



OKLAHOMA DEPARTMENT OF HUMAN SERVICES



Monthly Summary of Restrictive/Intrusive Procedure Usage

For case manager report:

Case manager		Month/year	Area
Agency	Home location	Home identifier	Month/year

For alternative group home report:

Service recipient	Date used	Intervention codes ¹	Duration	Authorized in PIP ²	Team meeting date	Case specific concerns /recommendations	Follow-up date and activities	Systemic concerns	Agency
		PMO <input type="checkbox"/> PMH <input type="checkbox"/> RC <input type="checkbox"/> O <input type="checkbox"/> _____		Yes <input type="checkbox"/> No <input type="checkbox"/>					
		PMO <input type="checkbox"/> PMH <input type="checkbox"/> RC <input type="checkbox"/> O <input type="checkbox"/> _____		Yes <input type="checkbox"/> No <input type="checkbox"/>					
		PMO <input type="checkbox"/> PMH <input type="checkbox"/> RC <input type="checkbox"/> O <input type="checkbox"/> _____		Yes <input type="checkbox"/> No <input type="checkbox"/>					
		PMO <input type="checkbox"/> PMH <input type="checkbox"/> RC <input type="checkbox"/> O <input type="checkbox"/> _____		Yes <input type="checkbox"/> No <input type="checkbox"/>					

¹ *PMO = Physical management to overcome resistance PMH = Physical management hold RC = Response cost/restrictions O = Other, please specify

² PIP = Protective Intervention Plan

Purpose of form

Alternative group home providers and Developmental Disabilities Services Division (DDSD) case managers complete this form monthly to document restrictive and intrusive procedures used on service recipients on a per incident basis, whether the Statewide Behavior Review Committee (SBRC) has approved the procedure or not.

Instructions

Restrictive procedures that involve supervision requirements or access to goods and services or personal possessions do not have to be reported on this form. These procedures include ongoing restrictions, such as access to food, visual or auditory supervision procedures, access to phone, access to certain areas of the service recipient's home or community, access to money, and other restrictions of individual rights. Such restrictions must be in the PIP approved by SBRC.

Intervention codes.

- PMO = physical management to overcome resistance, includes interventions such as ushering the service recipient who is resisting and physically guiding the service recipient's arms, hands, or legs to prevent injury to self or others.
- PMH = physical management hold, includes interventions such as upper body hold, seated upper body hold, moving to safety, or other approved personal restraint techniques.
- RC = response cost/restrictions imposed due to a specific behavioral event, includes interventions such as time-limited restriction from certain community events or excursions, access to certain personal possessions, or other restriction of individual rights in response to displays of specified challenging behaviors.
- O = other. Please specify any other incident specific restrictive or intrusive procedure used.

Routing

Original - DDSD Psychological Unit and area positive support field specialist by 10th of the month, along with Form 06MP046E, Incident Report