

Plan Requirement Summary

DDD Policies 5.14, 5.15, 5.16, 5.17, 15.04

Note: This table is intended for use as a guide only. It is not a substitute for actual policy language or requirements.

Required Documents ¹	PBSP ²	PBSP CPP	FA	FA CPP ³	Restrictive Procedure Approval	RP Approval CPP	Consent ⁴	Consent CPP ⁴	ETP	ETP CPP	Plan Review / Revise	Consent Renew	Policy Ref.	Notes
Client on psychoactive medication for mental illness or challenging behaviors ⁵	■	■	■	■			■ ₄	■ ₄			For new medication/ changes		5.14, 5.16	Requires written psychoactive medication treatment plan; No PBSP if stable and no symptoms/ behaviors
Challenging behaviors that interfere with ability to have positive life experiences and form and maintain relationships	■	■	■	■ ₃							Monthly/ No progress for 6 months		5.14, 5.15	Approval and consent required if PBSP requires ETP.
Restraint chairs & boards	■	■	■	■	■	■	■	■	■	■	Monthly/ No progress for 6 months	Annual	5.15	No emergency use
Exclusionary time out (Time Out Rooms)	■	■	■	■	■	■	■	■	■	■	Monthly/ No progress for 6 months	Annual	5.15	No emergency use
Not allowing person to attend activities as disciplinary consequence	■	■	■	■	■	■	■	■	■	■	Monthly/ No progress for 6 months	Annual	5.15	No emergency use
Use of video monitors (only allowed for medical necessity)					■	■	■	■	■	■	Monthly	Annual	5.15	No emergency use; physician's order and written plan required (not PBSP)
Electronic monitoring device worn on body	■	■	■	■ ₃	■	■	■	■	■	■	Monthly/ No progress for 6 months	Annual	5.15	No emergency use
Medications for purpose of diminishing sexual desire	■	■	■	■ ₃	■	■	■ ₄	■	■	■	Monthly/ No progress for 6 months	Annual	5.15	No emergency use
Regulating person's money in manner they object to	■	■	■	■	■	■	■	■	■	■	Monthly/ No progress for 6 months	Annual	5.15	No emergency use
Restricting access to populations, areas or public places	■	■	■	■ ₃	■	■	■	■	■	■	Monthly/ No progress for 6 months	Annual	5.15	CPP: note ongoing (not each use)

¹ When CPP requirements differ, must be based on restriction/assessment included in professional treatment plan.

² All procedures requiring approval must either have plans in place prior to use or follow guidelines for emergency use where approved.

³ Psychosexual evaluation/risk assessment may serve as Functional Assessment for participants with sexual offending issues when the sexual behaviors are addressed in the risk assessment.

⁴ Prescriber responsible for obtaining consent from client and/or legal representative for psychoactive medications.

⁵ PBSP required only when the mental illness and/or challenging behaviors for which the medication is prescribed interfere with the person's ability to have positive life experiences and form and maintain relationships. Consult with your program manager or DDD Case Resource Manager if unsure a PBSP is required.

Use of locks on doors, gates, & fences	■	■	■	■	■	■	■	■	■	■	Monthly	Annual	5.15	PBSP must include safety plan
Restrictions on free association & communication	■	■	■	■ ₃	■	■	■	■	■	■	Monthly/ No progress for 6 months	Annual	5.15	No emergency use CPP: note ongoing; not each use
Restricted access to alcohol	■	■	■	■ ₃	■	■	■	■	■	■	Monthly/ No progress for 6 months	Annual	5.15	No emergency use CPP: note ongoing; not each use
Routine search	■	■	■	■ ₃	■	■	■	■	■	■	Monthly/ No progress for 6 months	Annual	5.15	No emergency use No consent needed if court order (but cannot exceed policy) CPP: note ongoing; not each use
Controlling food when threat to health (immediate or long-term) or budget	■	■	■	■	■	■	■	■	■	■	Monthly/ No progress for 6 months	Annual	5.15	Physician's (MD) note required for long-term threat to health
Requiring person to leave area with physical force for protection	■	■	■	■ ₃	■	■	■	■	■	■	Monthly/ No progress for 6 months	Annual	5.15, 5.17	
Using door and / or window alarms to monitor risky behaviors	■	■	■	■ ₃	■	■	■	■	■	■	Monthly/ No progress for 6 months	Annual	5.15	CPP: note ongoing; not each use
Necessary supervision to prevent dangerous behaviors	■	■	■	■ ₃	■	■	■	■	■	■	Monthly/ No progress for 6 months	Annual	5.15	CPP: note ongoing; not each use
Taking away potential weapons from client who has history of using weapons	■	■	■	■	■	■	■	■	■	■	Monthly/ No progress for 6 months		5.15	CPP: note ongoing; not each use
Removing personal property used to inflict injury	■	■	■	■ ₃	■	■	■	■	■	■	Monthly/ No progress for 6 months		5.15	CPP: note ongoing; not each use
Physical restraint	■	■	■	■	■	■	■	■	■	■	Monthly/ No progress for 6 months	Per ETP or Annual	5.15, 5.17	No prone or supine
Mechanical restraint	■	■	■	■	■	■	■	■	■	■	Monthly/ No progress for 6 months	Per ETP or Annual	5.15	No prone

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NONRESTRICTIVE PROCEDURES -TEACHING & TRAINING SUPPORTS⁶ PBSPs not required. Written guidelines to staff can be helpful.	Consent	Consent CPP	Review	Notes
Prompting				
Simple correction				
Not attending to inappropriate behaviors				
Offering or suggesting alternatives; discussing consequences				
Incentive programs				Must be purchased with other \$ (no client \$)
Teaching/encouraging healthy food				
Canceling activity when agitated at time of event				
Controlling access to medications (Rx & OTC) & hazardous chemicals				
Physically blocking for protection w/o holding				
Requiring person to leave for protection without physical intervention/force				
Use of door/window alarms for safety and security	■	■	Annual	Must document use and reasons in ISP.
Use of medical code alert devices	■	■	Annual	
Use of audio monitors for health & safety (medical necessity only)	■	■	Annual	Person aware of monitor and reason for use (cannot be used for convenience) Written plan for use required
Developing budget plan & monitoring expenditures			Annual	
Restraints during medical/dental treatment	■	■		Under physician or dentist direction and supervision only. Best practice to have written plan to support client.
Mixed CPP / Non-CPP household				Need FSA approval. Review at Treatment Team meetings

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⁶Reference DDD Policy 5.15