**Section 390.1320 Behavior Management**

a) Behavior management shall be conducted under the direction of a psychologist or Qualified Mental Retardation Professional with a behavior science education and one year of experience in behavior management.

b) The facility shall have written policies and procedures concerning behavior management as needed to meet the needs of the residents. These policies shall be directed to maximizing the growth and development of the resident and shall emphasize positive approaches. These policies shall contain at a minimum:

1) A hierarchy of available methods from least to most restrictive.

2) Policies that define the use of Individual Behavior Programs, the persons qualified to authorize them, and a mechanism for monitoring and controlling their use.

c) An Individual Behavior Program shall be developed for each resident, if deemed necessary by the facility's psychologist or Qualified Mental Retardation Professional. All Individual Behavior Programs shall be designed to facilitate the development of adaptive behaviors, replace maladaptive behaviors with those that are more adaptive and appropriate, and channel maladaptive behavior into more appropriate modes of expression. They shall utilize the least restrictive methods that are effective. When positive reinforcement is used solely for the purpose of improving adaptive or acceptable behavior, an Individual Behavior Program is not required.

d) Each Individual Behavior Program shall be reviewed and approved by the interdisciplinary team, which must include, for this review, a psychologist or a Qualified Mental Retardation Professional with a behavior science education and one year of experience in behavior management.

e) Each Individual Behavior Program shall specify:

1) the behavior objectives of the program;

2) the method to be used;

3) the schedule for the use of the method;

4) the person responsible for the program;

5) the data to be collected to assess progress toward the objectives.

f) Each Individual Behavior Program shall be available in the appropriate program and living areas, and to the resident and his family.

g) The facility shall not permit residents to discipline other residents.

h) The facility shall maintain records of significant maladaptive behavior and the action taken by staff as a consequence of such behavior.

i) When food is provided as part of a behavior management program, its effect on nutrition and dental status shall be determined and considered. Such programs shall not employ, or result in, denial of a nutritionally adequate diet.

j) When time out is used for behavior management:

1) It may be utilized only as an integral part of an Individual Behavior Program.

2) It may not include the use of seclusion.

3) The resident may be retained in a given area for a brief period of time. An open-top enclosure in which the resident can move freely and can see either over or through the sides may be utilized. A chair or mat must be provided, as appropriate.

4) Time out for more than 15 minutes at any one time, for more than a total of 30 minutes in any one hour period, or for more than a total of two hours in any eight hour period, shall be effected only upon the written order, on each occasion, of the facility administrator or other designated supervisory or professional personnel. Consecutive periods of time out separated by less than five minutes shall be considered as a single period of time out. The order shall state in detail the reason for the time out and may not be for a period of more than one hour. No order for further time out may be written unless the facility administrator or designated supervisory personnel on duty at the time has reviewed the situation with the staff and has documented the need for another period of time.

5) When time out exceeds 15 minutes at any one time, the situation shall be reviewed at least every 15 minutes by the facility administrator or designated supervisory personnel.

6) A staff member shall be assigned to visually check on each person in time out at least every 15 minutes.

7) A record must be kept for each period of time out. Each time a resident is placed in time out, entries shall be made, either in a separate log kept for this purpose or in the resident's record. For time out periods of 15 minutes or less, the following entries shall be made: name, number of periods of time out in a specified block of time (not to exceed four hours). For time out periods of more than 15 minutes, the following entries shall be made: resident's name, time in, time out, name of authorized person signing written order for time out, reason resident was placed in time out, and signature of staff member requesting time out. Staff members assigned to 15 minute checks must sign the log as the time checks are made, recording the time and the resident's condition.

8) All safety precautions shall be observed so that the resident cannot injure himself while in "time out."

k) When behavior management is used to alleviate significant, chronic maladaptive behavior in a resident, it may be utilized only as an integral part of an Individual Behavior Program.

l) No form of seclusion shall be permitted.

(Source: Amended at 20 Ill. Reg. 12101, effective September 10, 1996)