**Section 119.240 Special training procedures**

a) The provider shall develop policies and procedures and shall govern the use of all special training procedures used to modify behaviors that the team determines to be a problem or maladaptive.

b) The program shall prohibit corporal punishment, seclusion, abuse, neglect and exploitation of individuals.

c) To maximize the individual's growth, development and independence, the program shall use positive reinforcement in keeping with the individual's developmental level and learning, emotional, and environmental needs.

d) The plan of an individual who exhibits maladaptive behavior shall include provisions to train the individual in the circumstances, if any, under which the behavior can be exhibited adaptively, or how to channel the behavior into similar but adaptive expressions, or how to replace the maladaptive behavior with adaptive behavior.

e) Procedures used to prevent individuals from harming themselves or others that are not part of the plan shall not be repeated more than three time within a six-month period without being incorporated into the plan.

f) Aversive procedures and time-out shall be used only as part of a plan.

g) Whenever physical restraint, medications to manage behavior, time-out rooms, aversive conditioning or other procedures with similar degrees of restriction or intrusion are used to manage maladaptive behavior:

1) The team shall determine and document in the record that the harmful effects of the behavior clearly outweigh all of the potentially harmful effects of the procedure;

2) The procedure shall be an integral part of the plan which will lead to a less restrictive way to manage, and ultimately eliminate the behavior;

3) The record shall document that informed consent was obtained; and

4) The program's behavior management committee and human rights committee shall review and approve the procedure in accordance with Section 119.245.

h) The behavior management committee and human rights committee shall review and approve proposed special training procedures that call for concurrent administration of more than one medication to manage an individual's behavior while attending the program. Medications so ordered shall be accompanied by a physician's progress note substantiating that use of the medication is justified, is within a therapeutic dosage range, and will not adversely affect the therapeutic benefits of other medications. The medically supervised special training procedures shall assure that:

1) The medications are not administered in doses that will interfere with the individual's daily living activities;

2) The medications are monitored for desired responses and adverse consequences; and

3) The medications are gradually withdrawn at least annually unless clinically contraindicated.

i) Programs using restraints in any special training procedure shall comply with Section 2-108 of the Code.

j) The use of time-out rooms shall be in accordance with 42 CFR 483 (1996) (Conditions of Participation for Long Term Care Facilities.)

k) The team shall implement time-out, medications for behavior management and aversive procedures programs only when:

1) The individual's behavior is likely to cause physical or psychological harm to the individual or others;

2) Positive procedures used within the past six months have been documented to be ineffective in reducing or eliminating this particular behavior;

3) Both the human rights committee and the behavior management committee have approved the program prior to implementation; and

4) The authorized agency representative has given written approval.

l) Any approval by the program's human rights and behavior management committees and authorized agency representative of an individual's written aversive procedures program shall expire in 30 days. The program shall not continue beyond that time unless it is reviewed and approved by both committees and the authorized agency representative.