Positive Support Community of Practice:  
Introduction to Minnesota’s Positive Supports Rule  

Minnesota Rule 9544  
October 13, 2015
Positive Supports Rule

Effective Aug 31, 2015

9544.0005 Purpose
9544.0010 Applicability
9544.0020 Definitions
9544.0030 Positive Support Strategies and Person-Centered Planning
9544.0040 Functional Behavior Assessment
9544.0050 Permitted Procedures
9544.0060 Prohibitions and Restrictions
9544.0070 Emergency Use of Manual Restraint
9544.0080 Notice
9544.0090 Staff Qualifications and Training
9544.0100 Documentation and Record Keeping Requirements
9544.0110 Reporting Use of Restrictive Interventions and Incidents
9544.0120 Quality Assurance and Program Improvement
9544.0130 External Program Review Committee
9544.0140 Variances
Agenda

- History leading to the Positive Supports Rule (PSR)
- An overview of the PSR
  - Application
    - Updates to Information provided prior to August 15th
  - Walk through of PSR provisions
  - Forms required
    - Behavior Intervention Report Form (BIRF)
    - Positive Support Transition Plan (PSTP)
- Q&A
Questions:
positivesupports@state.mn.us
Positive Support Rule History

Jensen Settlement Agreement

Rule 40 Advisory Committee Meetings

Rule 40 A.C. Recs Finalised

245D in effect

Rule writing

PSR takes effect 8/31

2012

245D Passed

2013

245D amended

PSR authority created

2014

245D/Rule authority amended

2015

245D amended

2016

BIRF
Purpose of the Positive Support Rule (9544.0005)

• Promote community participation, person-centeredness & inclusion in the most integrated setting
• Focus on creating quality environments;
• Ensure collaborative development of positive support strategies;
• Increase skills and self-determination of people receiving services;
• Improve the quality of life of people receiving services;
  • Ensure people are free from humiliating and demeaning procedures;
  • Eliminating the use of aversive and deprivation procedures; and
• Create a consistent set of standards across service settings
Why Did We Need the PSR?

• Fulfills DHS’ commitment to implementing the recommendations of the Rule 40 Advisory Committee

• The positive support rule complements Minnesota Statute 245D by expanding the applicability of prohibited procedures in settings and services provided to a person with a disability, and further expands on the positive supports required by a service provider.
  • 245D providers: rule complements current standards
  • 245A providers: rule applies portions of 245D
Rule Authority

245.8251 RULES FOR POSITIVE SUPPORT STRATEGIES AND PROHIBITIONS AND LIMITS ON RESTRICTIVE INTERVENTIONS; LICENSED FACILITIES AND PROGRAMS.

Subdivision 1. Rules governing the use of positive support strategies and restrictive interventions. The commissioner of human services shall, by August 31, 2015, adopt rules to govern the use of positive support strategies, and ensure the applicability of chapter 245D prohibitions and limits on the emergency use of manual restraint and on the use of restrictive interventions to facilities and services governed by the rules. The rules apply to all facilities and services licensed under chapter 245D, and all licensed facilities and licensed services serving persons with a developmental disability or related condition. For the purposes of this section, "developmental disability or related condition" has the meaning given in Minnesota Rules, part 9525.0016, subpart 2, items A to E.
## Where Does the Positive Supports Rule Apply?

<table>
<thead>
<tr>
<th>Home and Community Based Services (245D)</th>
<th>All other Department-licensed services (245A)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any person receiving a 245D-licensed service</td>
<td>The positive supports rule applies to persons with a developmental disability or related condition</td>
</tr>
</tbody>
</table>
Developmental Disability or related condition

9525.0016 CASE MANAGEMENT ADMINISTRATION. Subp. 2. Diagnostic definitions

A. "Person with a related condition" means a person who has been diagnosed...as having a severe, chronic disability that meets all of the following conditions:

(1) is attributable to cerebral palsy, epilepsy, autism, Prader-Willi syndrome, or any other condition, other than mental illness as defined under Minnesota Statutes, section 245.462, subdivision 20, or an emotional disturbance, as defined under Minnesota Statutes, section 245.4871, subdivision 15, found to be closely related to developmental disability because the condition results in impairment of general intellectual functioning or adaptive behavior similar to that of persons with developmental disabilities and requires treatment or services similar to those required for persons with developmental disabilities;

(2) is manifested before the person reaches 22 years of age;

(3) is likely to continue indefinitely; and

(4) results in substantial functional limitations in three or more of the following areas of major life activity:
   (a) self-care;
   (b) understanding and use of language;
   (c) learning;
   (d) mobility;
   (e) self-direction; or
   (f) capacity for independent living.

B. "Person with developmental disability" means a person who has been diagnosed... as having substantial limitations in present functioning, manifested as significantly subaverage intellectual functioning, existing concurrently with demonstrated deficits in adaptive behavior and who manifests these conditions before the person's 22nd birthday.
How will I know if the PSR applies?

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<td>Any person receiving a 245D-licensed service</td>
<td>Providers may not have direct access to diagnostic information; identified by the person, legal guardian or case manager as meeting diagnostic criteria*</td>
</tr>
</tbody>
</table>

*Updated from August 11th PSCoP
Applicability FAQ 1

Q: I am a 245D provider. I work only with individuals with brain injury. Is the rule applicable to my clients?

A: Yes, the rule applies to all persons receiving a 245D-licensed service.
Applicability FAQ 2

Q: I am a day care provider. I work with a child whom I think may have a developmental disability. Is this rule applicable to him/her?

A: Only if you have been informed that the child meets diagnostic criteria as having a developmental disability or related condition.
Q: I am licensed as a Children Residential Facility, certified as a Shelter. I am not licensed under 245D. I serve an individual with Autism. Is this rule applicable to this person?

A: Only if you have been informed that your client meets diagnostic criteria as having a developmental disability or related condition.
PSR Requirements
Summary of major provisions

• Develop/document positive support strategies for every person
• Maintain policy on the Emergency Use of Manual Restraint
• Prohibitions on use of restrictive interventions
• Functional Behavior Assessments
• Positive Support Transition Plans
• Staff qualifications & training
• Report using the Behavior Intervention Report Form
Positive Support Strategies and Person-Centered Planning

9544.0030
Positive Support Strategies required

9544.0030, subpart 1

The license holder must use positive support strategies in providing services to a person. These positive support strategies must be incorporated in writing to an existing treatment, service, or other individual plan required of the license holder.

At least every six months, evaluate with the person whether the strategies meet the standards in rule and determine whether changes are needed.
Positive Support Strategies

Subp. 40. **Positive support strategy.** "Positive support strategy" means a strengths-based strategy based on an individualized assessment that emphasizes teaching a person productive and self-determined skills or alternative strategies and behaviors without the use of restrictive interventions.

DHS Positive Support Rule: MN Rule 9544.0020
Positive Support Strategies

Positive support strategies must be incorporated in writing into existing treatment, service or other individual plans required of the provider when supporting a person. To develop and implement positive support strategies, service providers must select those that are:

• evidence based,
• person-centered,
• ethical,
• integrate a person into their chosen community,
• are the least restrictive to the person, and
• are effective.
Examples of Positive Support Approaches

• Positive Behavior Support (PBS)
• Cognitive Behavior Therapy (CBT)
• Dialectical Behavior Therapy (DBT)
• Person-Centered Thinking and Planning (PCT & PCP)
• Systems of Care
• Wraparound Planning
• Trauma Informed Practices
• Multi-systemic Therapy
• Response to Intervention
• Motivational Interviewing
Subp. 37. **Person-centered planning.** "Person-centered planning" means a strategy used to facilitate team-based plans for improving a person's quality of life as defined by the person, the person's family, and other members of the community, and that focuses on the person's preferences, talents, dreams, and goals. It is part of a family of approaches to organizing and guiding community change in alliance with people with disabilities and their families and friends.
Service Delivery and Person-Centered Planning

The positive support rule requires that person-centered planning must:

• Include life planning with the person placed at the center of the planning process and the person’s preferences and choices reflected in the selection of services and supports;

• Involve the person directly with the person’s community, network of connections, and close personal relationships that build on the person’s capacity to engage in activities and promote community life; and

• Identify goals to support the person in the most integrated setting.
Person-centered principles

In addition to person-centered planning, the rule requires license holders to incorporate principles of person-centeredness in services it provides to a person.

- Reflect the person’s
  - Strengths
  - Preferences
  - Daily needs and activities
  - Accomplishment of their goals

- Every six months, license holders evaluate with the person whether services support the person’s preferences, needs and activities
Exemption from documenting positive support strategies (9544.0100, subp. 2)

• Exempt from documentation of general positive support strategy activities
  • Family child care
  • Family foster care
  • Family adult day

Not exempt from Behavior Intervention Report Form, Policy on EUMR, Positive Support Transition Plans
Restrictive Interventions

Subp. 49. **Restrictive intervention.** "Restrictive intervention" means prohibited procedures identified in Minnesota Statutes, section 245D.06, subdivision 5; prohibited procedures identified in part 9544.0060; and the emergency use of manual restraint.

Interventions that restrict a person’s autonomy in some manner
245D Prohibited Interventions included in 9544

- Chemical restraint
- Mechanical restraint
- Manual restraint – programmatic
- Time Out
- Seclusion
- Aversive & Deprivation procedures
Chemical Restraint

Subd. 3b. Chemical restraint.
"Chemical restraint" means the administration of a drug or medication to control the person's behavior or restrict the person's freedom of movement and is not a standard treatment or dosage for the person's medical or psychological condition.
Manual restraint


"Manual restraint" means physical intervention intended to hold a person immobile or limit a person's voluntary movement by using body contact as the only source of physical restraint.
Subd. 15b. Mechanical restraint.

a) "Mechanical restraint" means the use of devices, materials, or equipment attached or adjacent to the person's body, or the use of practices that are intended to restrict freedom of movement or normal access to one's body or body parts, or limits a person's voluntary movement or holds a person immobile as an intervention precipitated by a person's behavior. The term applies to the use of mechanical restraint used to prevent injury with persons who engage in self-injurious behaviors, such as head-banging, gouging, or other actions resulting in tissue damage that have caused or could cause medical problems resulting from the self-injury.

(b) Mechanical restraint does not include the following:

(1) devices worn by the person that trigger electronic alarms to warn staff that a person is leaving a room or area, which do not, in and of themselves, restrict freedom of movement; or

(2) the use of adaptive aids or equipment or orthotic devices ordered by a health care professional used to treat or manage a medical condition.
Seclusion

Subd. 29. Seclusion.
"Seclusion" means: (1) removing a person involuntarily to a room from which exit is prohibited by a staff person or a mechanism such as a lock, a device, or an object positioned to hold the door closed or otherwise prevent the person from leaving the room; or (2) otherwise involuntarily removing or separating a person from an area, activity, situation, or social contact with others and blocking or preventing the person's return.
Time Out

Subd. 34a. Time out.

"Time out" means the involuntary removal of a person for a period of time to a designated area from which the person is not prevented from leaving. For the purpose of this chapter, "time out" does not mean voluntary removal or self-removal for the purpose of calming, prevention of escalation, or de-escalation of behavior; nor does it mean taking a brief break or rest from an activity for the purpose of providing the person an opportunity to regain self-control.
Aversive procedures

Subd. 2b. Aversive procedure.

"Aversive procedure" means the application of an aversive stimulus contingent upon the occurrence of a behavior for the purposes of reducing or eliminating the behavior.
Deprivation procedures

Subd. 5a. Deprivation procedure.

"Deprivation procedure" means the removal of a positive reinforcer following a response resulting in, or intended to result in, a decrease in the frequency, duration, or intensity of that response. Oftentimes the positive reinforcer available is goods, services, or activities to which the person is normally entitled. The removal is often in the form of a delay or postponement of the positive reinforcer.
9544 Specifically Prohibited Interventions

• Prone restraint;
• Using metal handcuffs or leg hobbles;
• Faradic shock;
• Speaking to a person in a manner that ridicules, demeans, threatens or is abusive;
• Using physical intimidation/shows of force
• Containing, restricting, isolating, sealing, or otherwise removing a person from normal activities when it is medically contraindicated or without monitoring the person
9544 Specifically Prohibited Interventions II

- Using painful techniques, including intentional infliction of pain or injury, intentional infliction of fear of pain or injury, dehumanization, and degradation
- Hyperextending or twisting a person’s body parts;
- Tripping or pushing a person;
- Denying or restricting a person’s access to equipment and devices such as wheelchairs, walkers, hearing aids and communication boards that facilitates a person’s functioning. When the temporary removal of the equipment or device is necessary to prevent injury to the person or others or serious damage to the equipment or device, the equipment or device must be returned to the person as soon as imminent risk of serious damage has passed
9544 Specifically Prohibited Interventions III

• Using punishment of any kind;
• Requiring a person to assume and maintain a specified physical position or posture;
• Using forced exercise;
• Totally or partially restricting a person’s senses;
• Presenting intense sounds, lights other sensory stimuli;
• Using a noxious smell, taste, substance or spray;
9544 Specifically Prohibited Interventions IV

• Depriving a person of or restricting access to normal goods and services;
• Requiring a person to earn normal goods and services;
• Using token reinforcement programs or level programs that include a response cost or negative punishment component;
• Using a person receiving services to discipline another person receiving services;
• Using any action or procedure that is medically or psychologically contraindicated
Emergency use of Manual Restraint (EUMR)

245D.02 Subd. 8a. Emergency use of manual restraint.

"Emergency use of manual restraint" means using a 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 or programming on their own do not constitute an emergency.

EUMR is considered restricted, not prohibited – meaning its use is restricted to certain conditions.
Permitted Procedures

9544.0050
Permitted procedures

• Positive support strategies
• Positive verbal correction
• Temporary withholding or removal of objects being used to hurt self or others
• Mechanical devices for medical conditions
• Emergency Use of Manual Restraint (EUMR)

• Physical contact or instructional techniques using least restrictive alternative possible to:
  (1) Calm or comfort a person
  (2) Protect a person at risk of frequent falls
  (3) Facilitate a person’s completion of task or response when person does not resist or minimally resists
  (4) To block or redirect a person with less than 60 seconds of contact
  (5) To redirect behavior not posing a serious threat with less than 60 seconds of contact
Functional Behavior Assessments

9544.0040
A Functional Behavior Assessment and PS Plans

An assessment that operationally defines target behaviors, identifies the situations in which the target behavior is likely to occur and not occur, and generates a hypothesis of why the behaviors occur.

It must be conducted by a qualified professional.

It must consist of direct observation of the person and evaluation of the following elements:

1. biological factors
2. psychological factors
3. environmental factors
4. quality of life indicators
FBAs. When Required.

9544.0040

Subp. 2. When required. A functional behavior assessment is required when a qualified professional or external qualified professional develops or modifies a written intervention to change a target behavior.
Qualified Professionals and Professional Standards

• It’s important that a “qualified professional” is defined separately for each service and license. (9544.0020, subp 47)

• Each provider must review and know which provider is qualified to complete functional behavior assessments and develop positive support transition plans.

• To qualify as a qualified professional, many license types require
  • Two (2) years of work experience writing positive support or treatment plans, and
  • Demonstrated competency in a commissioner’s assessment
Q: What triggers the need for an FBA?

A: The need to conduct an FBA is tied to the development or revision of a PSTP. Written interventions to change a target behavior are only required to be created or changed during the PSTP development/revision process. An FBA is required when a written intervention is modified to change a target behavior.
Q: Is an FBA needed for every interfering behavior?

A: No, an FBA is not required for every interfering behavior. An interfering behavior becomes a target behavior during the FBA process, which is required when a written intervention is developed or modified to change a target behavior.
FBA FAQ 3

Q: Are there standards for how quickly the FBA must be initiated and completed?

A: The FBA is required when a qualified professional develops or modifies a written intervention to change a target behavior. This means that an FBA must be conducted during PSTP development and concurrent with any substantial change to the PSTP affecting target behaviors or target interventions (Parts B or C of the PSTP).
Q: Where can I find the commissioner’s assessment for qualified professionals?

A: The training is available on TrainLink, under Continuing Care, as PSR100
Staff Training

9544.0090
Core training requirements

Applies to Staff who
  • Develop;
  • Implement;
  • Monitor;
  • Supervise; or
  • Evaluate

Positive support strategies, PSTPs or EUMR
Core Training II

• 8 Hours by a qualified individual; demonstrate competency & knowledge
  • De-escalation techniques
  • Principles of person-centered service planning & delivery
  • Positive support strategy principles
  • What constitutes use of restraint, time out and seclusion
  • Safe and correct use of EUMR
  • Restrictive, prohibited, restricted and permitted procedures
  • Situations when to call 911
  • Procedures and forms related to rule
  • Notification procedures for use of restrictive interventions
  • Understanding of person and how to implement person’s plans
  • Cultural competence
  • Staff accountability & self-care strategies
Function-specific training

• Staff who develop positive support strategies & executives, managers and owner in non-clinical roles
  • Complete 4 additional hours of training
    • Functional behavior assessments
    • How to apply person-centered planning
    • How to design and use data systems to measure effectiveness of care
    • Supervision,
      • How to train, coach and evaluate staff and
      • Encourage effective communication with the person and the person’s support team

• License holders, executives, managers and owners in nonclinical roles
  • Complete additional 2 hours of training
    • How to include staff in organization decisions
    • Management of the organization based on person-centered thinking and practices
    • Evaluation of organizational training as it applies to measurement of behavior change and improved outcomes for persons receiving services
Annual refresher training

The license holder must ensure that *staff* complete four hours of refresher training on an annual basis covering each of the training areas listed in subparts 1 and 2 that are applicable to the staff and their responsibilities.
Determining Staff Competence

Determining staff competence to perform duties is more than sending them to training. It includes:

• Clarifying expectations
• Demonstrating and modeling. Practicing and role-playing as a team.
• Observing staff performance and providing feedback and support.
• Providing job aids (tools where the person can quickly refresh on skills that are only used occasionally when supervisors or mentors are not available).
• Seeking other validation of competence (quality of documentation, report of others, review of incident reports and debriefing, ongoing observations.)
• Having someone “on-call” who is competent and can mentor when a person is learning skills.
Training FAQ 1

Q: Do all “executives” need to complete core training as well as function-specific training?

A: No. Only “executives” who are also responsible to “develop, implement, monitor, supervise, or evaluate positive support strategies, a positive support transition plan, or the emergency use of manual restraint” need to complete the core training.
Training FAQ 2

Q: Do all “executives” need to complete annual refresher training

A: No. Only “executives” who can be considered “staff” under subpart 1 or 2 need to complete annual refresher training
Training FAQ 3

Q: Who qualifies as a “qualified individual” to train on the topics in core training?

A: There is not a definition of “qualified individual” in MN Rule 9544. As such, the determination of who is a qualified individual is left to the license holder.
Q: Are the 8 hours of core training meant to be in addition to the training hours already required under our license?

A: Each topic area of the core training must be addressed. If you have received other recent training that is directly on point with that topic then it can qualify-- if you can document the content is equivalent
Documentation and Reporting

9544.0100 & 9544.0110
Documentation requirements

1. Incorporate positive support strategies into an existing treatment, service, or other individual plan
3. Completion of training and competency assessment for each staff
4. Report incidents via Behavior Intervention Report Form
5. Positive Support Transition Plans
Basic Documentation Requirements (9544.0100)

In general, providers should track and maintain information that helps them improve and maintain quality of their services. It should also help those who review services identify how services are being approached and their overall quality. It should be clear who services are provided to, the types of services, and when those services started and ended. It should be clear if the person is benefiting from services (making progress on their person-centered goals). If a person was not making progress or lived or worked in a partially or completely segregated environment, it should be clear as to why and what was tried to help the person become more included in the community. Personnel (staff) records, including training records, are also important to maintain.

Record Keeping: Documentation required by rule must be retained in permanent record for at least five years after creation.
EUMR Policy - When notice is required

• At service initiation
  • Provider must provide notice of provider’s policy on emergency use of manual restraint

• When emergency use of manual restraint policy is changed

DHS Sample Policy

http://www.dhs.state.mn.us/main/groups/licensing/documents/pub/dhs16_177363.pdf
Staff Training

The license holder must document completion of core training, additional training, and competency testing or assessment for each staff in the personnel record. The license holder must document the date the training, testing, or assessment was completed; the number of training hours per subject area; and the name and qualifications of the trainer or instructor. The license holder must also verify and maintain evidence of staff qualifications in the personnel record, including documentation of the following:

A. education and experience qualifications relevant to the staff's scope of practice, responsibilities assigned to the staff, and the needs of the general population of persons served by the program; and

B. professional licensure, registration, or certification, when applicable.
Positive Support Transition Plans (DHS Form-6810)
"Positive support transition plan" is the plan required to be developed by the expanded support team to implement positive support strategies 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. Improve the person’s quality of life
When is a PSTP required?

• After 3 uses of an EUMR in 90 days or 4 uses in 180 days
• Before a prohibited procedure is implemented
  • For persons admitted to a program after rule is effective, or for persons with whom a prohibited procedure is currently in use on the effective date of the rule, PSTPs must be developed and implemented within 30 calendar days of service initiation/rule effect and phased out no later than 11 months from the dates of implementation
The PSTP documents

- Found in eDocs
- Begin with 6810
- PSTP sections
  - Target intervention(s)
  - Target behavior(s)
  - Crisis support plan
  - Quality of life indicators
  - Measurement
  - Informed consent
For more information on the PSTP...

• Positive Support Transition Plan (6810)
• PSTP Review (6810A)
• Positive Support Transition Plan instructions (6810B)
• Developing Positive Support Transition Plans: A Provider Guide (6810C)
Behavior Intervention Report Form (BIRF)

DHS Form-5148
Behavior Intervention Report Form (BIRF)

- Statute requires certain incidents be reported to DHS and the OMHDD
- To prevent multiple reporting needs, DHS & OMHDD collaborated by creating the BIRF
- Online reporting form covering reporting needs of positive support rule
Reportable Incidents via BIRF

• The emergency use of manual restraint (EUMR);
• PRN psychotropic medication administration to intervene in a behavioral situation;
• 911 calls as a result of a restrictive intervention, behavioral incident or mental health crisis;
• Medical emergencies occurring due to a restrictive intervention leading to physician treatment or hospitalization;
• Mental health crises occurring as a result of the use of restrictive intervention leading to a call to a mental health crisis services;
• An incident requiring a call to mental health mobile crisis intervention services;
• A person’s use of crisis respite services due to use of a restrictive intervention;
• Interventions included in a Positive Support Transition Plan (PSTP). These interventions may include;
  • Mechanical restraint;
  • Time out;
  • Seclusion;
  • Penalty consequences;
  • Programmatic use of manual restraint;
• Any additional incident that the person’s PSTP or service plan requires the provider to report
For more information on the BIRF...

• Review the BIRF instructions
Q: If I am not licensed under 245D and don’t serve any person with a developmental disability or related condition, am I required to perform any of the PSR documentation requirements?

A: No. A 245A-licensed provider not licensed under 245D or serving a person with a developmental disability or related condition will not need to complete the documentation requirements in 9544. However, should you serve a qualifying person in the future, you will need to provide them with a copy of your policy on the Emergency Use of Manual Restraint. DHS recommends every provider develop this policy.

DHS sample Emergency Use Of Manual Restraint (EUMR) Policy
Q: Can I create my own form to collect data on the incidences of behavior interventions and send this to the commissioner?

A: No. the rule requires that all incidents be reported via the Behavior Intervention Report Form (BIRF). A license holder is welcome to create their own forms for internal purposes, which could gather information for the staff responsible to complete the BIRF.
Where to go for exceptional cases:

External Program Review Committee
External Program Review Committee (EPRC)

• Appointed by the Commissioner of DHS
• Duties:
  • Review requests for the emergency use of a procedure for persons at imminent risk of serious injury due to self-injurious behavior
  • Review requests for the use of a prohibited procedure not specifically permitted or prohibited by 9544.0060
    • For above two items: make a recommendation to the commissioner to approve or deny
  • Evaluate programs and systems of a license holder making a request to ascertain overall capacity to serve the person
  • Review reports of Emergency Use of Manual Restraint
  • Assess the competency of qualified professionals
EPRC Requests

• Requests must be made by the provider/license holder using the official request form

• Request for the Authorization of the Emergency Use of Procedures
  DHS-6810D-ENG
Additional training opportunities

Person-Centered Thinking and Planning Training:
http://rtc.umn.edu/pctp/training/

PBS Intensive Training:
http://rtc.umn.edu/cpcsd/positivebehaviorsupports/

Information training on person-centered/positive behavior supports training opportunities; Early November
Email the university at contact listed at: rtc.umn.edu/
Additional training opportunities (cont.)

**College of Direct Support** – contracted by DHS to make courses available for free/discount based on size of provider

Contact Info:

- If you are with a provider agency serving 11 or more individuals with disabilities, contact Olivia Sellars, the customer account specialist with Elsevier MC Strategies at 860-432-1485 or email o.sellars@elsevier.com.

- If you are with a provider agency serving ten or fewer individuals with disabilities, or you are county or tribal DHS staff, an individual with disabilities that self-directs, a family member, a member of an advisory group or a member of a board, contact Nancy McCulloh, CDS lead learning administrator for Minnesota at 320-253-5661 or email mccul037@umn.edu.
Resources

• www.mnsp.org
• Minnesota Rules, Chapter 9544
• Positive Support Rule docket page
• Statement of Need and Reasonableness (SONAR) Positive Supports Rule (PDF)
• Disability Services Division Training Handouts Archive page
• eDocs
• DSD E-lists – Instruction to subscribe
Positive Supports Rule

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- Increase skills and self-determination of people receiving services;
- Improve the quality of life of people receiving services
  - Ensure people are free from humiliating and demeaning procedures
  - Eliminating the use of aversive and deprivation procedures
- Create a consistent set of standards for provider across service settings
Conclusion

• The Positive Support Rule ([MN Rule 9544](#)) works in conjunction with:
  • [Minnesota Statute 245D](#)
  • [The Positive Support Transition Plan](#)(Form-6810)
  • [The Positive Support Transition Plan Instructions](#)(Form-6810B)
  • [The Behavior Intervention Report Form](#)(Form-5148)
  • [The Behavior Intervention Report Form Instructions](#)
Questions:
positivesupports@state.mn.us