professionals, they may collaborate with a qualified behavior professional to co-author TESP, FBAs, PBSPs by helping to gather information, complete interviews, and draft documents for review and completion by the qualified behavior professional.

When a qualified behavior professional provides oversight and co-authorship, that behavior professional assumes responsibility for the work product. All products: TESP, FBAs, and PBSPs must be reviewed, approved, and trained by a qualified behavior professional.

Only the work done by a qualified behavior professional can be invoiced and paid at the Professional Behavior Service rate. Contributions from an employee not qualified as a behavior professional may be documented in the note accompanying the invoice. Only one behavior professional can be authorized or paid through eXPRS.

## Re-enrollment, Re-Certification, Endorsement

### Independent Provider

An independent provider must keep their provider certification current. When requested, an independent provider of professional behavior services must submit the following to ODDS:

- Redacted copies of a TESP, FBA and PBSP and corresponding invoices. If the behavior professional has not yet written a TESP, this should be noted in the renewal packet.
- Proof of a minimum of 12 hours of continuing education in the field of positive behavior support services, adaptive behaviors, behavior management, or a related topic.
- Certification in an ODDS-approved behavior intervention curriculum.
- An approved criminal history check identifying the independent provider as a behavior professional.

### Agency Provider

When a provider agency first goes through their certification or endorsement process for professional behavior services, ODDS will request the following information for each person currently performing the duties of a behavior professional:

- Redacted copies of a TESP, FBA and PBSP and corresponding invoices. If the behavior professional has not yet written a TESP, this should be noted in the renewal packet.
- Proof of a minimum of 12 hours of continuing education in the field of positive behavior support services, adaptive behaviors, behavior management, or a related topic.
- Certification in an ODDS-approved behavior intervention curriculum.
- An approved criminal history check identifying the agency employee as a behavior professional.

After an agency is endorsed, the above documentation will need to be collected and retained by the agency for any additional behavior professionals hired. It is the agency's responsibility to ensure any employees hired as behavior professionals meet all qualifications. Documentation will be requested by ODDS Licensing upon an agency's endorsement renewal.

## Finding a Behavior Professional

ODDS maintains a public database of behavior professionals located here: <http://www.oregon.gov/DHS/SENIORS-DISABILITIES/DD/PROVIDERS-PARTNERS/Pages/consultants.aspx>.

To use the database, the SC or PA may type key words into the search box to filter behavior professionals by county or other criteria. The SC or PA will need to contact the behavior professional to verify their availability or waitlist.

For behavior professionals to add themselves or their agency to the database, please email [ODDS.Questions@dhsosha.state.or.us](mailto:ODDS.Questions@dhsosha.state.or.us) with the subject line “behavior database”.

Alternatively, CMEs can look in eXPRS to identify independent and agency behavior professionals by name or provider type specialty, view their credentials, and contact them to identify availability for new referrals.

## Chapter 2 Eligibility

Professional behavior services are available for people in all ODDS settings as a K plan or family support service as outlined in OAR 411-305. For people receiving family support, additional service limitations may apply.

### Exhibiting a Challenging Behavior

For someone to receive professional behavior services, they must exhibit a challenging behavior as outlined in OAR 411-317-0000. This means the behavior would prevent them from carrying out ADLs, IADLs, or health-related tasks, or it poses a risk to the health and safety of the person or others.

The need for professional behavior services might be assessed through:

- A person’s Functional Needs Assessment.
- A person’s Risk Identification Tool or ONA Risk Report.
- Through discussion with the person and their ISP team.
- Upon request from the person or their representative.



## Chapter 3 The ISP

### Known Risks

#### Identify and Describe Each Challenging Behavior

In the Known Risks section of the ISP, the SC or PA must document each known challenging behavior exhibited by the individual that constitutes a “risk” so a behavior professional can create a specific, measurable plan for addressing the challenging behaviors with a functional alternative behavior. Behaviors that constitute “risks” can be grouped together in the ISP.

#### Chosen Services

In the Chosen Services section of the ISP, the SC or PA uses the drop-down boxes to describe the appropriate professional behavior services POC code. In some cases, the SC or PA may have to type in specific information that may not be included in a drop-down list.

For people residing in 24-hour residential settings the “Additional Chosen Services” section of the ISP may be used until the ISP form is updated.

#### OR 570

When a TESP, FBA or PBSP are indicated as needed by the person and their ISP team “OR570” must be selected on the ISP form to authorize this service. The total number of combined hours authorized for a TESP, FBA or PBSP event may not exceed limits outlined in the expenditure guidelines without an exception from ODDS.

**Please note:** Some people may be eligible for a different number of hours based on their service group or settings in which they participate. All hour limits are outlined in the [expenditure guidelines](#).

After selecting OR570, the SC or PA must identify the number of units for this service. The Unit type for this code is “Event(s)”. Each service—the TESP, FBA, and PBSP—count as one event that can be indicated on the ISP.

The frequency for OR570 is per plan year. The authorized dates should be in accordance with ISP team agreement but cannot exceed the plan year. Services may be authorized again in the following plan year when needed. The next section of the ISP is the “chosen provider” section. This is where the SC or PA would list the provider chosen by the person and other related information. Sometimes an individual does not have a provider

identified during the ISP and will choose one later. This information should be noted in this section of the ISP.

For “OR570” the SC or PA must indicate in this section the number of hours anticipated to complete each event. Additional information about the rates and hours that can be authorized can be found in the expenditure guidelines.

In the “list identified needs” section of the ISP, the SC or PA must describe the behavior-related needs the service will address.

Here is an example of what the “Chosen K Plan Services” section would look like for OR570:

Service Element: SE49 Comp In-Home for Adults		
Service Code: OR570-Behavior Consultation, Assessment and Training		
Number of Units: 3	Unit Type: Event(s)	Per (Frequency): Plan year
Authorized Dates:	<input checked="" type="checkbox"/> Same as plan effective dates	Start date:      End date:
Chosen provider type(s) and current rate(s) (PSW, non-PSW independent provider, provider organization, general business, etc.):		
Frank would like to hire Pretty Good Behavior Company at the rate outlined in the expenditure guidelines. The anticipated hours needed for the TESP are 6, FBA 12, and PBSP 12 hours. The total sum of hours for each event cannot exceed 30 hours without prior ODDS exception approval.		
List needs identified by the needs assessment that this service will address:		

A TESP is not required for all people receiving professional behavior services. If a TESP is needed, the SC or PA must indicate the reason for the TESP.

An FBA is required for every person receiving professional behavior services. The SC or PA must indicate the challenging behaviors requiring the FBA and identify the number of hours authorized for its completion. The FBA will identify if a PBSP is needed.

**OR 310**

After OR570 is completed, if the behavior professional indicates maintenance services are needed, “OR310” should be selected in the ISP to authorize maintenance of professional behavior services. The ISP form describes this code as “Behavior Support Services”.

The hours authorized in the ISP for OR310 may not exceed the limits described in expenditure guidelines without an approved exception.

**Please note:** Some people may be eligible for a different number of hours based on their service group or settings in which they participate. These hours are outlined in the expenditure guidelines.

Below is an example of what the “Chosen K Plan Service” section of the ISP would look like for OR310:

Service Element: SE49 Comp In-Home for Adults		
Service Code: OR310-Behavior Support Services - ST, Standard Rate		
Number of Units: 18	Unit Type: Hour(s)	Per (Frequency): Plan year
Authorized Dates:	<input checked="" type="checkbox"/> Same as plan effective dates	Start date:      End date:
Chosen provider type(s) and current rate(s) (PSW, non-PSW independent provider, provider organization, general business, etc.):		
Frank would like to hire Pretty Good Behavior Company at the rate outlined in the expenditure guidelines to maintain his PBSP. The total amount of service cannot exceed 18 hours without prior ODDS exception approval.		
List needs identified by the needs assessment that this service will address:		

**Quick reference guide:**

Billing Code	Professional Behavior Service Event
OR 570	Temporary Emergency Safety Plan (TESP), when needed
OR 570	Functional Behavior Assessment (FBA)
OR 570	Positive Behavior Support Plan (PBSP), when indicated by the FBA
OR 310	Maintenance of the FBA and PBSP

## **Chapter 4 Plan of Care Codes and Billing**

### **OR570**

Open a plan line in POC and identify the number of events for OR570 using the correct modifier. A Super User can go back into eXPRS and edit this later.

Create a Service Prior Authorization (SPA) for each event and:

- Identify the independent behavior professional or agency
- Identify the date range
- Identify the not-to-exceed dollar amount anticipated for the completion of that event

The SC or PA can enter the TESP, FBA and PBSP in draft until ready to approve and submit.

For people choosing professional behavior services from their supported living provider no additional authorizations need to be made in POC.

### **OR310**

Open a plan line in POC and identify the number of hours and frequency to be used (hours/month, hours/year, etc.) using the correct modifier. A Super User can go back into eXPRS and edit this later.

Once saved, create a Service Prior Authorization (SPA) and identify the independent behavior professional or agency.

### **Provider Panel**

When authorizing a behavior professional the Case Management Entity (CME) must add the behavior professional to their Provider Panel in eXPRS.

### **Standard Rate and Rural Rate**

When a behavior professional travels 70 or more miles one-way to deliver professional behavior services, the modifier “RU” is used for both OR570 and OR310 service codes.

When a behavior professional travels under 70 miles to deliver professional behavior services, the modifier “ST” is used for both OR570 and OR310

service codes. The “RU” modifier results in a higher rate to account for the behavior professional’s mileage and travel expenses.

### **Telecommunications or Remote Services Rates**

If most or all of the service under OR570 or OR310 is provided virtually or remotely, the Standard Rate (ST) must be authorized regardless of the distance between the behavior professional and the person. It is possible that OR570 and OR310 could be authorized at a different rate depending on if one or the other service is provided mostly through remote or virtual means. The amount of virtual service and rates should be determined at the time services are initially authorized.

### **Approving a TESP, FBA, and PBSP**

The SC or PA must read the TESP, FBA, or PBSP to ensure the document(s) meet the minimum requirements outlined in OAR 411-304. The checklists in the appendix of this guide reflect the requirements in rule. The SC or PA must not release a pending payment in eXPRS until the document is approved.

If the document does not meet requirements, the SC or PA must work with the behavior professional to ensure revisions are made. The SC or PA and behavior professional are expected to work together to resolve issues timely. If the issue cannot be resolved the SC or PA and the behavior professional may contact ODDS for assistance by emailing [ODDS.Questions@dhsosha.state.or.us](mailto:ODDS.Questions@dhsosha.state.or.us).

### **Incomplete Events**

Events like a TESP, FBA, and PBSP are invoiced and paid upon completion. If a behavior professional is not able to complete a TESP, FBA or PBSP, because a person moves, chooses to change behavior professionals, or other reasons, they can submit an invoice outlining the services that have been provided along with an explanation as to why the event could not be completed. The behavior professional must provide any work they were able to complete, proportionate to the hours/units being claimed.

**The SC or PA can approve the invoice and release payment for the hours worked without an ODDS exception.**

## **Collaboration between the SC or PA and the Behavior Professional**

The SC or PA and the behavior professional should create a collaborative environment by communicating expectations and timelines with each other, the person, and others on the ISP team at the beginning of the professional behavior services process.

When changes or edits are needed on a person's TESP, FBA, or PBSP for approval, good communication is essential to quickly resolve the issue(s) and ensure payments are released timely.

## **Approving an Invoice**

A behavior professional may only invoice for billable activities. Billable activities include:

### OR570:

- Observing or engaging with the person in various environments
- Collecting and reviewing data to develop a TESP
- Writing the TESP
- Training designated persons on TESP
- Interviewing people to inform the FBA
- Reviewing records to inform the FBA
- Writing the FBA
- Writing the PBSP
- Training designated persons on the PBSP
- Revising the PBSP

### OR310, after PBSP is completed:

- Retraining designated persons
- Training new designated persons
- Updating the FBA
- Updating the PBSP
- Attending meetings that may result in changes to the PBSP.
- Observing, evaluating/re-evaluating the person's response to supports outlined in their PBSP.
- Interviewing to inform updates to the FBA or PBSP

- Developing, training, implementing, and updating a behavior data collection system.
- Reviewing data collected from the behavior data collection system.

Invoiced amounts cannot exceed the hours/units authorized for the specific event in the ISP and POC.

**An invoice for an OR570 event must include:**

- A list of the dates of service for the events being invoiced.
- Name of the individual served.
- The name of the behavior professional or their designee who provided the service on each date.
- Location of the service was provided on each date.
- Duration of the service delivered, rounded to the nearest 15 minutes.
- Description of the service delivered on each date.
- People Present for the service that was delivered on each date.

Invoices should be prepared at the time of, or immediately following, the event being recorded. Invoices must be accurate and contain no willful falsifications. Invoices must be legible, dated, and signed by the behavior professional who authored the document. Invoices must be made available upon request by the CME, ODDS, or their designees. Invoices for professional behavior services do not need to include rates. Rates paid must reflect the rates in effect according to the expenditure guidelines when the service was authorized.

**Progress notes are allowed in lieu of invoices for OR310. The progress note must be sent to the SC or PA and indicate the date of service(s), total hours, and tasks completed.**

**Releasing pending payment**

Once the document is reviewed and meets the minimum requirements outlined in rule, the payment pending in eXPRS must be released to the behavior professional in a timely manner. This is typically within 10 business days when no corrections are needed. If the “not-to-exceed” amount drafted in eXPRS is more than the actual invoice being paid, then the drafted amount can be adjusted.

## Exceptions

When a person's need for professional behavior services exceeds the amount outlined in the expenditure guidelines an SC or PA may request an exception. Examples of when an exception may be needed:

- The person requires behavior supports to address challenging behavior in multiple settings and the number of hours outlined in the expenditure guidelines for this situation will not be sufficient to meet the need.
- The person experiences a high volume of change in designated persons, staffing or supportive persons who must be trained in plan techniques.
- The person experiences an exceptionally complex condition or displays a multitude of complex behavioral challenges which require more intensive analysis, planning, and training.
- The person or their family need language interpretation or translation services to access professional behavior services.

The SC or PA **does not** need to wait until all available hours for each service are exhausted before requesting an exception. ISP teams are encouraged to review current information and determine if an exception may be needed early in the process.

There may be many ways to determine if an exception may be needed. Some examples are:

- Creation of the FBA has used most of the hours available for OR570 without an exception.
- The rate of use of OR310 in the first part of the person's ISP year indicates they will run out before the ISP renews.
- A previously approved exception for OR310 is still needed the following year based on observation data.

## Timelines

Existing plans must be reviewed by the ISP team every 12 months. After the review, if it is determined that the existing PBSP is still meeting the person's needs, there is no need to change the plan. If updates are needed, these can be completed as part of maintenance services. If after a



year or more, the PBSP does not meet the person's needs, OR570 can be authorized for another plan year to rewrite the PBSP.

## **Chapter 5 Temporary Emergency Safety Plan (TESP)**

A TESP is a proactive support document intended to be used only in emergency situations when there is an acute behavioral challenge that requires immediate intervention to address the health and safety of the person or others, while the FBA and PBSP are being completed.

### **TESP Requirements**

All the information identified by rule is required in every TESP. If something does not apply to the specific person or situation, the behavior professional must identify the reason why the topic does not apply rather than omitting the topic.

If a TESP is authorized, then an FBA must be completed.

TESPs may only include safeguarding interventions if a person is entering a new setting or a new challenging behavior emerges, and the TESP includes documentation about how to use the safeguarding interventions. New IBLs may be developed in this case. This guidance will be reflected in rule in a future update.

An individually based limitation (IBL) is still required and including a safeguarding intervention in a TESP does not substitute for the IBL completed by the SC or PA.

See [Appendix A](#) for an easy reference TESP checklist.

### **TESP Timelines**

TESPs are authorized to mitigate an urgent situation and must be delivered to the person, their Family Supports, and the SC or PA no later than 15 days after the behavior professional agrees to deliver professional behavior services by signing the ISP or service agreement. TESP timeline requirements and expected completion date must be included in the ISP. The TESP expires after 90 days. The SC or PA may reconvene the ISP team if the expiration date needs to be extended for exceptional circumstances. If the team agrees, an additional 90 days may be added to the expiration date of the TESP. The expiration date can only be extended one time, allowing for the TESP to remain valid for a total of six months.

The one-time extension of the TESP must be documented in an ISP change form.

## **Chapter 6 Functional Behavior Assessment (FBA)**

The FBA identifies the purpose of or reason for the challenging behavior displayed by the person. The FBA should clarify the challenging behavior and identify how that behavior is impacted by the person's diagnosed intellectual or developmental disability.

### **FBA Timelines**

The rule does not have specific timeline requirements for the completion of the FBA. For people with a TESP however, an FBA must be in place before the expiration date of that document.

Most FBAs will take about 90 days to complete. However, the time needed to complete the FBA may be affected by many of factors, including a person's unique needs or the availability of the designated persons.

The FBA timeline cannot exceed the ISP timeline unless it is authorized again in the next plan year.

### **FBA Requirements**

All the information identified by rule is required in every FBA. If something does not apply to the person or situation, the behavior professional must note this and document the reason why the topic does not apply.

When a functional behavior assessment (FBA) does not indicate the need for a PBSP, a PBSP does not need to be completed. Informal guidelines can be developed by the behavior professional for designated persons to follow.

Informal guidelines cannot include any intervention with restraining qualities. The behavior professional can be compensated for the FBA even when a PBSP is not completed.

See [Appendix B](#) for an easy reference FBA checklist.

## **Chapter 7 Positive Behavior Support Plan (PBSP)**

A PBSP identifies the functional alternative behaviors as replacements to a challenging behavior. It also creates a practical and effective plan for designated persons to assist the individual in reducing challenging behavior(s).

## PBSP Timelines

The rule does not have specific timeline requirements for the completion of a PBSP. For people with a TESP however, a PBSP must be in place by the expiration date of that document.

Most PBSPs will take about 45 days to complete. However, the time needed to complete the PBSP may be affected by a myriad of factors, including a person's unique needs or the availability of the designated persons.

If the span of time to complete a PBSP extends beyond the person's ISP year, then the service will need to be authorized again in the following ISP. PBSPs are usually updated annually. This can be done using OR310 if the updates are relatively minor, or OR570 if the plan needs an overhaul. This determination is up to the ISP team and the professional judgment of the behavior professional.

## PBSP Requirements

All the information identified by rule is required in every PBSP. If something does not apply to the specific person or situation, the behavior professional must note this and document the reason why the topic does not apply rather than omitting the topic.

When applicable, the behavior professional may refer to relevant information already captured in the FBA in the body of the PBS. See [Appendix C](#) for an easy reference PBSP checklist.

## Chapter 8 Safeguarding Interventions and Restraints

OAR 411-317 defines a "safeguarding intervention" as:

A manual physical restraint that is:

- (a) Included in an ODDS-approved behavior intervention curriculum; and
- (b) Authored by a behavior professional as an emergency crisis strategy within a PBSP or TESP; and
- (c) Applied by a designated person trained to administer the intervention; and

- (d) Consented to through an individually based limitation according to OAR 411-415-0070; and
- (e) Used solely as an emergency crisis strategy to protect an individual from imminent risk of harming themselves or harming others.

**“Physical restraint” is defined in OAR 411-317 as:**

“Any manual method or physical or mechanical device, material, or equipment attached to or adjacent to an individual's body that the individual cannot remove easily, which restricts freedom of movement or normal access of the individual to the individual's body. Any manual method includes physically restraining an individual by manually holding the individual in place.”

**Children’s DD Residential, Host Home and Foster Care Settings**

Authorized restraints applied in children’s developmental disabilities foster homes, host homes, and children’s residential settings must meet the criteria for a safeguarding intervention in addition to setting-specific requirements described in those settings’ rule divisions. Restraints that are *not authorized* in a TESP or PBSP must be reported by CMEs as “serious incidents” and reported to the Office of Training Investigation, and Safety (OTIS) for additional review. Please see [Appendix D](#) for more information.

Referrals for professional behavior services can happen anytime, including while a child is waiting to enter residential services. If a child experiences challenging behavior, SCs must support timely referrals so that when needed, PBSPs are in place at the time of placement or TESP are in place until the FBA and PBSP are completed. TESP written to support transitions to residential settings should only include safeguarding interventions when indicated based on a child’s unique needs and the behavior professional’s judgment.

Safeguarding interventions written into a TESP still require an IBL completed by the SC. The ISP team can go through the IBL process while completing the TESP. These IBLs must be reviewed and updated when the FBA and PBSP are complete.

**\*Note OAR 411-415-0070(3)(d)(B) states the following related to IBLs:**

“(B) When used to address a challenging behavior, is directed in a *Positive Behavior Support Plan* written by a behavior professional qualified to author the safeguarding intervention”.

**The above language will be corrected in a future rule update to include reference to TESPs.**

### **Certification requirements**

Only behavior professionals who have the appropriate level of certification in an ODDS-approved behavior intervention curriculum can author safeguarding interventions.

SCs or PAs must verify that the behavior professional is certified to author safeguarding interventions when searching for a qualified behavior professional by reading the certification or letter issued by the ODDS-approved behavior intervention curriculum, such as the OIS Steering Committee. See [Co-Authorship and Support for safeguarding interventions](#) section for behavior professionals not certified to author safeguarding interventions.

### **Emergency Crisis Strategies in PBSPs**

Any intervention meeting the definition of physical restraint as outlined in OAR 411-317 must be a safeguarding intervention and may only be included as an **emergency crisis strategy** in a PBSP or TESP. Interventions that have restraining qualities cannot be included in an informal plan such as an interaction or staff guideline.

### **Physical Positioning and Limb Shadowing/Buffering**

Physical positioning and limb shadowing/buffering are categorized as restrictive measures in the OIS behavior-intervention curriculum.

Physical positioning is when a designated person uses their own body position for the purpose of preventing access to an area, item, or person.

Limb shadowing or buffering is when a designated person uses their cupped hands to occupy and shadow the limb of the person in the direction of the self-injurious behavior to decrease the intensity and severity of contact.

When one or both are anticipated interventions, it must be written into a PBSP and trained by a behavior professional. Use of these interventions should be tracked and reported to the CME based on the discussion held by the ISP team. The CME should review the use of these interventions as part of their monitoring to determine the effectiveness of the PBSP.

### **Safeguarding Equipment**

"Safeguarding Equipment" is defined in OAR 411-317 as:

A device that meets the definition of a "physical restraint", requires an individually based limitation consistent with OAR 411-415-0070, and is used to:

- (a) Maintain body position;
- (b) Provide proper balance; or
- (c) Protect an individual from injury, symptoms of a medical condition, or harm from a challenging behavior.

The use of Safeguarding Equipment must be included in a PBSP when necessary and the following information must be documented:

- The specific challenging behavior that the use of the safeguarding equipment will address.
- The specific device to be applied.
- Any necessary qualifications or training for the designated person to use the safeguarding equipment.
- Situations in which the safeguarding equipment will be used.
- The length of time the safeguarding equipment may be applied in any instance.

### **Less Intrusive Measures**

The behavior professional must document any less intrusive actions which have been determined to be ineffective or inappropriate for the individual when recommending a safeguarding intervention.

### **Safeguarding Intervention Documentation Requirements**

The PBSP or TESP may only indicate the use of a safeguarding interventions to address a challenging behavior. The behavior professional must document:

- The specific challenging behavior for which the safeguarding interventions is to be used.
- Exactly which safeguarding intervention can be applied to address the challenging behavior.
- Required training and any specific characteristics required by the designated persons who may apply the safeguarding intervention.
- When to employ the use of safeguarding intervention.
- When to avoid the use of the safeguarding intervention.
- When to abort the safeguarding intervention.
- A recommended schedule for the designated persons to practice the safeguarding interventions.

### **Prohibited Interventions**

Professional behavior services and behavior supports cannot include any of the following characteristics:

- Abusive
- Aversive
- Coercive
- For convenience
- Disciplinary
- Demeaning
- Pain compliance
- Punishment
- Retaliatory

The following types of physical restraints are never allowed:

- Supine restraints
- Prone restraints
- Lateral restraints where an individual is held horizontally on a floor or other surface

### **Measure of Last Resort**

A behavior professional may only include a safeguarding intervention in a PBSP or TESP when it is directed to be used only for as long as the situation presents imminent danger to the health or safety of the person or others and is used only as a measure of last resort.

The PBSP or TESP must direct the designated person to immediately stop using the safeguarding intervention when the situation no longer presents a danger to the health or safety of the person or someone else. The PBSP or TESP must indicate that the only time it is acceptable to engage in a Safeguarding Intervention is when the designated persons have no other way to keep the person or others safe.

A safeguarding intervention may never be indicated to remain in place for a specific amount of time. Safeguarding Interventions must be released immediately when there is no longer risk of imminent harm to the person or others.

A safeguarding intervention may never be indicated as a strategy to use because all other interventions fail to achieve the desired result. Safeguarding interventions are only indicated when there is imminent risk of harm to the person or others.

### **Weigh Test**

Any PBSP or TESP including a safeguarding intervention must also document:

- The nature and severity of imminent danger requiring a safeguarding intervention.
- The potential risk of harm to the person from the behavior.
- And weigh the potential risk of harm to the person from the safeguarding intervention against the potential risk of harm from the challenging behavior.

The behavior professional may review their findings with the ISP team to discuss their determination. The behavior professional must be able to note in the TESP or PBSP that the potential risk of harm to the individual from the application of the safeguarding intervention is less than the potential risk of harm to the individual from the behavior being exhibited.

### **Co-Authorship and Support for Safeguarding Interventions**

A behavior professional who is not certified to include safeguarding interventions or physical restraints in a PBSP or TESP may collaborate with a behavior professional who is certified to author safeguarding interventions. The certified behavior professional must both author and



train any safeguarding interventions or physical restraints written into a PBSP or TESP.

The behavior professional who is not certified to include safeguarding interventions is referred to as the “lead” behavior professional and the behavior professional who is co-authoring the PBSP or TESP by lending their expertise and certification to author and train safeguarding interventions or physical restraints is referred to as the “certified” behavior professional.

Only the “lead” behavior professional can be authorized in eXPRS and paid. The lead behavior professional is responsible to make arrangements with any collaborators to the plan. The plan must be clearly co-authored by both the lead behavior professional as well as the certified behavior professional.

### **Scope of Practice**

Behavior professionals must remain within their scope of practice. A behavior professional is not a trained medical professional. Safeguarding interventions arising from or to address a medical need should be authored by a medical professional in a written medical plan.

If the need for the safeguarding intervention is both medical and behavioral the SC or PA should ensure that the safeguarding intervention reflects collaboration by both the medical provider and the qualified behavior professional. This should be documented in the PBSP or TESP. The SC or PA must coordinate the information sharing between the behavior professional and medical professional.

### **ODDS-Approved Behavior Intervention Curriculum**

Safeguarding interventions may only be those strategies and maneuvers included in an ODDS-approved behavior intervention curriculum. If there is a need to have a specific intervention modified, the behavior professional must get written permission from the overseeing body of that ODDS-approved behavior intervention curriculum. Currently, the Oregon Intervention System is the only ODDS-approved curriculum.

Written permission to modify the physical intervention must be attached to the PBSP or TESP. SCs or PAs must not authorize any PBSP or TESP containing any maneuver, technique or intervention that might have restraining qualities without confirming that it is included in an ODDS-

approved behavior intervention curriculum. The SC or PA may request the behavior professional identify where the safeguarding intervention is included in the curriculum. SCs or PAs may consult with the overseeing body of that ODDS-approved behavior intervention curriculum for further clarification.

### **Acknowledgement Statement**

Every time a behavior professional writes a PBSP or TESP including safeguarding interventions, a statement must be included to indicate that prior to the implementation of any safeguarding intervention, a person must have an Individually Based Limitation (IBL) for restraint in accordance with OAR 411-004-0040 and OAR 411-415-0070.

When a behavior professional includes a safeguarding intervention in a PBSP or TESP, the SC or PA will go through the IBL process. If the person consents to the safeguarding intervention by signing the IBL form, the designated persons have permission to use the safeguarding intervention. If the individual does not consent to the safeguarding intervention by refusing to sign the IBL form, the designated persons do not have permission to use the safeguarding intervention. This can be noted in the person's PBSP.

### **Chapter 9 Maintenance**

When the behavior professional identifies that the PBSP will need ongoing maintenance and the person agrees to the service it must be documented in the ISP. The maintenance of a PBSP must be provided by a qualified behavior professional. The behavior professional providing maintenance of the PBSP may be different than the behavior professional who wrote the FBA and PBSP.

The ISP must clearly document why the plan needs to be maintained. Reasons a plan may need ongoing maintenance include:

- Continued development, training, implementation, and maintenance of a behavior data collection system utilized by designated persons.
- Collecting, evaluating, and revising the plan based on the behavior data and data tracking.
- Continued observations, evaluation, and re-evaluation of individual response to the delivered behavior supports outlined in the PBSP.

- Training to the newly identified designated persons due to a high rate of change in caregivers.
- Safeguarding interventions included in the PBSP require routine practice and the behavior professional is needed to provide this through training.
- Maintaining and updating the FBA in order to inform the PBSP.

### **Maintenance Timelines**

The ISP must document the hours authorized to maintain the PBSP and the length of time needed to maintain the PBSP. The estimated time cannot exceed the ISP year.

### **Maintenance Requirements**

When applicable, the behavior professional maintaining the plan is expected to review and update the PBSP to reflect new information. The behavior professional must provide the updated plan to the person, their family, designated persons, and the SC or PA.

During the maintenance phase of professional behavior services, there is often no **new** written product developed (other than an updated PBSP where applicable). The progress notes submitted when a behavior professional bills for maintenance must describe the service that was provided.

If during the maintenance phase it is found that there have been substantial changes to the person's needs or an additional setting has been added to the person's services (such as DSA or employment) that would require a more robust update to their FBA or PBSP, OR570 could be reauthorized. At this time if there is an emergent need a TESP could also be considered to support the person and their team while the updates are made to their FBA and PBSP. This should be discussed with the person and their ISP team.

### **Chapter 10 Professional Behavior Services Standards of Practice**

OAR 411-304 outlines standards of practice for all behavior professionals in all settings.

### **Release of Information**

The behavior professional must have a release of information signed by the person or their legal guardian approving the exchange of the person's personal information to provide professional behavior services.

### **Confidentiality and Privacy**

All behavior professionals must maintain the confidentiality and privacy of the person being served as outlined in the provider enrollment agreement and ODDS rules.

### **Mandatory Reporters and Duty to Inform**

Behavior professionals are mandatory reporters. To report abuse in Oregon, call 1-855-503-SAFE (7233). This hotline accepts abuse reporting for children and adults anywhere in Oregon. All behavior professionals have a duty to immediately inform the SC or PA when there is reason to suspect that a person is the victim of abuse. Behavior professionals must report to the hotline within 24-Hours of an injury or unusual incident involving the person being served. Behavior professionals must report to the SC or PA within five days if they suspect that challenging behavior may be the result of a person experiencing a medical issue or medication side-effect. A behavior professional is not expected to diagnose or treat medical conditions but is expected to report observations, particularly when it is suspected that the issue is related to possible abuse, a medical issue, or mental health issue.

### **Dual Relationships**

A behavior professional may not serve a person in a dual capacity. In situations where it is important for the person to have a provider deliver more than one service, the SC or PA may request a variance clearly outlining how the person benefits from having the behavior professional act in a dual role.

### **Professional Relationships**

Behavior professionals are required to maintain a relationship with the person and their family that is solely limited to the scope of delivery of professional behavior services.

### **Chapter 11 Using Telecommunications Technology**

The behavior professional may use secure, real-time interactive communication strategies to substitute for in-person interactions during the delivery of professional behavior services.

When a person, designated persons, the SC or PA, and the behavior professional agree that some or all the professional behavior services may be delivered through telecommunications technology, the agreement must be documented in the ISP or Service Agreement and signed by the team.

Please note: If a designated person will need to be trained on safeguarding interventions in a TESP or PBSP these trainings must be completed in-person. A behavior professional may choose to partner with another qualified behavior professional to provide the in-person training.

### **Limitations**

The decision of how much of the interaction between the behavior professional, person, and designated persons is delivered using telecommunication technology should be based on the needs and choices of the person, with consideration of the availability of designated persons and the chosen behavior professional.

A person may decide to work with a behavior professional solely through virtual services. For example, they may choose virtual-only services if they live in an area where provider capacity is limited, they prefer virtual meetings over in-person, or other behavior professionals in the area that could provide in-person services have waitlists. If a behavior professional is available immediately but can only offer all virtual services in that person's area, they may decide to work with this behavior professional instead of waiting for another provider to become available for in-person services. In these instances, it is important that the SC/PA provides choice counseling so the person can make an informed decision that best fits their needs and preferences. If the person changes their mind or requires in-person services later in the plan year the behavior professional should try to accommodate their need. If they are not able to meet the person's need the behavior professional may exit the person and the SC or PA could support the person to identify another behavior professional. For any incomplete events see additional information under the [Approving a TESP, FBA, and PBSP](#) section of this worker guide.

### **Chapter 12 Positive Behavior Supports**

Positive behavior supports are not the same as professional behavior services. Positive behavior supports are delivered as attendant care by the

designated persons alongside activities of daily living (ADLs), instrumental activities of daily living (IADLs), and health-related tasks.

### **Universal Requirements**

The delivery of positive behavior supports is clarified in the rule specific to the paid provider, including personal support workers and direct support professionals working in any setting. It is the responsibility of the paid provider to know and understand the rule.

There are two universal requirements for every designated person, regardless of role or the setting in which they deliver positive behavior supports: freedom from restraint and data tracking.

### **Freedom from Restraint**

All individuals in every setting are assured freedom from restraint by Federal Regulations, Oregon Revised Statute and Oregon Administrative Rule. In situations where interventions are required to maintain the health and safety of the person or others, the process for an Individually Based Limitation must be followed.

Designated persons may not use any strategy or intervention that has restraining qualities unless:

- The safeguarding intervention has been included in the emergency crisis section of a PBSP by a qualified behavior professional certified in an ODDS-approved behavior intervention curriculum.
- The designated person is trained to the specific maneuver by a behavior professional certified to train the intervention.
- The designated person has the physical characteristics necessary to safely deploy the maneuver if the maneuver in the PBSP requires.
- The person or their legal guardian consents to the use of the safeguarding intervention through the IBL process.

Parents and guardians of a minor child may use some parenting techniques that have restraining qualities. Oregon Statute and Child Welfare abuse rules address protections and limitations related to minor children under the care of a parent or guardian. Parents and guardians of adults, as well as any other person may not use any technique that has restraining qualities unless it meets the requirements for the use of safeguarding interventions and physical restraints used in an emergency.

## **Data Tracking**

All designated persons are expected to maintain behavior data tracking using the data collection system identified in the PBSP. The data tracking system may include a variety of methods or systems and should make sense to the designated person. Training on the PBSP includes training designated persons on tracking behaviors. If the designated person finds that the behavior data tracking system isn't effective or functional in the setting, they may work with the behavior professional to create a different system.

## **Chapter 13 Rules References and additional Resources**

- Action Request regarding Funding Review and Exceptions:  
<https://www.oregon.gov/dhs/SENIORS-DISABILITIES/DD/PROVIDERS-PARTNERS/WorkerGuides/ODDS-Funding-Review-and-Exceptions.pdf>
- ODDS Expenditure Guidelines:  
<https://www.oregon.gov/DHS/SENIORS-DISABILITIES/DD/PROVIDERS-PARTNERS/Documents/ODDS-Expenditure-Guidelines.pdf>
- ODDS Provider and Partner Resources:  
<https://www.oregon.gov/dhs/SENIORS-DISABILITIES/DD/PROVIDERS-PARTNERS/Pages/index.aspx>
- ODDS Rules:  
<https://www.oregon.gov/DHS/SENIORS-DISABILITIES/DD/Pages/ODDS-Rules-History.aspx>
- ODDS Transmittals:  
<https://www.oregon.gov/dhs/SENIORS-DISABILITIES/DD/Pages/Transmittals.aspx>
- ODDS Worker Guides:  
<https://www.oregon.gov/dhs/SENIORS-DISABILITIES/DD/PROVIDERS-PARTNERS/Pages/ODDS-Worker-Guides.aspx>
- Oregon Intervention System (OIS):  
<https://www.asioregon.org/oregon-intervention-system/>

## **Subject Matter Expert (SME)**

Name: Melissa Lymburner

Phone: 503-509-7176

Email: [Melissa.lymburner2@dhsoha.state.or.us](mailto:Melissa.lymburner2@dhsoha.state.or.us)



## Appendix A – TESP Approval Checklist

The TESP is a document that clearly explains the current situation requiring an emergency plan.

There may be some circumstance where information from this checklist is unavailable or not applicable to the person and not included in the TESP. If information is not included the behavior professional must explain why it was not available or not applicable.

TESP is clear and documents the emergency requiring the TESP as identified by the ISP team.

Includes an expiration date. A TESP expires in 90 days.

Identifies the challenging behavior contributing to the urgent situation. The following details must be included:

The duration of the challenging behavior.

The frequency, or an estimation, of how often the challenging behavior occurs.

The intensity of the challenging behavior.

The severity of the challenging behavior as a description of the negative effects of the behavior on the person, others, or the environment.

Explains the environmental factors likely to be associated with, or to trigger, the challenging behavior.

Outlines any known conditions that impact the person's physical functioning and how the conditions contribute to the emergency requiring the TESP.

Notes any known or suspected medical or mental health conditions, including any medication interactions that may impact the urgent situation.

Includes a summary of medical and behavior supports currently being used and how they may interact with the emergency.

- Includes a summary of the ADL/IADL, and health-related tasks for which supports are needed and how these may be impacted by the emergency.
- Lists all relevant existing IBL as required by OAR 411-415-0070 and OAR 411-004-0040.
- Includes a proposed timeline for the completion of the FBA.
- Clearly articulates the recommended behavior supports, adjustments to the environment and guidelines for designated persons.
- Includes safeguarding interventions, if applicable.
- Outlines guidance to the designated persons to notify the individual's SC or PA within 24 hours of the application of an emergency crisis strategy or any physical restraint.

## Appendix B – FBA Checklist

The FBA is a document that clearly explains the challenging behaviors and gives the reader an understanding of what the person gains from the challenging behavior.

There may be some circumstance where information from this checklist is unavailable or not applicable to the person. If that is the case, the behavior professional must explain why the information was not available or not applicable in the FBA.

- Includes documentation of interviews with the person, family, designated persons and others who contributed to its development.
- Includes documentation that a review of the relevant, existing, and available behavior data was completed?
- Summary of the Person's history and the history of the challenging behavior.
- Justification of the need to develop behavior supports.
- Documentation of how the challenging behavior is impacted by the person's intellectual or developmental disability.
- Documentation that the challenging behavior may be related to an effort to communicate, the result of a medical or mental health condition, a response to trauma, or an effort to control their environment was considered.
- The contexts in which the challenging behavior is most and least likely to occur.
- An assessment of the person's behavior in all environments in which they commonly engage.
- A description of the person's ability to accomplish ADL/IADL, and health-related tasks with the supports currently in place.

- Documentation of any assistive devices, technology, safeguarding equipment or environmental modifications in place at the time of developing the FBA.
- A summary of other behavioral intervention or treatment plans, including mental health or educational plans, or a statement that no such plans were available.
- A measurable description of the person's current challenging behavior, including duration, frequency, intensity, and severity.
- Any factors that may impact the success of the PBSP.
- A statement regarding the cause or functions of the challenging behavior.
- Recommendation supporting the need for a PBSP if a PBSP is indicated, or an explanation as to why a PBSP is not indicated.
- Sources used as references for the FBA.

## Appendix C – PBSP Checklist

The PBSP is a document for the designated persons to know what to do to prevent or intervene during challenging behaviors. The length and formatting of the PBSP must be clear and easy for the reader understand and implement.

There may be some circumstances where information from this checklist is unavailable or not applicable to a person and not included in the PBSP. The PBSP must outline why the information was not available or not applicable.

- The PBSP is individualized to the person and written in a person-specific manner.

The PBSP includes:

- A measurable description of the challenging behavior, including duration, frequency, intensity, and severity.
- A description of the baseline behavior.
- A description of the functional alternative behavior.
- The supports available to an Individual to implement a functional alternative behavior.
- Known or suspected triggers or setting events for the challenging behavior.
- A description of common settings for the individual.
- Behavior supports meant to reduce duration, frequency, intensity, or severity of the challenging behavior.
- Documentation of the individual's preferences for the delivery of behavior supports.
- The circumstances that are preventing the individual from accomplishing ADL, IADL, and health-related tasks.

- The supports available to an individual to support a functional alternative behavior.
- Any IBLs in place the time the PBSP is developed.
- Strategies to help the designated person understand, deescalate, redirect, or reduce an individual's challenging behavior, including strategies that are:
  - Proactive.
  - Reactive or an explanation when not needed.
  - Emergency crisis or an explanation when not needed.
  - Recovery or an explanation when not needed.
- Evidence the behavior supports address medical, biological, environmental, psychological, social, historical, trauma and other factors.

**If safeguarding interventions are included in the PBSP the following must also be present:**

- A statement indicating that the interventions cannot be used until the individual or their legal guardian consents through the IBL process.
- Documentation that the behavior professional has weighed the risk of harm to the individual from each challenging behavior against the potential risk of harm from each safeguarding intervention.
- Indication that any safeguarding interventions must be predicated by less intrusive measures.
- Requirement that any safeguarding intervention must be documented and used only as a last resort.
- Documentation of the behavior data collection system.
- Indicators for when to review or revise the plan, including who is responsible for the review. Please note: It is recommended that the

PBSP be reviewed with the ISP team at a minimum every 12 months.

- A plan to phase out professional behavior services.
- Documentation that the information outlined in the plan has been reviewed with the Individual, their legal or designated representative, and designated persons.
- Documentation that the behavior professional provided the initial training of the behavior supports in a PBSP to the designated person on the behavior supports. Training must include:
  - Observation of designated person implementing or role-playing the behavior supports, or a statement that this was not consented to by the individual or their legal/designated representative.
  - Gathering feedback from the Individual and designated person to inform modifications to the plan prior to finalization of the PBSP.

**A PBSP must not include any prohibited interventions.**

## Appendix D: OIS Workshop Level Table

ODDS requires all behavior professionals to be certified in an ODDS approved Behavior Intervention Curriculum. Below is a table of the Oregon Intervention System (OIS) workshop levels with a brief description and who may attend each workshop.

Please note: Limb Control and Belt-Shirt maneuvers are currently part of the G Level workshop, but beginning May 1, 2023, will be moved to C Level.

OIS Workshop	Description	Who Should Attend
<b>Participant Workshop (PW)</b>	Two-day training that includes the PowerPoint curriculum component of OIS. Provides the history and foundation of OIS. Does not include any physical skills. Two-year certificate.	Currently enrolled behavior professionals who choose not to use OIS strategies, physical skills techniques, or authorize and train physical interventions. Other DD staff such as administrators or case managers who want to know more about OIS.
<b>General-Level Workshop (G)</b>	Two-day training that includes training in all the material contained in the current OIS curriculum involving physical skills techniques such as evasions and physical positioning. Does not include physical skills with restraining qualities. Two-year certificate.	Behavior professionals, case managers, agency staff, DSPs, PSWs who may work with a person with a PBSP who will need to learn proactive strategies within a PBSP.
<b>Crisis-Level Workshop (C)</b>	Two-day training that includes OIS curriculum, and all physical skills training as it pertains to a person's specific positive behavior support plan. This	Behavior professionals, agency Staff, DSPs and PSWs that will be working



	would include safeguarding interventions that are written into the person’s PBSP. Two-year Certificate.	with a specific person who has a PBSP.
<b>Oversight Level Workshop (O) (Optional)</b>	One-day workshop designed to prepare the designated agency staff to assist the agency or independent OIS instructor in monitoring the application of the OIS system. Includes specific and in-depth training on core components in the OIS curriculum including safeguarding interventions. Also includes information for agencies on addressing policies and procedures that affect the application and principles of OIS and positive behavior support. One-year certificate.	Only agency staff or independent Behavior professionals who assist in the ongoing process of quality assurance and safe utilization of OIS. Participants must be current in level G or C to take this workshop.
<b>OIS-Parent (P)</b>	Focuses on positive behavior supports in the family home. Includes the concepts of positive behavior supports, proactive strategies, and emergencies as well as some physical skills. No certificate. Parents will receive a one-year Record of Completion.	Parents of people in services who want more information on support or use a positive behavior support plan.

## Appendix E Restraints in Children’s Developmental Disabilities Residential, Host Home, and Foster Care Settings

### Definitions and Instructions

1. “Restraint” as used in this grid means the physical restriction of an individual’s actions or movements by holding the individual, using pressure, or other means. This broad term, used throughout this document, includes what you may know of as “physical restraints”, “manual restraints”, “safeguarding interventions”, “protective physical interventions”, or “emergency physical restraints”.
2. “Allowable restraint” as used in this grid means a restraint that is not a prohibited restraint under governing statutes and ODDS rules and is included in an ODDS-approved behavior intervention curriculum.
3. “Prohibited restraint” means any of the following restraints prohibited under ODDS rules and governing statutes:
  - a. Chemical, mechanical, prone, supine, and lateral floor restraints.
  - b. Any restraint that includes the nonincidental use of a solid object, including the ground, a wall or the floor, to impede a child’s movement. A solid object that is used to stabilize staff is permitted.
  - c. Any restraint that places, or creates a risk of placing, pressure on a child’s neck or throat.
  - d. Any restraint that places, or creates a risk of placing, pressure on a child’s mouth.
  - e. Any restraint that impedes, or creates a risk of impeding, a child’s breathing.
  - f. Any restraint that involves the intentional placement of hands, feet, elbows, knees or any object on a child’s neck, throat, genitals, or other intimate parts.
  - g. Any restraint that causes pressure to be placed or creates a risk of causing pressure to be placed, on a child’s stomach, chest, joints, throat or back by a knee, foot or elbow.
  - h. Any other restraint, the primary purpose of which is to inflict pain.
  - i. Any restraint that is abusive, aversive, coercive, demeaning, disciplinary, or for pain compliance, convenience, punishment, or retaliation.
  - j. Any restraint that uses more physical force and contact than necessary or is applied for longer than necessary.

4. “Untrained person” as used in this grid means someone who is not certified, at the time of the restraint, in an ODDS-approved behavior intervention curriculum to apply the specific restraint applied to the individual.
5. One restraint may meet multiple scenarios described in this grid. In these instances, providers and CMEs should take action as indicated, but should not repeat the same action more than once for the same incident. For example, if a prohibited restraint is applied by an untrained person, only *one* provider incident report is required.

Restraint Description	Provider Action Required	CME Action Required	Mandatory Report Indicated?	OTIS Screening Process
<b>Any allowable restraint consented to through an IBL and included in a child’s PBSP or TESP</b>	Debriefing meeting* Written notice* Incident report Quarterly report*  *Not required in DD foster care.	Progress note  Follow-up as appropriate	No.	N/A
<b>Any restraint resulting in injury to a child</b>	Debriefing meeting* Written notice* Incident report Quarterly report*	Progress note  Serious incident entry  Follow-up as appropriate	Yes.	OTIS would need more information about the injury to determine whether to screen out or assign.

	*Not required in DD foster care.			
<b>Any prohibited restraint (Please refer to definition outlined on page 39)</b>	Debriefing meeting* Written notice* Incident report Quarterly report*  *Not required in DD foster care.	Progress note Serious incident entry Follow-up as appropriate	Yes.	Likely to assign for investigation.
<b>Any allowable restraint not included in a child’s PBSP or TESP or consented to through the IBL process for any of the following permissible reasons:</b> <ul style="list-style-type: none"> <li>○ <b>When behavior poses reasonable risk of imminent serious bodily injury</b></li> <li>○ <b>Break up physical fight</b></li> <li>○ <b>Prevent serious bodily injury</b></li> <li>○ <b>Prevent assault</b></li> <li>○ <b>Prevent sexual contact</b></li> </ul>	Debriefing meeting* Written notice* Incident report Quarterly report*  *Not required in DD foster care.	Progress note Serious incident entry Follow-up as appropriate	Yes.	If determined to be a permissible reason: likely to be screened out.  If determined to be another reason: likely to be assigned for investigation.

<p><b>Any allowable restraint not consented to through an IBL or included PBSP or TESP for any other reason than reasons listed in row above.</b></p>	<p>Debriefing meeting*</p> <p>Written notice*</p> <p>Incident report</p> <p>Quarterly report*</p> <p>*Not required in DD foster care.</p>	<p>Progress note</p> <p>Serious incident entry</p> <p>Follow-up as appropriate</p>	<p>Yes.</p>	<p>Likely to be assigned for investigation.</p>
<p><b>Any allowable restraint by untrained person for one or more of the following permissible reasons:</b></p> <ul style="list-style-type: none"> <li>○ <b>When behavior poses reasonable risk of imminent serious bodily injury</b></li> <li>○ <b>Break up physical fight</b></li> <li>○ <b>Prevent serious bodily injury</b></li> <li>○ <b>Prevent assault</b></li> <li>○ <b>Prevent sexual contact</b></li> </ul>	<p>Debriefing meeting*</p> <p>Written notice*</p> <p>Incident report</p> <p>Quarterly report*</p> <p>*Not required in DD foster care.</p>	<p>Progress note</p> <p>Serious incident entry</p> <p>Follow-up as appropriate</p>	<p>Yes.</p>	<p>If determined to be a permissible reason: likely to be screened out.</p> <p>If determined to be another reason: highly likely to be assigned for investigation.</p>

<p><b>Any allowable restraint by untrained person for <i>any other</i> reason than the reasons listed in row above</b></p>	<p>Debriefing meeting* Written notice* Incident report Quarterly report*  *Not required in DD foster care.</p>	<p>Progress note  Serious incident entry  Follow-up as appropriate</p>	<p>Yes.</p>	<p>Likely to be assigned for investigation.</p>
<p><b>Children’s residential and host homes only: Allowable restraint for permissible reason(s), applied by trained person, applied every five minutes after the first 10 minutes of the restraint, <i>with</i> written or electronic permission by a program supervisor who is trained in the use of the type of restraint.</b></p>	<p>Debriefing meeting Written notice Incident report Quarterly report</p>	<p>Progress note  Follow-up as appropriate</p>	<p>Not likely.</p>	<p>If called in:  If determined to be a permissible reason, highly likely to be screened out.  If determined to be another reason: likely to be assigned for investigation.</p>
<p><b>Children’s residential and host homes only: Allowable restraint for permissible reason(s), applied by trained person, applied every five minutes after the first 10 minutes of the restraint, <i>without</i> written or electronic permission by a</b></p>	<p>Debriefing meeting Written notice Incident report Quarterly report</p>	<p>Progress note  Serious incident entry  Follow-up as appropriate</p>	<p>Yes.</p>	<p>OTIS will consider the reason the restraint occurred when determining whether to screen out or assign for investigation.</p>

<p><b>program supervisor who is trained in the use of the type of restraint.</b></p>				
<p><b>Children’s residential and host homes only: Allowable restraint for permissible reason(s), applied by trained person, lasting more than 30 minutes <i>with</i> adequate access to water and bathroom at least every 30 minutes</b></p>	<p>Debriefing meeting  Written notice  Incident report  Quarterly report</p>	<p>Progress note  Follow-up as appropriate</p>	<p>Not likely.</p>	<p>If called in:  If determined to be a permissible reason, likely to be screened out.  If determined to be another reason, likely to be assigned for investigation.</p>
<p><b>Children’s residential and host homes only: Allowable restraint for permissible reason(s), applied by trained person, lasting more than 30 minutes <i>without</i> adequate access to water and bathroom at least every 30 minutes</b></p>	<p>Debriefing meeting  Written notice  Incident report  Quarterly report</p>	<p>Progress note  Serious Incident Entry  Follow-up as appropriate</p>	<p>Yes.</p>	<p>OTIS will consider the reason the restraint occurred when determining whether to screen out or assign for investigation.</p>