

MSC E-VISORY

Issue # 19-12

June 20, 2012

State of New York Office for People With Developmental Disabilities
Courtney Burke, Commissioner
Distributed by: Division of Person-Centered Supports
Gerald Huber, Acting Deputy Commissioner

The MSC E-Visory is an electronic advisory which provides pertinent and timely information about programs and services available to individuals receiving MSC. Announcements about MSC training, conferences and meetings appear regularly. **MSC Supervisors: Please share this issue with all MSC Service Coordinators and others as appropriate.** In order to receive an email notification when a new MSC E-Visory is posted, please sign up for our mailing list (listserv). Listserv information and past issues can be accessed via the OPWDD website at www.opwdd.ny.gov or via the following link: http://www.opwdd.ny.gov/opwdd_services_supports/service_coordination/medicaid_service_coordination/msc_e-visories

In This Issue:

Reporting Suspected Theft of Personal Property and/or Financial Exploitation

Attached to this e-visory is information distributed by OPWDD pertaining to suspected theft of personal property and/or financial exploitation. This includes reporting procedures pertaining to these incidents, which are effective July 15, 2012.

Review and Reporting Requirements for use of Strategies for Crisis Intervention and Prevention - Revised (SCIP-R) Restrictive Personal/Physical Intervention Techniques

Administrative Memorandum (ADM) #2012-03 pertaining to review and reporting requirements for use of SCIP-R, effective July 30, 2012, is attached to this e-visory. This ADM defines the appropriate safeguards, levels of administrative review, and reporting requirements necessary for protecting the physical health and safety of individuals when SCIP-R restrictive personal/physical interventions are used as part of their behavior plan or in an emergency to address challenging behaviors that pose a risk of harm to self or others.

Statewide Training – Restrictive Intervention Application (RIA) in the Incident Report and Management Application (IRMA)

The memorandum attached to this e-visory regarding “Statewide Training” – Restrictive Intervention Application (RIA) in IRMA describes a new database application that has been added to the IRMA system, in order to facilitate the tracking and trending of the requisite personal/physical intervention data on a statewide basis. This memo also discusses statewide training for current IRMA users and District staff who have been providing behavioral data to OPWDD Central Office using a standardized electronic reporting form specific to the use of SCIP-R. The training will be offered via WEBEX with limited lines. Please see page two of the memorandum for registration information specific to agencies.



Putting People First

Memorandum

To: Provider Associations
Voluntary Provider Agency Executive Directors
DDSO Directors
IBR Director
Commissioner's Advisory Council
DDPC Consumer Caucus
OPWDD Required Regulations Mailing List

From: Barbara Brundage
Leslie Fuld
Co-Chairs of the OPWDD Statewide Committee on Incident Review

Date: June 13, 2012

Re: Reporting Suspected Theft of Personal Property and/or Financial Exploitation

Effective: July 15, 2012

Suggested distribution:

Agency administrators
Agency quality/compliance administrators
Agency incident coordinators
Agency financial officers

Background:

OPWDD recognizes that any loss from theft or financial exploitation, regardless of the item's value, could be a significant loss to an individual receiving services and could have significant negative consequences, both materially and emotionally. Existing OPWDD regulations in 14 NYCRR Part 624 do not specifically include theft or financial exploitation among the definitions of reportable incidents, serious reportable incidents or allegations of abuse. Currently, OPWDD guidance in the Part 624 Handbook suggests that crimes committed against a person which do not meet other definitions (such as thefts) could be reported as an incident in the category of "Sensitive Situation," and many agencies have policies to this effect. Further, some instances of thefts and financial exploitation do meet the definitions of some of the categories of incidents/abuse in Part 624 regulations.

In addition, regulations in subparagraph 633.7(a)(2)(v) of 14 NYCRR prohibit personal financial transactions between employees, volunteers or family care providers and individuals receiving services which may be construed as exploitation of that individual or result in greater benefit to the employee, volunteer or family care provider than to the individual. However, the regulations do not require that these situations be classified as an incident, should they occur.

Because of the lack of a requirement that all thefts and financial exploitation be reported as an incident, the response to thefts and financial exploitation against individuals receiving services throughout the OPWDD system has been inconsistent.

(Note: The term "individuals" as used in this document refers to individuals receiving services.)

Purpose:

In order to ensure that all instances of theft and financial exploitation against individuals receiving services are reported and investigated consistently throughout the OPWDD system, all instances of suspected theft of an individual's personal property (including personal funds and other personal belongings) and financial exploitation of an individual receiving services must be reported as either an occurrence (also referred to as an agency reportable incident, notable event, etc.), a reportable incident, a serious reportable incident or an allegation of abuse in accordance with Part 624 regulations and this directive.

Theft of an individual's personal property and financial exploitation of an individual must be reported as a "Sensitive Situation," (either as a serious reportable incident or reportable incident) or as an occurrence. In addition, theft of an individual's personal property and financial exploitation of an individual, that is suspected to have been committed by another individual receiving services, would also be reported as a "Possible Criminal Act" (if appropriate), using the same master incident number in OPWDD's Incident Report and Management Application (IRMA).

This requirement is applicable for instances of theft or financial exploitation which occur or are discovered on or after July 15, 2012.

- Any suspected theft or financial exploitation that meets the following criteria must be reported as a serious reportable incident:
 - The theft is more than \$100.00; or
 - The theft is of a debit, credit, or public benefit card, regardless of any specific amount involved; or
 - A pattern of theft is evident.
- Any suspected theft or financial exploitation that is more than \$15.00 and less than or equal to \$100.00 in value, that does not involve a debit, credit, or benefit card, and that is an isolated occurrence, must be reported as a reportable incident.
- Any suspected theft or financial exploitation that is less than or equal to \$15.00 in value, that does not involve a debit, credit, or benefit card, and that is an isolated occurrence, must be reported as an occurrence.

Requirement for reporting to OPWDD:

Sections 13.21(b) and 16.13(b) of the New York State Mental Hygiene Law require that agencies notify law enforcement officials if it appears that a crime may have been committed against an individual who receives services from the agency. In accordance with the Mental Hygiene Law and as noted in the *OPWDD Protocol for Reporting Potential Crimes to Law Enforcement* (August 18, 2011), potential crimes against individuals receiving services must be reported to law enforcement. This includes suspected theft of an individual's personal property and/or financial exploitation.

Section 16.13 of the Mental Hygiene Law also requires agencies to notify the Commissioner of OPWDD if it appears that a crime may have been committed against an individual receiving services. OPWDD recognizes that incidents that do not rise to the level of a serious reportable incident or allegation of abuse are currently not required to be reported to OPWDD through the Part 624 process. However, in order to facilitate compliance with this statutory requirement, on and after July 15, 2012, agencies are directed to report all instances of suspected theft and financial exploitation that meet the criteria for an occurrence or reportable incident to OPWDD by entering information about the event into IRMA within 48 hours of occurrence or discovery or by close of the next working day, whichever is later. Pursuant to previous OPWDD directives and Part 624 regulations, agencies are already required to enter information about serious reportable incidents and allegations of abuse, including those that concern thefts or financial exploitation, within 24 hours or by close of the next working day, whichever is later.

Loss of personal allowance funds:

Agencies are reminded of the existing OPWDD regulation in 14 NYCRR Section 633.15(h)(4)(iv) pertaining to the management of personal allowance funds, which requires the following:

The agency/sponsoring agency is responsible in all instances for any loss of cash maintained at the residence or at the non-residential program until the cash is properly disbursed to the person.

If you have any questions about the information contained in this memorandum, please contact OPWDD's Incident Management Unit at incident.management@opwdd.ny.gov.

Thank you.

cc: SCIR Membership
COLT

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Administrative Memorandum - (#2012- 03)

**To: DDSO Directors
Executive Directors of Agencies Providing Residential and
Day Program Services**

From: Dr. Jill Pettinger 
Assistant Deputy Commissioner
OPWDD Statewide Services

**Subject: Review and Reporting Requirements for use of Strategies for Crisis Intervention
and Prevention-Revised (SCIP-R) Restrictive Personal/Physical Intervention
Techniques**

Date: June 18, 2012

EFFECTIVE DATE: July 30, 2012

Suggested Distribution:

Agency Managers (Residential and Day Programs)
Medical/Nursing Staff
Psychology/Behavior Specialist Staff
Training Staff including all SCIP-R Trainers
Quality Improvement Staff
Investigators
Incident Review Coordinators
IRMA Coordinators

Purpose: This Administrative Memorandum defines the appropriate safeguards, levels of administrative review, and reporting requirements necessary for protecting the physical health and safety of individuals when SCIP-R restrictive personal/physical interventions are used as part of their behavior plan or in an emergency to address challenging behaviors that pose a risk of harm to self or others.

Applicability: All OPWDD certified residential and day program settings.

New Requirements for use of SCIP-R personal/physical intervention techniques:

This memorandum clarifies and expands policy and procedures to be followed by program planning teams, and defines the levels of protective oversight and review needed to ensure the health and safety of those individuals for whom SCIP-R restrictive personal/physical interventions are used as part of a behavior plan or in an emergency to address challenging behaviors that pose a risk of harm to self or others.

MANDATORY HEALTH CARE REVIEW of POSSIBLE CONTRAINDICATIONS to SCIP-R RESTRICTIVE PERSONAL/PHYSICAL INTERVENTIONS:

Health care professionals (including physicians, nurses, nurse practitioners, and physician assistants) are key team members in ensuring that SCIP-R restrictive personal/physical interventions are not used in contraindication to a person's physical or medical condition.

Health care professionals are encouraged to become familiar with SCIP-R techniques (via review of training pictures from the SCIP-R curriculum, discussion, and/or demonstration by a SCIP-R Trainer), and to offer informed input regarding the safety of the use of SCIP-R interventions for individuals in their care.

Role of the Registered Nurse (RN):

A Registered Nurse (RN) must review an individual's clinical records if a SCIP-R restrictive personal/physical intervention technique is to be incorporated into the individual's behavior support plan *or* has been used in an emergency situation.

If the RN's clinical records review indicates that conditions contraindicating the use of the technique may exist, the individual must be evaluated in person by a health care professional familiar with SCIP-R restrictive personal/physical intervention techniques to identify contraindications to the use of any proposed techniques.

The RN clinical records review and the physical evaluation of the individual by a health care professional must also occur if there is a significant change in the physical condition of an individual with a behavior support plan that incorporates the use of SCIP-R restrictive personal/physical interventions.

Health Care Review is not medical clearance:

This health care review is not intended to constitute "medical clearance" or "approval" for the use of SCIP-R restrictive personal/physical interventions. Rather, the intent is to ensure that possible physical or medical contraindications are identified and considered by the planning team in an effort to prevent untoward events.

Documentation Requirements:

All reviews completed by the RN must be documented in the individual's clinical record and must be updated contingent on significant changes in the person's medical condition. Any limitations on the use of certain techniques and/or any needed modifications to such techniques that arise from consideration of the individual's medical condition, in consultation with the health care professional, must be clearly documented in the individual's clinical record and reviewed by the individual's program planning team. The behavior support plan must coincide with any recommendations for limitations on use of personal/physical interventions made by the health care professional. A timeframe for re-evaluation should also be indicated if applicable.

FREQUENT EMERGENCY USE OF RESTRICTIVE PERSONAL/PHYSICAL INTERVENTIONS:

The use of any restrictive personal/physical intervention technique in an emergency *more than two times in a 30-day period or four times in a six month period* shall require a comprehensive review by the person's program planning team. The team shall determine if there is a need for a behavior support plan to address the exhibited behavior(s), a need to change an existing plan, or to establish the criteria for determining if a plan will need to be developed in the future.

WHEN RESTRICTIVE PERSONAL/PHYSICAL INTERVENTIONS CONSTITUTE ABUSE:

Any use of contraindicated personal/physical intervention techniques must be reported and investigated as possible physical abuse. Further, the use of a restrictive personal/physical intervention technique that is not in conformance with the requirements of this memorandum or with the Guidelines for the Use of SCIP-R is considered to be physical abuse and must be reported pursuant to Part 624, unless the personal/physical contact is necessary to address an immediate health or safety risk to the individual or to others and the personal/physical contact did not involve the use of more force than necessary.

Techniques in which the individual is restrained in a prone (face-down) position (e.g. Lying Wrap-up) have been banned by OPWDD due to the increased risk of respiratory distress and serious injury including death. Any use of such prone techniques is considered to be physical abuse.

MANDATORY REPORTING on the USE of SCIP-R RESTRICTIVE PERSONAL/ PHYSICAL INTERVENTIONS:

A new database and tracking system has been developed to collect information pertaining to the use of SCIP-R restrictive personal/physical interventions in state and voluntary operated programs. This system, the Restrictive Intervention Application (RIA), is modeled after the Incident Report and Management Application (IRMA) system currently in place for incident management. Collection of this information will assist OPWDD and voluntary providers in tracking and trending the use of SCIP-R restrictive personal/physical interventions on a statewide basis. Ultimately, the RIA data will be linked to the IRMA data and will allow agencies to monitor, track/trend and analyze the relationship between SCIP-R restrictive personal/physical interventions, resulting injuries, abuse allegations and the frequency of staff involvement.

RIA requires the input of SCIP-R restrictive personal/physical intervention data that will include, but not be limited to:

- ❖ Restrictive SCIP-R Technique Used.
- ❖ Date/Time/Location/Duration of Intervention.
- ❖ Additional Restrictive Interventions Used; i.e., Time Out, Medications for Behavioral Control purposes.
- ❖ Reason for Applying the Intervention.
- ❖ Indicate if Restrictive Intervention was Used in Accordance with a Behavior Plan or Used on an Emergency Basis.
- ❖ Medical Information, Body Check Performed, Injuries Resulting from the Intervention.
- ❖ Staff Involved; Staff Injured.

- ❖ Incident Category (in the event the intervention resulted in a reportable incident, serious reportable incident or allegation of abuse).

Reporting Timeframes:

Each use of a restrictive personal/physical intervention technique that occurs on or after July 30, 2012 shall be reported electronically to OPWDD **within five (5) business days of occurrence** in by completion of the required fields in RIA.

Reporting Methods:

A paper version of the RIA data collection form with instructions will be provided under separate cover and posted on the OPWDD website at www.opwdd.ny.gov, as this may be the preferred data collection method for staff who are directly involved in recording restrictive personal/physical interventions in the field. While the paper version may be useful, especially in settings where staff access to computers and the internet is limited, the information from the paper copies must be input into RIA. Each DDSO and Agency will be asked to designate a staff person(s) to be responsible for ensuring that required data is entered in RIA for each use of a restrictive intervention within 5 business days of occurrence.

QUALITY IMPROVEMENT and OVERSIGHT REQUIREMENTS:

Agencies must provide adequate monitoring and oversight of all use of personal/physical intervention techniques in accordance with both the Guidelines for the Use of SCIP-R and this memorandum. The Guidelines are available on the OPWDD website:

http://www.opwdd.ny.gov/opwdd_regulations_guidance/guidance_documents/guidelines_for_scipr

TRAINING REQUIREMENTS:

Agencies are required to ensure that staff members responsible for supporting and supervising an individual whose behavior support plan incorporates the use of any physical intervention technique have:

1. Successfully completed an OPWDD-approved training course on the use of positive behavioral approaches, and crisis prevention and intervention strategies (currently the SCIP-R curriculum) on an annual basis; and
2. Have been certified or recertified in the use of SCIP-R by an Instructor, Instructor-Trainer or Master Trainer within the year. In the event that OPWDD approves a new curriculum, OPWDD may specify a period of time greater than one year before recertification is required.

All training must be appropriately documented. Retraining of staff shall occur as necessary when the behavior support plan is modified, or at least annually, whichever comes first.

cc: Commissioner Burke

Mr. Moran

Mr. Huber

Ms. DeSanto

Ms. Delaney

Mr. Monteiro

Mr. Pattison

Ms. O'Connor-Hebert

MEMORANDUM

Executive Office

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**TO: Voluntary Provider Executive Directors
DDSO Directors
Incident Review Coordinators
IRMA Coordinators
Chief Psychologists**

FROM: Jill A. Pettinger, Psy.D. 
Assistant Deputy Commissioner
OPWDD Statewide Services

DATE: June 19, 2012

SUBJECT: REVISED - Statewide Training - Restrictive Intervention Application (RIA) in IRMA

Background

Over the past several months, the Developmental Disabilities Service Offices (DDSO) have been providing behavioral data to OPWDD Central Office using a standardized electronic reporting form specific to the use of SCIP-R restrictive personal/physical intervention techniques. This request was made in anticipation of the promulgation of the proposed Part 633.16 Behavior Management regulations whereby each use of a restrictive physical intervention technique is required to be reported electronically to OPWDD within 5 days of occurrence. At this time, OPWDD is requiring that voluntary agencies begin reporting specific restrictive personal/physical intervention data to OPWDD Central Office using the standardized reporting system described below.

Purpose

A new database application has been added to the Incident Report and Management Application (IRMA) system, referred to as the Restrictive Intervention Application (hereinafter, 'RIA') to facilitate the tracking and trending of the requisite restrictive personal/physical intervention data on a statewide basis. This will not only ensure compliance when the proposed Part 633.16 regulation goes into effect, but will also provide a baseline for statewide usage of restrictive personal/physical interventions before the transition from the current Strategies for Crisis Intervention and Prevention-Revised (SCIP-R) training program to the new Positive Relationships Offer More Opportunities To Everyone (*PROMOTE*) curriculum which is slated to replace SCIP-R beginning in the late summer or fall of 2012. Further, with RIA incorporated into IRMA, the data from both systems will be linked thereby enhancing an agency's ability to track, trend, and analyze the relationship between restrictive personal/physical interventions and untoward events with the ultimate goal being to reduce and/or ameliorate resulting injuries and allegations of abuse.

Training

OPWDD is offering detailed training to review the application step-by-step and to instruct users in how to properly input restrictive personal/physical intervention data. The target audience includes current IRMA users and District staff who have been providing behavioral data to OPWDD Central Office using a standardized electronic reporting form specific to the use of SCIP-R. The training will be in the format of a WEBEX and the number of lines for each training session will be limited. Therefore, it is strongly suggested that agencies who want several staff to participate in the training, to share a computer connection. Agency staff will be asked to sign on for the training at the times specified below. In an effort to reach as many staff as possible, we are asking agencies to limit participation to three staff each unless a computer connection can be made to accommodate more staff. OPWDD will offer **six sessions** on three separate days as follows:

06/26/2012	10:00am to 12:00pm
06/26/2012	1:00pm to 3:00pm
07/12/2012	10:00am to 12:00pm
07/12/2012	12:00pm to 2:00pm
07/17/2012	10:00am to 12:00pm
07/17/2012	1:00pm to 3:00pm

Staff may register for the training using the link below:

http://www3.opwdd.ny.gov/wp/wp_catalogz2413.jsp

Upon successfully registering for the WEBEX, staff will be sent instructions for logging on and connecting to the sessions. For those unable to participate during the above times, the training will be recorded and made available for review and distribution amongst agency staff. The expectation is that agencies will be responsible for training additional RIA users who could not participate in the OPWDD training.

Agency responsibility prior to the training

Since RIA is housed in IRMA, staff who do not already have IRMA access must be granted that access by OPWDD. For staff who have IRMA access, OPWDD’s Information Management Solutions (IMS) will be adding RIA *Add, Edit, View, and Remove* to the *VA Full Access* and *DDSO Full Access* roles within *The Basic Security to the Web (TBSW)* application. All users who currently have these roles in IRMA will automatically gain access to RIA.

Therefore, staff members who currently have IRMA access will have access to RIA. However, for those staff members who *do not have IRMA access*, they must be granted access to RIA.

Obtaining access to RIA

The process for gaining RIA access will require that the agency complete and submit an OPWDD form for each staff person expected to use the application. This form is called the **User ID and System Access Request Form (External)** and can be found on the OPWDD website at:

http://www.opwdd.ny.gov/opwdd_resources/opwdd_forms/user_idand_system_access_request_form

OPWDD recommends that agencies complete this form on the computer before printing. For all ***new RIA accounts***, in section 2 under “Account Request”, check “Open”; under “Secure Application Name”, indicate “IRMA/RIA - VA full access”. These forms should be submitted to the DDSO Incident Review Coordinator as soon as possible. OPWDD strongly recommends the submission of forms as soon as possible in advance of the training. Since agencies will need to enter data shortly after the completion of training, it is important to minimize delays in staff access. Submission instructions are on the form.

Timeframe for beginning on-line reporting via RIA

Agencies are required to begin using RIA on, July 30, 2012. This means data must be entered into RIA for all restrictive personal/physical interventions that occur or are discovered **on or after July 30th** and **within five (5) business days of their occurrence.**

Recording Personal/Physical Interventions off-line

For staff members who are directly involved in recording the use of restrictive personal/physical interventions in the field, but who will not be responsible for the actual data input in RIA, a paper version will be provided under separate cover and made available in advance of implementation. This may be the preferred data collection method to enable administrative review prior to data input and may be especially useful in settings where staff access to RIA is limited. It will also serve as a useful training tool for staff members in the required documentation elements following the use of restrictive personal/physical interventions. Agencies are expected to train direct support professionals and other relevant staff in the completion of the paper version of the data collection form if they work in settings where SCIP-R restrictive personal/physical intervention techniques may be used. The information from the paper copies must be input into the electronic form within five (5) business days of occurrence of the intervention. As indicated, additional informational materials regarding reporting via RIA will be made available prior to the training sessions in addition to being posted on OPWDD’s website.

We appreciate your cooperation with and attention to this important initiative, which is critical to improving services provided to individuals with developmental disabilities. Please do not hesitate to contact me via email jill.pettinger@opwdd.ny.gov or Kelly McGuirk kelly.mcguirk@opwdd.ny.gov if you have any questions or comments prior to the June and July trainings.

The OPWDD IMS Helpdesk at (518) 381-2100 is also available to provide technical assistance.

Thank you.

MEMORANDUM

REVISED - Statewide Training – RIA in IRMA

June 19, 2012

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cc: Commissioner Burke
Mr. Moran
Ms. DeSanto
Ms. Gentile
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