

## External Program Review Committee Emergency use of manual restraint (EUMR) subcommittee agenda

**Date of meeting:** Noon-2 p.m. May 10, 2019

**DSD liaison:** Stacie Enders

**Location:** Elmer L. Andersen Human Services Building, Room 2223, 540 Cedar St., St. Paul 55101. Most members of the committee, however, will participate through an online video conference line.

### Question-and-answer session

The public is welcome and encouraged to ask questions at the beginning of the meeting.

### Discussion

- There will be a presentation about the rate exception process and banding.
- The committee will review the meeting minutes from the previous meeting and vote.
- The committee will review the draft version of an optional quality checklist (below) that committee members may use to review a person's documentation and care plans.
- The committee will discuss how to help teams use the right language and better communicate between providers and case managers.
- Committee members are welcome to bring up topics for discussion.

### Closed session

The remainder of the meeting will be closed so that committee members may discuss any successes or problems they have encountered while working with providers to reduce the use of manual restraint. The discussion will be focused on specific teams and individual people, and ways to support their unique needs. The committee also will review data and documents that are specific to individual people (such as behavior intervention reporting forms) in an effort to determine workloads, who needs guidance and what specific guidance licensed providers might need. This meeting is closed as required by Minn. Stat. § 13D.05, subd. 2(a)(3), to conduct business requiring discussion of health, medical, welfare or mental health data that is classified as not public under the Minnesota Government Data Practices Act.

# EUMR Subcommittee Evaluation Template

## Background Information

Name of person receiving services:

Age:

Name of committee member:

Date of review:

Provider information (name, main contact person, email, address, phone):

Background (diagnoses, etc):

## Functional Behavior Assessment (FBA)

Date of last revision:

Does the plan center on the relevant environment?

Yes No NA Not sure

Does it include a valid functional hypothesis statement?

Yes No NA Not sure

Did the author directly observe the person?

Yes No NA Not sure

Did the author evaluate...

Biological factors

Yes No NA Not sure

Psychological factors

Yes No NA Not sure

Environmental factors

Yes No NA Not sure

Quality of life indicators

Yes No NA Not sure

FBA comments (if further analysis of the FBA might be helpful, use the [FBA Quality Checklist, DHS form 6810F](#) to take notes):

## Positive Support Transition Plan (PSTP)

Date of last revision:

- Does it include relevant content from the FBA? Yes No NA Not sure
- Does it include relevant content from the PCP (if available)? Yes No NA Not sure
- Does it include opportunities for choices/dreams/goals? Yes No NA Not sure
- Does it indicate what motivates the person? Yes No NA Not sure
- Are functionally equivalent/replacement behaviors identified? Yes No NA Not sure
- Does it include a plan for teaching/encouraging replacement behaviors? Yes No NA Not sure
- Does it have clear instructions for staff? Yes No NA Not sure
- (If applicable) Is there a plan to address 911 calls? Yes No NA Not sure

PSTP comments (if further analysis of the PSTP might be helpful, use the [PSTP Quality Checklist, DHS form 6810G](#) to take notes):

## Positive Support Transition Plan Review

Date of last revision:

- Does it describe how data is driving decisions? Yes No NA Not sure
- Did the team indicate what is working? Yes No NA Not sure
- Did the team describe what needs to be changed? Yes No NA Not sure

PSTP review comments:

## Data

- Does the data information include...  
An interpretation? Yes No NA Not sure
- Contextual and Antecedent Variables? Yes No NA Not sure
- Maintaining Consequences? Yes No NA Not sure
- The acquisition of skills being taught? Yes No NA Not sure

Data comments:

### Person-Centered Plan (PCP)

Date of last revision:

Does it include Quality of Life indicators?

Yes No NA Not sure

Does it include important to/important for?

Yes No NA Not sure

PCP comments:

### Other Expertise

Occupational Therapy Evaluation

NA or Date:

Psychiatric Evaluation

NA or Date:

Medical Evaluation

NA or Date:

Dental Evaluation

NA or Date:

Pharmacological Review by Clinical Pharmacologist

NA or Date:

Evaluation comments:

### Committee work

List any pertinent information from previous conversations with this provider:

What specific steps should the provider take to advance their progress with reducing EUMR?

