

Positive Behavior Supports



PEER REVIEW

Guidance for Providers Implementing Positive Behavior Supports

Massachusetts Department of Developmental Services

2022, Version 1

This document was developed as guidance to assist the DDS community to implement Positive Behavior Supports and it is not a substitute for a thorough understanding of applicable law, regulation, and DDS policy. See 115 CMR.5.00

Purpose

The purpose of Peer Review is to provide a safeguard for individuals who are subject to restrictive procedures that can only be found in an Intensive Positive Behavior Support Plan (I-PBSP), by ensuring that treatment alternatives on less intrusive tiers of support were considered and exhausted prior to the development of an I-PBSP, that no prohibited practices are operating, and that proposed treatment in the Plan meets regulatory standards.

- Regulations governing Peer Review can be found at 115 CMR 5.14(12)(b).

When is an Intensive Positive Behavior Support Plan (I-PBSP) Required?

Individuals are recommended to receive Intensive Supports when there are concerns for the health, safety, or emotional well-being of the individual, or others, the individual is at risk, or the individual's quality of life is seriously impeded due to challenging behavior. An I-PBSP is always required to be peer reviewed when one or more restrictive procedures listed below are included in the plan; these are considered to be intrusive or aversive such that they may increase the likelihood of physical or psychological harm.

- When an individual is subject to a **restraint** more than one time within a week or more than two times within a month. [Behavior Safety Plan also required. 115 CMR 5.11(c)]
- When health-related protective equipment is used to prevent risk of harm during challenging self-injurious behavior. [Human Rights Committee review also required. 115 CMR 5.12(1)(b)(2), (115 CMR 5.14(14)(e)]
- "Timeout" requiring physical removal over the individual's active resistance to the time out (115 CMR 5.14(14)(a))
- Overcorrection (115 CMR 5.14(14)(b))
- Response Cost (115 CMR 5.14(14)(c))
- Response blocking (115 CMR 5.14(14)(d))

Composition of the Peer Review Committee (PRC)

The requirements for membership are the same whether it is a DDS or provider sponsored PRC:

- A minimum of three PBS Qualified Clinicians [please see [115 CMR 5.14\(10\)\(a\)](#)] are required to attend each meeting.
- At least one of the PBS Qualified Clinician must be a licensed psychologist.
- The members of the PRC must have combined expertise in the care and treatment of individuals with needs similar to those served by the facility or program and in behavior analysis and behavioral treatment. [115 CMR 5.14(12)(b)(1)]
- The PRC must exclude any PBS Qualified Clinician responsible for the development or implementation of the Intensive PBSP.
- Other stakeholders, such as a Human Rights Specialist, may attend the PRC review meeting, but are excluded from being a PRC member.

Providers who cannot meet the membership requirements within their agency may either partner with other providers or utilize the DDS Regional PRC.

Peer Review

Peer Review is conducted by a provider agency PRC or by a DDS PRC to determine whether an Intensive Positive Behavior Support Plan conforms to the appropriate treatment established by 115 CMR 5.14.

- When reviewing the I-PBS, the Committee can consider a variety of materials including but not limited to:
 - the proposed I-PBSP
 - the FBA
 - data on behaviors to decrease
 - data on behaviors to increase (may not be available for initial review, but required for subsequent reviews)
 - record reviews
 - interviews
 - inspections
 - any additional materials the Committee deems necessary.
- The purview of the Committee's review results in one of four outcomes:
 - Approval
 - Approval pending revision (with content requiring revision explicitly stated and with date of expected resolution)
 - run the plan 'as is'; it is not contra-indicated
 - make the recommended revision(s) ASAP
 - implement with recommended revision(s)
 - submit revised plan to PRC for verification and record keeping
 - Denial/disapproval. If the Peer Review Committee determines that that either the entire I-PBSP or a portion of it violates the requirements for appropriate treatment established by 115 CMR 5.14, the I-PBSP in its entirety or the portion of it in question, shall not be implemented until and unless the PBS Qualified Clinician who is responsible for the development or implementation of the Plan resolves the issue raised by the Peer Review Committee. To interrupt treatment via 'disapproval' means the risks of implementation, in part or in full, far outweigh the benefits.
 - do not implement until all recommended revision(s) are made
 - revision(s) submitted to Chair (and/or PRC) for 2nd review
 - revision is chair/PRC-approved or returned again to repeat 1 & 2 until approval
 - implement the plan with recommended revisions
 - Request for additional information.
- Each Peer Review Committee is responsible for maintaining written records of the I-PBSPs reviewed at each meeting and the results of these reviews. When and if changes are made to any I-PBSP those changes must be made available to the Peer Review Committee at each meeting.
- All new I-PBSPs containing restrictive procedures must be reviewed by the program's Human Rights Committee no later than the next HRC meeting following the PRC meeting at which the I-PBSP was first presented to the Peer Review Committee. [115 CMR 5.14(13)(b)]. The Human Rights Committee, at the request of the program head or designee, shall expedite a review for cases in which immediate consideration of the I-

PBSP is necessary to protect the individual's health and safety, as determined by the program head or designee.

At its discretion, the Department of Developmental Service will periodically review the records of the Peer Review Process and monitor the process to insure both compliance and quality control.

What should the PRC be looking for to safeguard effectively?

The PRC will consider and note:

- Why universal and targeted supports were not sufficient [(115 CMR 5.14 (5)(c)(4))]
- That an FBA was completed with best practices, including the individual in the process whenever possible
- That the function(s) of the behavior(s) drive the development of the I-PBSP, particularly the skills/replacement behaviors that will be taught and/or reinforced, along with consequences (including reinforcement) in place that reflect an effective way for the individual to return to less intrusive tiers of support
- That the application of practices are evidence-based and are least restrictive, to ensure that there are no unintended consequences to the detriment of the individual. When no evidence is available or evidence is unreliable, the PBS Qualified Clinician should engage in Peer Consultation and contact the DDS Leadership Team to provide guidance around innovative practices.
- That the I-PBSP contains no prohibited practices as described in 115 CMR 5.14(15)

Role of the Peer Review Committee (PRC) Chair

The PRC chair oversees the smooth functioning of the PRC. The roles and responsibilities of the PRC chair or designee include but are not limited to the following:

- Scheduling meetings; gathering and distributing information as needed
- Ensuring proper membership for each meeting (see "Composition of the PRC" above)
- Working with all members of the committee to arrive at consensus
- Ensuring that all decisions are consistent with the current regulations and latest guidance available
- Documenting and forwarding the written decision of the PRC to the author of the plan within the prescribed guidelines
- Maintaining records of all PRC decisions
- Providing documentation of decisions to DDS as requested.

DDS Regional Peer Review Committees will use a standardized response format to assist providers who provide services across regions and may appear at more than one DDS Regional Peer Review Committee.

The completed Peer Review document should be provided to the PBS Qualified Clinician who authored and presented the I-PBSP to the PRC for approval. A copy of the document should be kept by the PRC Chairperson and should be available to DDS upon request. Additionally, a copy of the I-PBSP and the document from the PRC should be provided to the appropriate Human Rights Committee for review and approval.

PRC Procedural Considerations

1. I-PBSP and supplemental information must be submitted in a timely fashion to the Peer Review Committee to ensure that Committee members have time to review the Plan. Ideally, it is recommended that the information be received at least 7 days before the meeting of the PRC.
2. The author of the I-PBSP should be present at the Peer Review Meeting to discuss the proposed I-PBSP and to answer any questions that the PRC may have. The PBS Qualified Clinician responsible for the plan must be present.
3. The PRC should provide a verbal determination at the meeting, and written feedback to the Plan's author regarding the committee's determination within 7 days; the presenters may request an expedited response. Providers who operate their own Peer Review Committee may use their own format as long as a clear written record of the meetings and decisions is available to DDS. DDS has provided a sample format for Peer Review Committees to use at www.ddslearning.com.
4. If the Plan is not fully approved, the PBS Qualified Clinician responsible for the plan must resubmit the Plan to the PRC chair and schedule a review of all parts of the Plan that were disapproved or required further clarification.
5. Once the I-PBSP is approved by the PRC, the Plan can be submitted to the Human Rights Committee.
6. All Plans with restrictive procedures must have obtained consent from the individual and/or his or her legally authorized representative.

Peer Consultation

Peer Consultation is distinct from Peer Review. It is a voluntary process designed to provide clinical consultation to clinicians implementing treatment on any PBS tier. Peer Consultation may serve as a form of peer clinical supervision to assist PBS Clinicians to share complex cases and seek additional input about treatment recommendations. DDS encourages providers and clinicians to discuss how to best create a peer consultation model that meets the needs of clinicians.