



Minnesota Department of **Human Services**

An Introduction to the Positive Support Transition Plan

11/18/13

Disability Services Division
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Purpose of Webinar

- Obtain feedback on:
 - Positive Support Transition Plan (PSTP) Template
 - PSTP Instructions
 - Training opportunities
- Provide background on the PSTP
- Walk through the draft template
- Answer questions from the audience

Positive Support Transition Plan (PSTP)

The plan required by 245D providers to:

1. Eliminate the use of prohibited procedures
2. Avoid the emergency use of manual restraint
3. Prevent the person from physically harming self or others
4. Increase quality of life

PSTP replaces Rule 40 & Behavior Support Plans

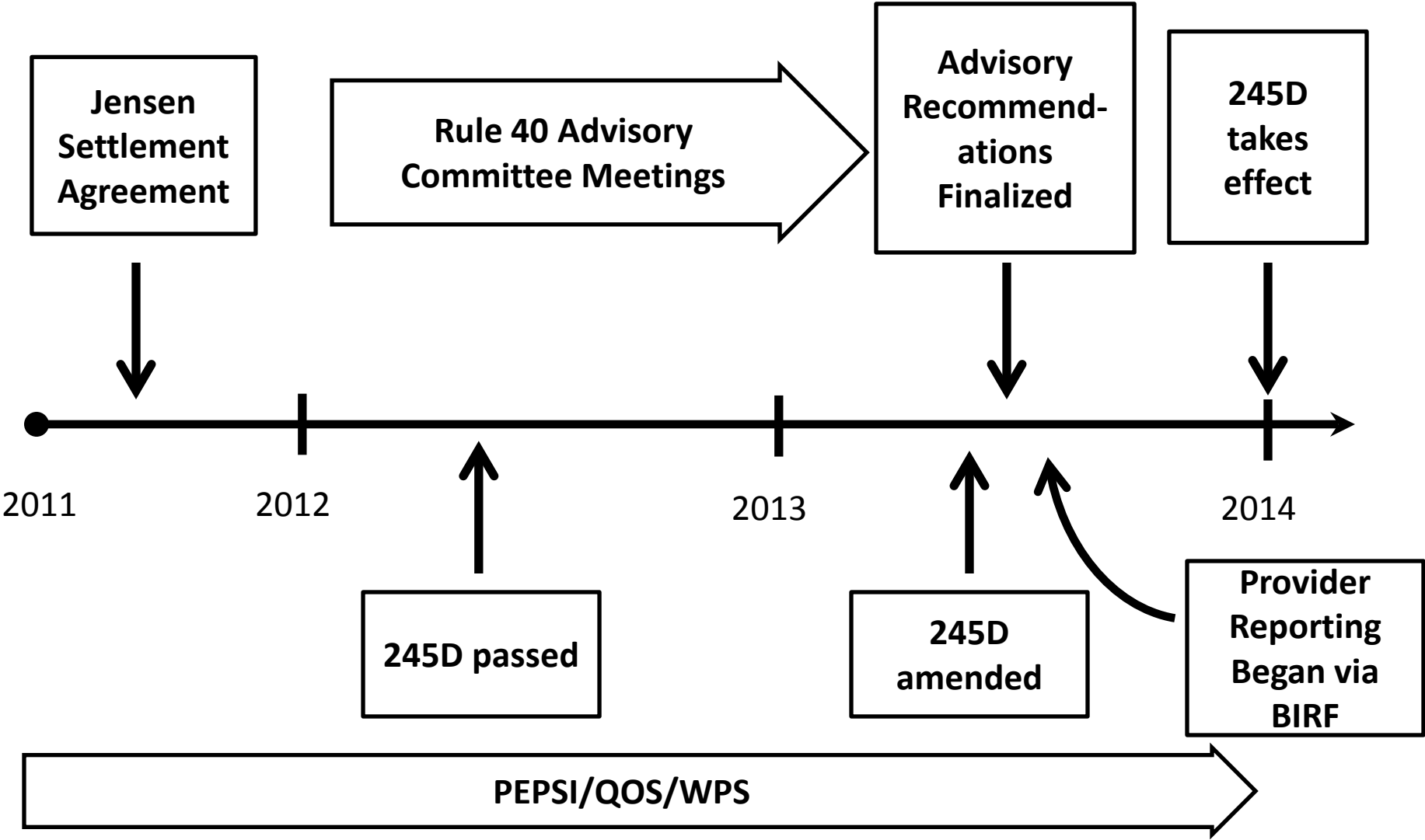
PSTP Defined

245D.02: Definitions

Subd. 23b. **Positive support transition plan.** "Positive support transition plan" means the plan required in section 245D.06, subdivision 5, paragraph (b), to be developed by the expanded support team to implement positive support strategies to:

- (1) eliminate the use of prohibited procedures as identified in section 245D.06, subdivision 5, paragraph (a);
- (2) avoid the emergency use of manual restraint as identified in section 245D.061; and
- (3) prevent the person from physically harming self or others.

Rule 40 Modernization History



245D - Scope of Services

24-Hour Emergency Assistance

Behavioral Programming

Companion Services*

Crisis Respite

Day Training & Habilitation

Foster care service

Homemaker*

In-Home Family Support

Independent Living Skills

ICF/DD

Night Supervision

Personal Support

Prevocational Services

Respite*

Semi-Independent Living Services

Structured Day

Specialist Services

Supported Employment

Supported Living Services

*includes EW

245D Prohibited Behavior Interventions*

- Chemical Restraint
- Mechanical Restraint
- Prone restraint
- Manual Restraint, other than in an emergency
- Time Out
- Seclusion
- Any aversive or deprivation procedure

*245D.06, subd. 5

245D Allowable Behavior Intervention

Emergency use of manual restraint:
when a person poses an imminent risk of
physical harm to self or others and,
is the least restrictive intervention that would
achieve safety.

Property damage, verbal aggression, or a
person's refusal to receive or participate in
treatment do not constitute an emergency

245D.06: Protection Standards

Subd. 6. **Restricted procedures.** The following procedures are allowed when the procedures are implemented in compliance with the standards governing their use as identified in clauses (1) to (3). Allowed but restricted procedures include:

- (1) permitted actions and procedures subject to the requirements in subdivision 7;
- (2) procedures identified in a positive support transition plan subject to the requirements in subdivision 8; or
- (3) emergency use of manual restraint subject to the requirements in section 245D.061.

For purposes of this chapter, this section supersedes the requirements identified in Minnesota Rules, part 9525.2740.

245D.06: Protection Standards

Subd. 8. **Positive support transition plan.** License holders must develop a positive support transition plan on the forms and in the manner prescribed by the commissioner for a person who requires intervention in order to maintain safety when it is known that the person's behavior poses an immediate risk of physical harm to self or others. The positive support transition plan forms and instructions will supersede the requirements in Minnesota Rules, parts 9525.2750; 9525.2760; and 9525.2780..

Timelines

245D.06: Protection Standards, subdivision 8 continued...

The positive support transition plan must phase out any existing plans for the emergency or programmatic use of aversive or deprivation procedures prohibited under this chapter within the following timelines:

- (1) for persons receiving services from the license holder before January 1, 2014, the plan must be developed and implemented by February 1, 2014, and phased out no later than December 31, 2014; and
- (2) for persons admitted to the program on or after January 1, 2014, the plan must be developed and implemented within 30 calendar days of service initiation and phased out no later than 11 months from the date of plan implementation.

Case Management role*

For persons who need a positive support transition plan as required in chapter 245D, the case manager shall participate in the development and ongoing evaluation of the plan with the expanded support team. At least quarterly, the case manager, in consultation with the expanded support team, shall evaluate the effectiveness of the plan based on progress evaluation data submitted by the licensed provider to the case manager. The evaluation must identify whether the plan has been developed and implemented in a manner to achieve the following within the required timelines:

- (1) phasing out the use of prohibited procedures;
- (2) acquisition of skills needed to eliminate the prohibited procedures within the plan's timeline; and
- (3) accomplishment of identified outcomes.

If adequate progress is not being made, the case manager shall consult with the person's expanded support team to identify needed modifications and whether additional professional support is required to provide consultation.

*M.S. 256B.092 & 256B.49

Review of the template

DHS Form-6180: PSTP

DHS Form- 6180A: PSTP Review

DHS Form-6180B: PSTP Instructions

Part A. Background Information

Name:	Primary/ Secondary Diagnosis:
Projected Implemented Date:	Projected Ending Date (<i>If including a prohibited procedure, must be no later than 11 months after implementation date</i>):
Frequency of Reviews: <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly (minimum) <input type="checkbox"/> Other:_____	
Date(s) Plan updated:	
Date when Positive Support Transition Plan was written:	
Service(s) and treatment provider(s) involved in implementation of plan:	
Psychotropic Medication (s) Prescribed (<i>note intake frequency and if the med is a PRN</i>):	

Part B. Target Interventions

Target Intervention(s) targeted for elimination:

Desired, alternative, positive support strategy/ intervention(s):

Positive support strategy objective(s), including measurable criteria (how will the intervention benefit the person):

Baseline data (# of targeted intervention(s) over at least two weeks of baseline data) if unable to acquire, document reasons:

Alternative Interventions that have been attempted, considered, and rejected as not being effective or feasible:

Part C. Target Behavior

Target Behavior(s), defined in measurable and observable terms, identified for elimination:

Desired alternative action(s):

Identified/ hypothesized purpose of the target behavior(s):

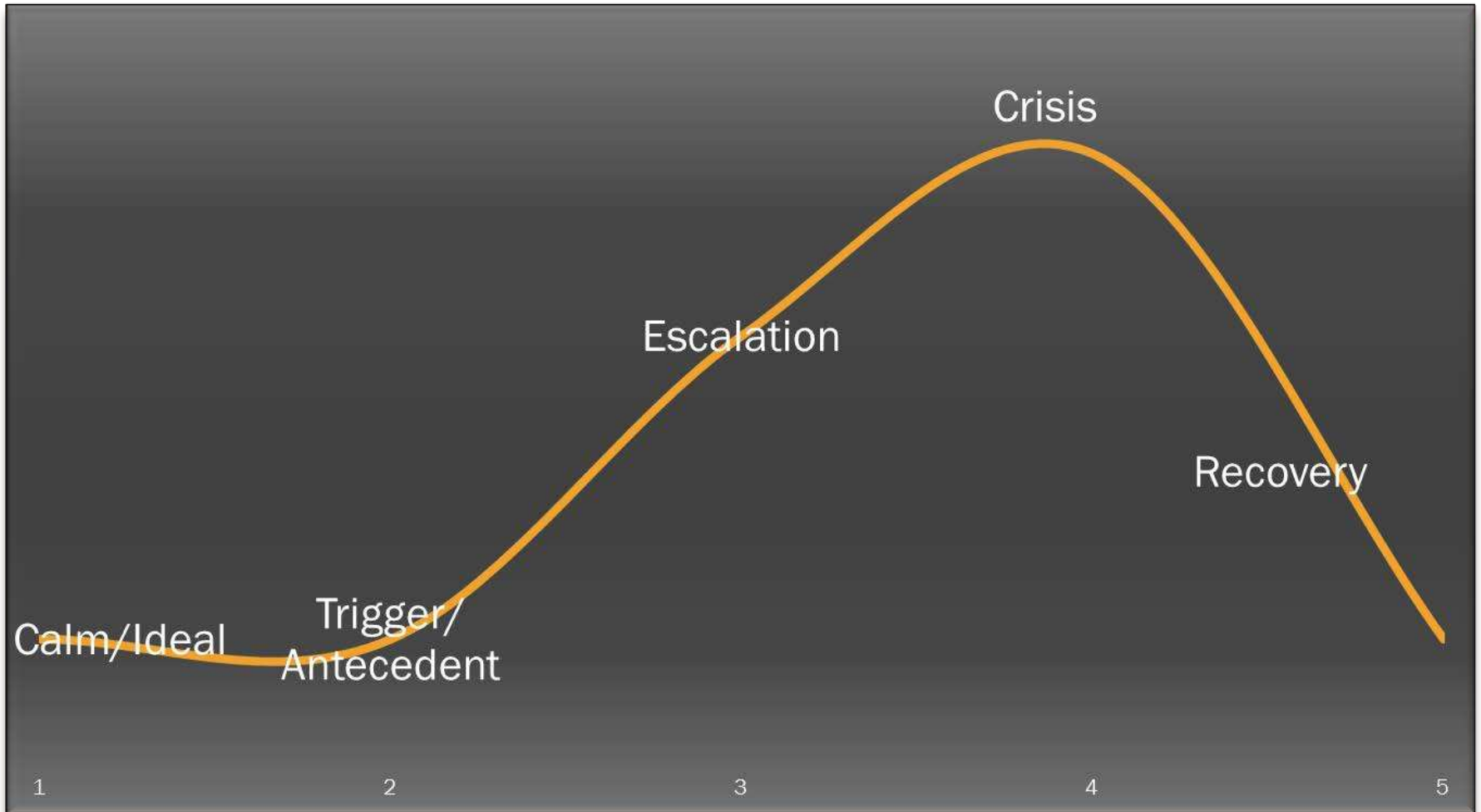
Baseline data (pretreatment measurement of target behaviors) at least two weeks of baseline data, or if unable to acquire, document reasons:

Reported and/or observed impact the target behavior(s) have on the person's quality of life:

Target Behavior – working definition

Target behavior: Observable or reportable actions that have previously resulted in behavior interventions and are identified for elimination. Examples of target behaviors are physical aggression towards others, self-injurious behavior, property destruction, elopement, behavior that endangers self or others (fire starting, etc.)

Part D. Crisis Support Planning



Part D. Phases I & II

Phase I Calm/Ideal	Description of the person's affect/behavior when in phase I:
	Strategies/ methods used to support the person maintain phase I: <i>(Include use of Psychotropic Medication, counseling, emotional regulation training, skill building, preferred activities, etc.)</i>
Phase II Triggers	Description of identified triggers/ antecedents for the person: <i>(Situations, words, people, internal stimulus, decisions, critical periods, etc.)</i>
	Methods to support the person to cope with or avoid triggers/ antecedents – proactive strategies: <i>(Proactive strategies = strategies to use before a known trigger/ antecedent will be encountered)</i>
	Methods to support the person when encountering triggers/ antecedents – reactive strategies: <i>(Reactive strategies = strategies to use after encountering a trigger/ antecedent)</i>

Part D. Phases III & IV

Phase III Escalation	Description of the person's affect/behavior when in phase III:
	Support/intervention strategies during phase III: <i>(Specific de-escalation techniques, offer PRN, call a crisis line, etc.)</i>
Phase IV Crisis	Description of the person's affect/behavior when in phase IV:
	Intervention methods during phase IV: <i>(Call 911, emergency use of manual restraint, etc.)</i>

Part D. Phase V

Phase V Recovery	Description of the person's affect/behavior when in phase V:
	Strategies/methods to support the person in recovery phase: <i>(Debriefing, personal stories, talking to an ally, etc.)</i>

Part E. Quality of Life

Quality of Life Indicator(s) (*minimum of two indicators, each from different categories*):

Quality of Life Objective(s):

Baseline for Quality of Life Indicator(s) minimum two weeks of data, or if unable to acquire, document reasons:

Part E. QOL Categories

- Engagement in preferred activities
- Changes in physical integration
- Changes in social integration
- Physical health
- General Positive Affect
- Opportunities for Goal Fulfillment
- Increased independence
- Work Performance
- Memory and Concentration

Part F. Data Collection

Objective Data Collection method(A method must be identified for Parts B, C & E:

- Frequency count: -----
- Duration recording: -----
- Time sampling: -----
- Interval recording: -----
- Permanent products: -----
- Rating scale: -----

Frequency for when data will be reviewed (if different from review period identified in Section I):

Form-6180A: PSTP Review

- Each review requires completion of Form-6810A
- Data on Target Behavior
- Data on Target Interventions
- Data on Quality of Life
- Evaluation of most integrated setting
- Recommend changes to PSTP
- Substantial changes in plan require new 6180

PSTP Instructions: Form-6180B

- Enforceable under 245D.06, subd. 8
- Draft available on website with template
- Definition section

Training/Technical Assistance

“Positive Support Community of Practice”

- Livestream – available via web
- Tentative bi-weekly meeting
- Proposed agenda:
 - Discuss relevant topic with experts
 - Provide TA to teams via call-in/email
 - Highlight success stories

Community of Practice Topics

- Person-centered planning
- PRNs/Psychotropic Medication
- Emergency use of Manual Restraint
 - Working with EMS/911
 - Crisis planning
 - Emergency services/crisis stays
 - Mechanical restraint
 - Self-injurious behavior
 - Olmstead & behavior intervention
- Illness Management & Recovery best practices
 - Pitfalls of Punishment
 - Developmental Repair
 - Positive Behavior Support

Community of Practice Topics *continued*

- Cognitive-Behavior Therapies
- Dialectical Behavior Therapies
 - Applied Behavior Analysis
 - Motivational Interviewing
 - Psychoanalysis/Counseling
- Functional Behavior Assessments
 - MN Crisis Resources
 - Crisis training providers
 - Role of the case manager
 - Role of DHS/MDH Licensing
 - Role of the Ombudsman
 - HCBS Waiver Services
 - Trauma-informed care

Your feedback is requested!

- PSTP Template
- PSTP Instructions
- Positive Support Community of Practice

Forms are available at: DSD Training website

Send feedback through Thursday, Nov. 21 to:

charles.young@state.mn.us

Subject line: “Webinar feedback”

Frequently Asked Questions

Q: I, or my agency, don't use any of the procedures prohibited by 245D or the emergency use of manual restraint. Do I need to create a positive support transition plan?

A: No.

This information must be included in your agency's policy for the emergency use of manual restraint.

FAQ - 2

Q: I, or my agency, has created another similar plan with our clients to plan for crisis/emergencies. Do I need to use Form-6810?

A: Yes. Use of the form is required by 245D.06, subdivision 8.

FAQ - 3

Q: Will I need to phase out the use of a seat-belt clip?

A: Yes. Seat belt clips fall under the definition of mechanical restraint under 245D.02, subd. 15b.

FAQ - 4

Q: What happens if we are not able to phase out the use of a prohibited procedure after the 11-month timeline?

A: 245D requires that any plan for the emergency or programmatic use of aversive or deprivation procedures prohibited under 245D end by Dec. 31, 2014. If the program continues the emergency or programmatic use of prohibited procedure as part of a person's plan after Dec. 31, 2014, the program will be in violation of the licensing requirement.

FAQ - 5

Q: Will I need to phase out the use of psychotropic PRNs?

A: No.

245D license holders must submit the use of PRNS to avert or respond to a displayed behavior via Form-5148.

Q&A

Submit questions via the
Chat/Question Box

In conclusion...

Encore audio recording will be available in 24hrs along with this PowerPoint presentation and review material

This will be available on the DSD training news and information page and sent to registered participants

Resources

- [Behavior Intervention Report Form - 5148](#)
- [Behavior Intervention Report Form Instructions](#)
- [Minnesota Statutes 245D](#)
- [Rule 40 Advisory Committee Recommendations](#)
- [Commissioner's Statement on Respect & Dignity](#)
- [Jensen Settlement Agreement](#)