# DRAFT Minnesota Rules, chapter 9544 for service providers licensed under Minnesota Statutes, chapter 245D - Training

Before we get started, a few navigation tips: You can find the full transcript of this video, including hyperlinks to the mentioned websites, by clicking the “More” link below this video. If you select the gear icon below, you can adjust the playback speed and select from available subtitle options.

Welcome to the State of Minnesota training on Minnesota Rule 9544, Positive Support Strategies and Restrictive Interventions. This training is intended for service providers licensed under [Minn. Stat. § 245D](https://www.revisor.mn.gov/statutes/cite/245D).

This training will cover:

* The intended purpose of the rule.
* Whom the rule applies to.
* Background and other contextual information that might be helpful for successfully following the rule.
* An overview of requirements for functional behavior assessments (FBA).
* An introduction to positive support strategies.
* An introduction to person-centered planning.
* Permitted procedures.
* Prohibitions.
* Requirements for emergency use of manual restraint (EUMR).
* Resources for staff training requirements.
* Requirements for reporting the use of restrictive interventions and incidents.
* Quality assurance and program improvement requirements.
* An introduction to the External Program Review Committee (EPRC).
* An overview of the variance process.

After completing this training, service providers should review all definitions in [**Minn. R. 9544.0020**](https://www.revisor.mn.gov/rules/9544.0020/) **and training requirements for staff in** [**Minn. R. 9544.0090**](https://www.revisor.mn.gov/rules/9544.0090/) **as those are not covered in this training.**

We also recommend reviewing the full [Minn. R. 9544](https://www.revisor.mn.gov/rules/9544/) as this training is more of a summary. To view the full 20-page rule as a single document, click the “PDF” icon at the top right of that page.

This training is based on current rules as of September 2025. The rule or statutes might change over time. When following regulations, remember that new statutes can sometimes override existing rules. If a new statute is passed that conflicts with any rule mentioned here, the new statute would generally take priority.

## Rule purpose

The purpose of Minn. R. 9544, also known as the Positive Supports Rule or PSR, is to enhance the quality of life for people receiving services. This rule requires service providers to:

* Use person-centered supports.
* Promote community integration based on the person’s preferences.
* Focus on creating high-quality environments and lifestyles.
* Develop positive support strategies through team collaboration.
* Train the person receiving services to build skills and reach personal goals.
* Develop support programs that value outcomes important to the person, their family and the community.
* Ensure people are free from humiliating and demeaning procedures.
* Eliminate all uses of aversive or deprivation-based procedures.
* Follow a consistent set of standards for responding to behavior.
* Train staff in positive behavioral supports, person-centered planning and community integration.

## Applicability

As a 245D-licensed service provider, you must follow Minn. R. 9544 when providing services to a person with a disability or a person aged 65 or older. Most 245D-licensed providers must follow the rule for all service recipients receiving 245D services. However, if you are unsure if the rule applies, a "person with a disability" means a person determined to have a disability by the commissioner's state medical review team, as identified as having a disability by the Social Security Administration or a person determined to have a developmental disability or a related condition as defined in [Minn. R. 9525.0016, subp. 2, A-E](https://www.revisor.mn.gov/rules/9525.0016).

A “person with a developmental disability” is defined as a person who has been diagnosed as having substantial limitations in present functioning, manifested as significantly subaverage intellectual functioning, existing concurrently with demonstrated deficits in adaptive behavior and who manifests these conditions before the person’s 22nd birthday.

* “Significantly subaverage intellectual functioning” means a full scale IQ score of 70 or less based on an assessment that includes one or more individually administered standardized intelligence tests developed for the purpose of assessing intellectual functioning. Errors of measurement must be considered according to [Minn. R. 9525.0016, subp. 5](https://www.revisor.mn.gov/rules/9525.0016/).
* “Deficits in adaptive behavior” means a significant limitation in a person's effectiveness in meeting the standards of maturation, learning, personal independence and social responsibility expected for the person's age level and cultural group, as determined by clinical assessment and, generally, standardized scales.

## Background and helpful context for following the rule

* In the definitions section of the rule, “qualified professional” refers to a specific assessment approved by the commissioner that certain professionals are required to complete. This can be found in [Trainlink](https://pathlore.dhs.mn.gov/stc/dsd/psciis.dll?linkid=260959&mainmenu=DSD&top_frame=1) titled “Positive Supports Rule (MN Rule 9544)” or PSR100.
* A [Positive Support Transition Plan (PSTP), DHS-6810 (PDF)](https://edocs.dhs.state.mn.us/lfserver/Public/DHS-6810-ENG) is referenced several times in the rule. It is a template for teams to outline their plan to teach a person new skills and to develop support strategies to prevent challenging behaviors.
* When a PSTP is created for a person and the incidence of targeted interventions listed in the plan do not decrease within six months, service providers must submit a request to the case manager or directly request help with the PSTP from an external qualified professional. For example, if there are two incidents of EUMR in January, two in February and then five in June, this increase in restraint use would require consulting an external qualified professional. Working with other professionals — such as occupational therapists, speech-language pathologists or behavior analysts — is common and encouraged when supporting people with challenging behaviors.

## Functional behavior assessments

A functional behavior assessment (FBA) is the process of closely examining why behaviors occur. An FBA is required any time a PSTP is created or when a qualified professional develops or modifies a written intervention to change a target behavior. Conducting this type of assessment can help teams develop effective positive support strategies that address the root causes of a behavior.

For example, a team might need to conduct an FBA after a child engages in a target behavior, such as stealing food items at a store:

* If the reason is hunger, a positive support strategy could be teaching the child to ask for or bring snacks along when out in the community.
* If the reason is fear of going without food because of past trauma, a strategy could be teaching the child to safely store food in their room as a backup outside regular meals.
* If the reason is to get attention, a strategy could be teaching the child to ask for attention or providing more frequent attention.
* Or if the reason is to share with others at school to stop bullying, the strategy could involve working with the school to address bullying and teaching the child other ways to connect with the other children.

### Who may conduct an FBA

The license holder’s qualified professional or an external qualified professional must conduct the FBA. The license holder must verify and document that the professional meets the applicable qualification requirements in [Minn. R. 9544.0020](https://www.revisor.mn.gov/rules/9544.0020/), subparts 17 or 47.

### Required elements

At a minimum, an FBA must:

* Include direct observation of the person.
* Evaluate whether the following factors make the target behavior more or less likely to occur:
* Biological factors (identified through medical or dental assessments), such as pain, dizziness, seizures or limited range of motion.
* Psychological factors (identified through a diagnostic or suicidality assessment), such as depression or seeing things that are not there.
* Environmental factors (identified through direct observation or talking with a significant individual in the person’s life), such as confrontation with others, lack of appropriate clothing for the weather or lack of adequate space. and
* Quality of life factors, such as not having enough money to do the things they want or struggling to reach a goal, etc.

After assessing these factors, the professional must generate a hypothesis or statement about why the behavior occurs. If unsure about meeting the requirements, they can use the optional [Functional Behavior Assessment Quality Checklist, DHS-6810F (PDF)](https://edocs.dhs.state.mn.us/lfserver/Public/DHS-6810F-ENG) to evaluate the quality of their work.

Sometimes the FBA process is relatively simple and the team can easily identify the cause of the behavior and how to address it. Other times it can be complex and might require extensive data collection, appointments with specialists and trial and error. It is normal for multiple professionals to work together on assessments, so don’t hesitate to ask for help if you are not sure about a portion of the assessment.

Lastly, keep in mind that a “functional assessment” is defined differently in statute and rule than “functional behavior assessment,” though sometimes people use those terms interchangeably. This training does not cover functional assessments.

## Positive support strategies

A “positive support strategy” means a strengths-based strategy based on an individualized assessment (such as an FBA or other type of assessment) that emphasizes teaching a person productive, self-determined skills or alternative behaviors without the use of restrictive interventions.

Service providers must use positive support strategies when delivering services. At least every six months, in collaboration with the person, the license holder must:

* Assess the person’s strengths, needs and preferences.
* Select positive support strategies that integrate the person into their community and are:
  + Evidence-based
  + Person-centered
  + Ethical
  + The least restrictive option
  + Effective.
* Support the person’s self-determination and decision-making.
* Create a desirable quality of life for the person through inclusive, supportive and therapeutic environments.
* Evaluate the effectiveness of these strategies, usually by collecting data in various forms. Based on this review, the license holder should decide if the strategies need changes and make any necessary adjustments.

Remember that staff implementing positive support strategies are more likely to succeed if their own basic needs — like housing, food and safety — are met. Regularly check in with employees and colleagues to see what they need to effectively meet these requirements.

### Examples of positive support strategies

#### Example 1

A person receiving supports who does not use words to communicate engages in self-injurious behaviors when their service provider does not do something as expected. The service provider works with the person to conduct an assessment and develops a plan for improving communication by teaching them how to use a new picture system, which is a positive support strategy. If needed, they may ask the lead agency (meaning the county or tribal nation) to bring in specialists, such as a speech-language pathologist, to help the person and their team. The team starts by collecting data on how often the person engages in self-injurious behavior and continues to track this over time to see if the frequency changes with the use of the new picture system.

In this example, if the frequency of self-injurious behavior decreases, it might indicate that the new picture system for communication is effective. However, other factors could also influence this change, such as the person’s health or how staff are responding to the self-injury. However, if the team finds that the frequency of self-injurious behavior increases or stays the same, they might need to:

* Modify the positive support strategy.
* Replace it with a different strategy.
* Add more strategies if the person’s communication skills have improved but self-injury hasn’t decreased.
* Ensure caregivers use the strategy more consistently.

#### Example 2

### A teenager receiving support causes significant property destruction when unsure how to answer schoolwork questions. The service provider works with the person to assess the situation and develops a support plan that includes teaching coping skills and a reward system for using those skills instead of destroying property, which are positive support strategies. The team has data showing that the teenager engaged in property destruction seven times during school lessons over the past week. They continue to track data over the next couple of months to see if property destruction decreases with the new support plan and also start collecting data on the use of coping skills.

### In this example, either a decrease in property destruction or an increase in the use of coping skills could indicate that the plan is effective, although other factors outside the plan might also affect the teenager’s behavior. If the data show that the support plan isn’t working, the team should revise the plan and consult other professionals as needed to improve supports.

#### Example 3

A person is in a loud work environment and starts feeling overstimulated, but their employer has made it clear they are unable to leave the restaurant until their afternoon shift is over if they want to keep their job. They begin knocking down boxes, yelling and trying to get a customer to join in. The employment supports provider talks with them privately to find out why they are upset. Although the person doesn’t say they’re overstimulated, their pacing and comments about how “annoying” and “stupid” everything is suggest they might be. The provider then helps the person go to the kitchen to work on alternative tasks and explains that they can ask their manager for a work change when they need a quieter area. Going forward, the provider encourages the person to ask for kitchen tasks, where it is quieter, when needed and positively reinforces this choice when they do so, which is a positive support strategy.

### Professional standards for positive supports strategies

The license holder must use professional standards for positive support strategies, which can be found through the following resources:

* The [Association for Positive Behavior Support](https://apbs.org/) [Standards of Practice](https://apbs.org/wp-content/uploads/2025/04/2023-Practice-Guidelines-22025040102.pdf).
* The [U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA) National Registry of Evidence-Based Programs and Practices](https://www.samhsa.gov/resource-search/ebp).
* [SAMHSA Roadmap to Seclusion and Restraint Free Mental Health Services](https://web.archive.org/web/20210724211533/https:/www.clwk.ca/wp-content/uploads/buddyshared/SAMHSA-Roadmap-to-Seclusion-and-Restraint-Free-Mental-Health-Services.pdf).
* The [Behavior Analyst Certification Board](https://www.bacb.com/about-behavior-analysis/) [Guidelines for Responsible Conduct for Behavior Analysts](https://www.bacb.com/wp-content/uploads/2020/09/2010-Conduct-Guidelines.pdf).
* The [NADD Competency-Based Clinical Certification Program Competency Standard 3: Positive Behavior Support and Effective Environments](https://thenadd.org/wp-content/uploads/2020/05/3-PBS-Eff-Envs-05-16-20.pdf).
* Other standards approved by the commissioner that:
  + Have been peer-reviewed.
  + Are widely accepted as authoritative.
  + Reflect current best practices.

### Documentation requirements

The person’s positive support strategies must be written into their service plans. Service providers must document the progress or lack of progress toward each outcome or goal for each person, including progress made on quality-of-life indicators. The service provider must also keep data to:

* Ensure staff are accountable for the services provided.
* Allow the service provider and DHS to evaluate and monitor services.

However, service providers offering family child care, family foster care or family adult day services are not required to document general positive support strategy activities for children and adults who do not need a PSTP — though doing so might be helpful to provide effective services.

### Support to develop positive support strategies

If you need help to develop positive support strategies, contact your lead agency to ask about services available in your area. Some people might be eligible for additional services from positive support and behavior experts.

## Person-centered planning

For people covered by Minn. R. 9544, the service provider must use person-centered planning. This planning must, to the extent desired by the person:

* Include life planning.
* Put the person at the center of the planning process.
* Identify goals.
* Build on the person's capacity to engage in activities.
* Promote community involvement and close personal relationships.

At least every six months, the license holder must evaluate with the person whether:

* The services support the person's individual preferences, daily needs and activities.
* The services help the person achieve their goals.
* The person-centered planning process complies with [Code of Federal Regulations, title 42, section 441.725, paragraph (a)(1)-(4)](https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-C/part-441/subpart-M/section-441.725), which requires that the process:
  + Includes people chosen by the person.
  + Provides information and support so the person can lead the process as much as possible.
  + Helps the person make informed choices and decisions.
  + Is timely and takes place at times and locations convenient to the person.
  + Reflects cultural considerations of the person.
  + Provides information in plain language.
  + Is accessible to people with disabilities and those with limited English proficiency.

Based on the results of the evaluation, the license holder must determine whether changes are needed to enhance person-centeredness for the person and, if so, make appropriate changes.

### Resources for person-centered practices

* DHS created the [person-centered practices webpage](https://mn.gov/dhs/partners-and-providers/program-overviews/long-term-services-and-supports/person-centered-practices/) to provide additional information on this topic.
* Supporting the mental health needs of people who use psychotropic medications can be challenging for many caregivers. To help with this, DHS created a [Psychotropic Medication Manual](https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=pmm-home) to help service providers to use person-centered practices with these medications.
* In partnership with DHS, the University of Minnesota offers a variety of resources on its [Positive Supports Minnesota Person-Centered Practices webpage](https://mnpsp.org/positive-supports/person-centered-practices/).

## Permitted procedures

When written into the person’s service plan and approved by the expanded support team (and by parents in the case of a child), the following procedures are allowed:

* Positive verbal correction that is focused specifically on the behavior being addressed.
* Temporarily taking away or removing items that are being used to harm the person or others.

The following examples of physical contact or techniques may be used, but only if they are the least restrictive way to meet the person’s needs. They can be used occasionally or continuously, but if used continuously, they must be documented in the person’s support plan addendum. These include:

* Holding someone to calm or comfort them if they do not resist.
* Protecting someone who frequently falls due to a medical condition.
* Helping the person complete a task or respond, as long as they show no or only minimal resistance.
* Blocking or redirecting a person’s movements without holding them or limiting their movement to interrupt the person's behavior that may result in injury to self or others with less than 60 seconds of physical contact by staff.
* Redirecting a person’s behavior when the behavior does not pose a serious threat to the person or others and the behavior is effectively redirected with less than 60 seconds of physical contact by staff.

Restraint may be used for the following situations:

* Allowing a licensed health professional to perform a medical exam or treatment ordered by a licensed health care professional safely.
* Assisting with safe evacuation or redirection in an emergency if there is an imminent risk of harm.
* Positioning a person with physical disabilities as specified in their support plan addendum.

Any use of allowable manual restraint must not:

* Be used with a child in a manner that constitutes sexual abuse, neglect, physical abuse or mental injury, as defined in section [Minn. Stat. §260E.03](https://www.revisor.mn.gov/statutes/cite/260E.03).
* Be implemented with an adult in a manner that constitutes abuse or neglect as defined in [Minn. Stat. §626.5572](https://www.revisor.mn.gov/statutes/cite/626.5572" \l "stat.626.5572.2), subd. 2 or 17.
* Restrict normal access to a nutritious diet, water, ventilation, medical care, hygiene facilities, sleeping conditions, clothing or any required state or federal standards.
* Deny visitation or contact with legal counsel, a legal representative or family.
* Be used for staff convenience, punishment, as a substitute for adequate staffing or as a consequence if the person refuses to participate in treatment or services provided by the program.
* Use “prone restraint,” which means use of manual restraint that places a person in a face-down position. Prone restraint does not include brief physical holding of a person who, during an emergency use of manual restraint, rolls into a prone position, if the person is restored to a standing, sitting or side-lying position as quickly as possible.
* Be used in a way that is contraindicated for any of the person's known medical or psychological limitations.

## Prohibitions

The procedures in this section are prohibited when used in any of the following ways:

* As a substitute for adequate staffing.
* For staff convenience.
* For a behavioral or therapeutic program to reduce or eliminate behavior.
* As punishment.

Whether a procedure is prohibited depends on why it’s being used. For example, using a helmet to prevent head-banging behavior is prohibited, but it might be permitted to protect someone who has seizures they can’t control.

Prohibited procedures include:

* Using prone restraint, metal handcuffs or leg hobbles.
* Using faradic shock.
* Speaking to someone in a way that ridicules, demeans, threatens or abuses them.
* Using physical intimidation or a show of force.
* Containing, restricting, isolating, secluding or otherwise removing a person from normal activities when it is medically contraindicated or without monitoring the person.
* Denying or restricting a person's access to equipment such as walkers, wheelchairs, hearing aids and communication boards, unless temporarily necessary to prevent injury to the person or others or serious damage to the equipment. The equipment must be returned to the person as soon as imminent risk of injury or serious damage has passed.
* Using painful techniques or intentionally causing pain, fear of pain or injury, dehumanization or degradation.
* Hyperextending or twisting body parts.
* Tripping or pushing someone.
* Using punishment of any kind.
* Forcing a person to hold a specific position or posture.
* Using forced exercise.
* Restricting a person’s senses.
* Presenting intense sounds, lights or other sensory inputs.
* Using toxic or gross smells, tastes, substances or sprays like water mist.
* Denying or limiting access to normal goods or services or making people earn these basic needs.
* Using token reinforcement or level programs that include a response cost or negative punishments.
* Making a person discipline another person receiving services.
* Using actions that are medically or psychologically contraindicated.
* Using techniques that could obstruct breathing or put pressure on the head, neck, back, chest, abdomen or joints.
* Interfering with a person’s legal rights, as defined by federal regulations or state licensing standards governing the program.
* Using mechanical restraint.
* Using chemical restraint.
* Using manual restraint, except in emergencies.
* Using any other interventions or procedures that might constitute an aversive or deprivation procedure.

Definitions of these procedures can be found under [Minn. R. 9544.0020](https://www.revisor.mn.gov/rules/9544.0020/).

### Token programs

If you are using a token reinforcement or level program, make sure it doesn’t include any kind of penalty or negative consequence. For example, it’s OK to give rewards when someone reaches a goal. Token programs are common in everyday life, like getting a good grade for hard work or a paycheck for working. However, under Minn. R. 9544, you can’t take away a reward that someone has already earned just because they don’t meet a new goal or engage in an undesirable behavior.

It is important to note that people should have access to basic goods and activities, such as phone calls, spending time with friends, snacks, movies, sports or video games, without having to earn them. This doesn’t mean all rewards need to be offered all the time. For example, while it’s common to eat out occasionally, most people don’t eat out every day. So, paying for someone’s meal could be an occasional reward, but they shouldn’t have to earn every opportunity to eat out.

Key points to remember:

* Basic needs, such as food, water, medicine and shelter, must never be withheld.
* Poorly designed token programs can lead to distrust or unwanted behaviors.
* The most effective token programs are:
  + Respectful
  + Age appropriate
  + Individualized to each person.

## If you’re unsure if your token program meets these requirements, email [PositiveSupports@state.mn.us](mailto:PositiveSupports@state.mn.us) for guidance.

### Mechanical restraints

Note that use of adaptive aids or equipment orthotic devices or other medical equipment ordered by a licensed health professional to treat a diagnosed medical condition do not in and of themselves constitute the use of mechanical restraint. For example, license holders may use a seatbelt restraint to help prevent a person from accidentally sliding out of their wheelchair if they cannot physically hold themselves upright. However, using that same seatbelt restraint to keep a person in a wheelchair to prevent challenging behaviors, such as elopement, is prohibited. This is true regardless of whether a doctor or therapist orders the use of the seatbelt because elopement is not a medical condition. This is also true for seatbelt restraints used in vehicles.

Another example: Sometimes licensed health professionals order beds with netting or bars over them or railings around the sides. If the enclosure helps prevent a person from accidentally falling, license holders may use that bed design. However, if the enclosure is intended to address a person’s challenging behaviors, such as wandering during the night, the enclosure would be prohibited if the person is unable to independently exit the enclosure when they want to. When a bed enclosure is used to prevent accidental falls, teams must use the least restrictive design that will effectively achieve safety for the person’s specific care needs. For example, in some situations, lead agencies might need to ask a medical supply company to replace a fixed railing with one that can be lowered by the person independently through the push of a button.

## Use of prohibited procedures

For most people, 245D-licensed service providers may not use prohibited procedures. However:

* In situations where a person’s behavior poses an immediate risk of physical harm to self or others, [Minn. Stat. §245D.06, subd. 8](https://www.revisor.mn.gov/statutes/cite/245D.06" \l "stat.245D.06.8) allows the use of a prohibited procedure for up to 11 months after a [PSTP](https://edocs.dhs.state.mn.us/lfserver/Public/DHS-6810-ENG) is developed to phase out current emergency or programmatic use of that procedure. The 245D-licensed service provider must create the PSTP within 30 days of service initiation. This allowance covers situations such as when a person is transferring to 245D license holder services from a hospital or family home where mechanical restraints were used and time is needed to develop alternative support strategies to prevent physical harm.
* If they miss the 30-day deadline to create the PSTP, the 245D license holder must request use of the prohibited procedure through the [DHS External Program Review Committee](https://mn.gov/dhs/partners-and-providers/program-overviews/long-term-services-and-supports/positive-supports/extension-request/eprc.jsp). [Minn. Stat. §245D.06, subd. 8(b)](https://www.revisor.mn.gov/statutes/cite/245D.06" \l "stat.245D.06.8) limits these requests to situations where the person (not others) is at imminent risk of serious injury because of self-injurious behavior. Information about the committee is provided later in this training.
* All other situations of prohibited procedure use must be pre-approved by the DHS commissioner via the External Program Review Committee.

## Requirements for emergency use of manual restraint (EUMR)

Emergency use of manual restraint (EUMR) means using a manual restraint when a person poses an imminent risk of physical harm to self or others. EUMR must meet the following conditions:

* It must be necessary to protect the person or others from imminent risk of physical harm.
* The restraint used must be the least restrictive way to eliminate the risk and make the situation safe.
* The restraint must stop as soon as the risk of harm is over.
* The service provider must monitor the person's health and well-being during the restraint. Staff monitoring the procedure must not be the staff implementing the procedure when possible.

Property damage, verbal aggression or a person's refusal to receive or participate in treatment or programming on their own do not constitute an emergency. However, some situations might rise to the level of being considered an emergency, such as a property destruction that involves breaking glass in a way that the person is likely to be cut by the glass.

### What is “least restrictive”?

Using the least restrictive emergency manual restraint means restricting the person as little as possible in order to achieve safety. For example, if physical harm can be prevented by using either a one-arm hold or a full-body hold, the one-arm hold is what the service provider should use because it does not limit movement on other parts of the person’s body. Service providers may use more restrictive holds as needed, but only when those holds are necessary to protect the person or others from imminent risk of physical harm.

### Alternatives to restraint

While EUMR might be necessary in some situations, service providers should always be thinking about alternative ways to address a challenging behavior that do not require restraint use. For example, service providers might be able to:

* Put space or an item such as a couch between them and the person to prevent injury from aggression.
* Calm the person by talking to them in an empathetic manner.
* Redirect the person by engaging them in an alternative activity.

And hundreds of other things. What works for one person will typically be different from what works for another person, so it is often helpful when staff are given an opportunity to get to know someone before they start providing services.

### When a PSTP is required for EUMR

Service providers must develop a [PSTP](https://edocs.dhs.state.mn.us/lfserver/Public/DHS-6810-ENG) for a person who has been subjected to either:

* Three incidents of EUMR within 90 days.
* Four incidents of EUMR within 180 days.

### Use of EUMR to ensure safety

Some service providers are hesitant to allow their staff to use emergency manual restraint, but it can sometimes be necessary in unexpected situations. For example, if a person is cutting their wrists or runs in front of traffic, service providers might need to physically intervene to save the person from harm. Failure to protect the person could potentially be considered neglect. Sometimes service providers might call 911 instead of using EUMR, but emergency responders might not arrive fast enough to help or the person might be afraid of them, which could make the situation worse. It is important for providers to find a balance between avoiding restraint and ensuring people are kept safe from harm.

We recommend all service providers provide training and have a policy that allows staff to use restraint during emergencies because:

* It is impossible to know all the situations they might encounter and they might need to save a life someday regardless of what company policy states.
* Staff who are not trained in EUMR and who have not practiced might hurt themselves or others in emergency situations of restraint use.
* Staff likely will feel more confident and act competently during emergencies when they know the rules around restraint use and know that company policy supports them in emergency situations.

DHS provides two sample policy templates to help service providers draft their EUMR service policies. We recommend, though do not require, that service providers use the template titled [Emergency Use of Manual Restraint (EUMR) Allowed Policy (DOCX)](https://mn.gov/dhs/assets/emergency-use-of-manual-restraint-allowed-policy_tcm1053-540904.docx).

### Required notice

When services start or whenever the provider creates or changes their policy on EUMR, they must inform the person receiving services about this policy. This notice must clearly explain the person’s rights and be in writing. The provider must get a signed acknowledgment from the person (or their legal representative, if applicable) confirming they were informed.

### Reporting the use of EUMR

There are several steps 245D-licensed service providers must take to report the use of EUMR, such as notifying certain people, evaluating the adequacy of company policies and more. The steps are outlined in detail under [Minn. Stat. §245D.061](https://www.revisor.mn.gov/statutes/cite/245D.061). The next section of this training will review the form that must be submitted to DHS when an EUMR or other reportable intervention is used.

## Requirements for reporting the use of restrictive interventions and incidents

Service providers must use the Behavior Intervention Reporting Form (BIRF), which can be found on the [DHS Reporting restraint use, behavior interventions and other incidents webpage](https://mn.gov/dhs/partners-and-providers/policies-procedures/minnesota-health-care-programs/provider/types/reporting-behavior-intervention-incidents/), to report to the commissioner the following incidents involving people covered by this rule:

* An emergency use of manual restraint.
* A medical emergency occurring as a result of the use of a restrictive intervention with a person that leads to a call to 911 or seeking physician treatment or hospitalization for a person.
* A behavioral incident that results in a call to 911.
* A mental health crisis occurring as a result of the use of a restrictive intervention that leads to a call to 911 or a provider of mental health crisis services as defined in [Minn. Stat. §245.462, subd. 14c](https://www.revisor.mn.gov/statutes/cite/245.462" \l "stat.245.462.14c).
* An incident that requires a call to mental health mobile crisis intervention services.
* A person's use of crisis respite services because of use of a restrictive intervention.
* Use of pro re nata (PRN) medication to intervene in a behavioral situation. This does not include the use of a psychotropic medication prescribed to treat a medical symptom or a symptom of a mental illness or to treat a child with severe emotional disturbance.
* An incident that the person's Positive Support Transition Plan (PSTP) requires the program to report.
* Use of a restrictive intervention as part of a PSTP as required in the plan.

### Pro re nata (PRN) medication

For examples of inappropriate PRN use that require a BIRF and suggested actions to handle these situations, see the "PRN Medications" and "Chemical Restraint" sections on the [DHS Psychotropic Medication Manual, Preparing for appointments webpage](https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=pmm-000701).

### Reporting timelines

The timelines for submitting a report to DHS can be found in the [Positive Support Transition Plan Instructions, DHS-6810B](https://edocs.dhs.state.mn.us/lfserver/Public/DHS-6810B-ENG), Part 6.

### When not to report

Only report actions of the service provider and those working under their license in a BIRF, not actions of others. For example:

* If a parent that is not staff uses mechanical restraint on a person while taking them out for lunch, that does not require a BIRF.
* If a neighbor places a person receiving support in an emergency manual restraint, that does not require a BIRF.
* If a person receiving support calls 911, that does not require a BIRF.
* If a person’s partner gives them a medication to make them sleepy for the purpose of addressing challenging behavior, that does not require a BIRF.

However, depending on the situation, it might be necessary for the service provider to complete other types of reports or actions. Review [Minn. Stat. §245D.06, Subd. 1](https://www.revisor.mn.gov/statutes/cite/245D.06) for information on other types of reporting, such as serious injury, maltreatment, etc.

## Resources for staff-training requirements

Service providers must ensure that staff responsible to develop, implement, monitor, supervise or evaluate positive support strategies, a PSTP or the emergency use of manual restraint complete initial and annual training requirements. A list of the core training requirements can be found in [Minn. R. 9544.0090](https://www.revisor.mn.gov/rules/9544.0090/). Service providers can access free or low-cost trainings for their staff to meet these requirements through the [College of Direct Support](https://mn.gov/dhs/partners-and-providers/training-conferences/long-term-services-and-supports/college-of-direct-support/). The University of Minnesota provides an outline of which courses meet the rule requirements. To view the outline, visit [Using the College of Direct Support to Meet the Minnesota Positive Support Rule Training Requirements](https://publications.ici.umn.edu/community-living/direct-course-mn-crosswalks/using-cds-mn-psr?_draft=463428ea-7516-436e-a641-87ef71c7fc83) webpage.

## Quality assurance and program improvement requirements

Service providers must have a program improvement process to regularly evaluate how well positive support strategies and person-centered planning are being used and to find strengths and areas for improvement. Providers must carry out this review at least every six months. After reviewing, the license holder must take steps to address any issues found. They must also keep records of these improvement activities and provide data on the process and outcomes when DHS requests it.

## Introduction to the External Program Review Committee

The [External Program Review Committee (EPRC)](https://mn.gov/dhs/partners-and-providers/program-overviews/long-term-services-and-supports/positive-supports/extension-request/eprc.jsp):

* Monitors the implementation of Minn. R. 9544.
* Recommends policy changes to the commissioner.
* Reviews requests for the emergency use of procedures and makes recommendations to the commissioner to approve or deny those requests.
* Reviews reports of the emergency use of manual restraint and provides guidance to license holders.

The committee works closely with a DHS team that manages projects and activities related to Minn. R. 9544. After submitting a Behavior Intervention Reporting Form (BIRF) or Positive Support Transition Plan (PSTP), service providers might receive an email or call from an EPRC or DHS representative. Both groups aim to provide helpful and friendly support to assist service providers in following the rule. Service providers can reach these groups by emailing [PositiveSupports@state.mn.us](mailto:PositiveSupports@state.mn.us). You are also welcome to attend the [EPRC’s monthly public meetings](https://mn.gov/dhs/partners-and-providers/program-overviews/long-term-services-and-supports/positive-supports/extension-request/eprc.jsp) to give feedback about policy requirements.

### Requesting emergency use of a prohibited procedure

If you need to request the use of a prohibited procedure to protect a person from imminent risk of serious injury, contact DHS at [PositiveSupports@state.mn.us](mailto:PositiveSupports@state.mn.us) to inquire about the process. Sometimes there is confusion about the difference between prohibited procedures, rights restrictions, restricted procedures and similar terms, so DHS staff are available to help teams in determining which forms need to be completed and which processes need to be followed. Contacting DHS first helps ensure license holders do not waste their time filling out unnecessary forms.

## Overview of the variance process

[Minn. Stat. §245A.04, subd. 9](https://www.revisor.mn.gov/statutes/cite/245A.04" \l "stat.245A.04.9" \o "Minnesota Statutes 245A.04" \t "_blank) allows the DHS commissioner to grant variances for rules that do not affect the health or safety of people in a licensed program under certain conditions. However, DHS will not grant a “variance” to allow the use of a prohibited procedure. Other variance requests will be reviewed individually, following DHS guidelines and legal authority. To request a variance, use the [DHS Variance Request form, DHS-3141 (PDF)](https://edocs.dhs.state.mn.us/lfserver/Public/DHS-3141-ENG).

## Conclusion

Thank you for taking time to learn about positive support strategies and person-centered practices under Minn. R. 9544. For more information, visit the DHS [Positive supports webpage](https://mn.gov/dhs/partners-and-providers/program-overviews/long-term-services-and-supports/positive-supports/). If you have questions or comments about the rule or this training video, please send an email to [PositiveSupports@state.mn.us](mailto:PositiveSupports@state.mn.us). You can also contact your licensor with questions. If you are unsure how to contact your licensor, visit the [DHS Licensed programs webpage](https://mn.gov/dhs/partners-and-providers/licensing/) to find contact information by license type.