



Minnesota Department of **Human Services**

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

Minnesota Rule 9544

August 11, 2015

# Positive Supports Rule

Effective  
Aug 31,  
2015

- 9544.0005 Purpose
- 9544.0010 Applicability
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- 9544.0030 Positive Support Strategies and Person-Centered Planning
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- 9544.0120 Quality Assurance and Program Improvement
- 9544.0130 External Program Review Committee
- 9544.0140 Variances

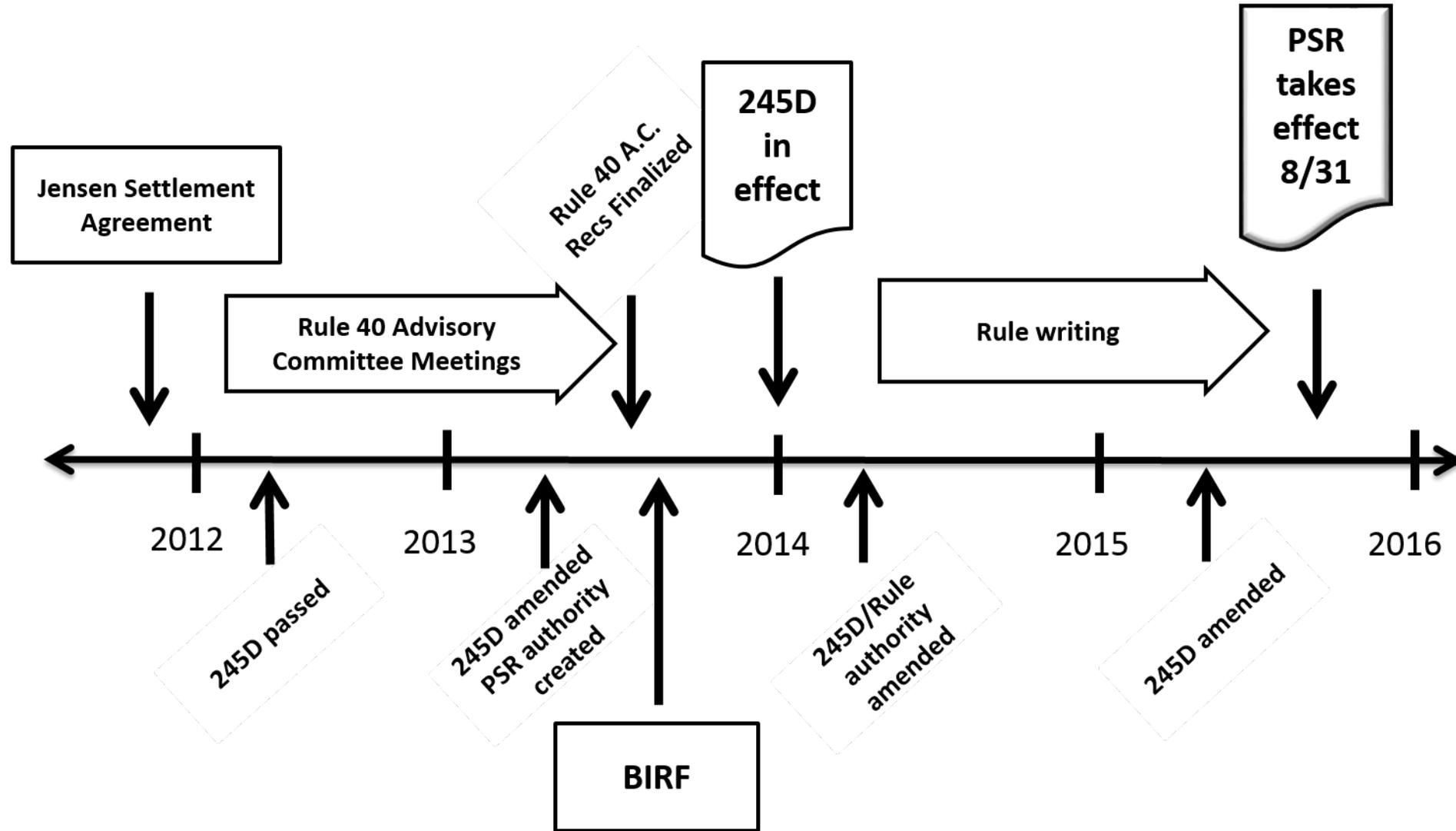
# Agenda

- History leading to the Positive Supports Rule (PSR)
- An overview of the PSR
  - Application
  - Walk through of PSR provisions
  - Forms required
    - Policy on the Emergency Use of Manual Restraint (EUMR)
    - Behavior Intervention Report Form (BIRF)
    - Positive Support Transition Plan (PSTP)
- Q&A

Questions:

[positivesupports@state.mn.us](mailto:positivesupports@state.mn.us)

# Positive Support Rule History



# 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.

# Why Did We Need the PSR?

- DHS committed to implementing the recommendations of the Rule 40 Advisory Committee
- 245D governs many services to persons with disabilities – but not all
- PSR provides more guidance and additional expectations around Positive Support strategies, restrictions and prohibitions.
- 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

# 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 for provider across service settings

# Where Does the Positive Supports Rule Apply?

<b>Home and Community Based Services (245D)</b>	<b>All other Department-licensed services (245A)</b>
<p data-bbox="275 835 1151 971">Any person receiving a 245D-licensed service</p>	<p data-bbox="1319 792 2339 1013">The positive supports rule applies to persons with a developmental disability or related condition*</p>

# 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 under this part as having a severe, chronic disability that meets all of the following conditions.....

...

B. "Person with developmental disability" means a person who has been diagnosed under this part 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?

<b>Home and Community Based Services (245D)</b>	<b>All other Department-licensed services (245A)</b>
<p data-bbox="275 835 1151 971">Any person receiving a 245D-licensed service</p>	<p data-bbox="1335 568 2328 792">The person will have an active assessment in which they qualify for DD case management.</p> <p data-bbox="1309 939 2354 1242">Providers don't have access to this assessment information; identified by the person or case manager</p>

# 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 has been deemed eligible for DD case management services.

## Applicability FAQ 3

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 has been deemed eligible for DD case management services.

# 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

# Person-centered planning

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

## **Subd. 15a. 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.

# Mechanical 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 Prohibited interventions

- Prone restraint;
- Faradic shock;
- Speaking to a person in a manner that ridicules, demeans, threatens or is abusive;
- Using physical intimidation/shows of force
- 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
- Using painful techniques;
- Hyperextending or twisting a person's body parts;
- Tripping or pushing a person;

# 9544 Prohibited interventions II

- 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;
- Requiring a person to earn normal goods and services;
- Using token programs that include response cost;
- 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\*
- 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

# FBA. 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

# 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; 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

# Professional Duties of Supervisors and Managers

- Identification of other qualified professionals to help with understanding interfering/target behavior and developing individualized, strength-based positive support strategies.
  - Know when to consult with external qualified professionals
- Development of policies.
- Knowing what is required.
- Determine staff competence

# 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 aides (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.

# Documentation and Reporting

9544.0100 & 9544.0110

# Documentation requirements

1. Incorporate positive support strategies into an existing treatment, service, or other individual plan
2. Maintain policy on the Emergency use of Manual Restraint
3. Report incidents via Behavior Intervention Report Form
4. 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](http://www.dhs.state.mn.us/main/groups/licensing/documents/pub/dhs16_177363.pdf)

# Positive Support Transition Plans

# Positive Support Transition Plan (PSTP)

"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 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

Clear Form

Minnesota Department of Human Services

Positive Support Transition Plan

651-431-4300 or 866-267-7655

Attention. If you need free help interpreting this document, call the above number.

ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اتصل على الرقم أعلاه.

ආහාරයට ගත නොහැකි පුද්ගලයන්ගේ ප්‍රවෘත්තිමය සහ ආරක්ෂණ අවශ්‍යතා සඳහා මෙම ලේඛනය භාවිතා කරන්න.

Pažnja. Ako vam treba besplatna pomoć za tumačenje ovog dokumenta, nazovite gore naveden broj.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces hu rau tus najnpawb xov tooj saum toj no.

ໄປສດຊາບ. ຖ້າທ່ານ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ພໍດີ, ຈົ່ງໂທສະໄໝທີ່ພາຍເລກເຂົ້າງເທິງນີ້.

Hubachisa. Dokumentiin kun bilisa akka siif hiikamu gargaarsa hoo feete, lakkooobsa gubbatti kenname bibili.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, позвоните по указанному вашему телефону.

Dignitiin. Haddii aad u baahantahay caawimaad lacag-la'aan ee tarjumaadda qoraalkaan, lambarka kore wac.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, llame al número indicado arriba.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi số bên trên.

You must have version 9.1 or newer of Adobe Reader or Acrobat to use this form. Adobe Reader is available to download for free at <http://get.adobe.com/reader/>.

This information is available in accessible formats for individuals with disabilities by calling 651-431-4300, toll-free 866-267-7655, or by using your preferred relay service. For other information on disability rights and protections, contact the agency's ADA coordinator.

ADAMS12/2

### Part A. Background Information

NAME	PMI	PROJECTED IMPLEMENTED DATE	PROJECTED ENDING DATE

PRIMARY/SECONDARY DIAGNOSIS

FREQUENCY OF REVIEWS

Weekly  Monthly  Quarterly  Other

DATE POSITIVE SUPPORT TRANSITION PLAN COMPLETED

DATE PLAN UPDATED

SERVICE(S) AND TREATMENT PROVIDER(S) INVOLVED IN IMPLEMENTATION OF PLAN

### Prescribed psychotropic medication(s)

Medication	Intake frequency	PRN? (as needed)
		<input type="radio"/> Yes <input type="radio"/> No

Add medication

### Part B. Target Interventions

Target Intervention(s) targeted for elimination (e.g. Emergency Use of Manual restraints (EUMR), mechanical restraints, seclusion, etc.)

Intervention	Comments
1.	

Add target intervention

Objective Data Collection of Target Interventions

How will you measure each Target Intervention throughout the course of this plan? Examples of methods would be:

# 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

The screenshot displays the online reporting form for the Minnesota Department of Human Services. At the top left is the department's logo, and at the top right is the document ID 'DHS-5148-ENG 4-14'. The title 'Behavior Intervention Reporting Form' is prominently displayed in the center. Below the title, the page is identified as 'Page 1 of 7'. The form itself is light blue and contains several sections: 1. A header section with a text input field for 'NPI/UMPI and Location Number', an 'Enter' button, and a note: 'Enter the NPI/UMPI and 3-digit location number, then click the 'Enter' button.' An 'Instructions' button is also present. 2. A 'PROVIDER INFORMATION' section with a large empty box. 3. A 'PROVIDER PHONE NUMBER' section with a text input field. 4. A 'PROVIDER EMAIL' section with a text input field. 5. A 'CONFIRM EMAIL' section with a text input field. 6. A 'SERVICES PROVIDED AT THE TIME OF THE INTERVENTION' section with a dropdown menu currently showing 'Select one'. 7. A 'Person completing this form' section with two text input fields for 'FIRST NAME' and 'LAST NAME'.

# 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](#)

# Documentation FAQ

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. 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](#)

# External Program Review Committee (EPRC)

- The Commissioner of DHS shall appoint members of the EPRC
- 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

## [College of Direct Support](#)

### 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](mailto: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](mailto:mccul037@umn.edu).

# Conclusion I

- 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](#)

# Conclusion: 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
- Create a consistent set of standards for provider across service settings

# Resources

- [Positive Support Rule docket page](#)
- [Adopted Positive Supports Rule \(PDF\)](#)
- [Statement of Need and Reasonableness \(SONAR\) Positive Supports Rule \(PDF\)](#)
- [Disability Services Division Training Handouts Archive page](#)
- [eDocs](#)

Questions:

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