Public Respondent	Feedback	DDSD Feedback
Survey Monkey	Overall thoughts – Providers may be fearful of performing any EPR as the liability appears great for providers. - IDT to be scheduled within one day seems unrealistic. - What is the two-business day timeline? - If someone does EPR and is not trained neglect needs to be filed, if you use an EPR that is not approved neglect will be filed. (This was stated in the meeting that was held on 9-20-17) This is confusing; can we get clarification on this? - BSC can designate someone to be a trainer (Is this a best practice?) - What is the post incident analysis report (is this new)? - What is this comprehensive report?	a. NMAC 7.26.5.12.B "The IDT shall be convened at least annually and may be convened as frequently as conditions or circumstances warrant...In situations where an individual is at risk of significant harm, the team shall convene within one (1) working day, in person or by teleconference. If necessary, the ISP shall be modified accordingly within seventy-two (72) hours." Thus, at this time, the two-business day timeline is wrong and will be changed to be consistent with regulation. b. If someone does EPR (with BCIP that addresses EPR) & is not trained, a DHI report should be filed. If EPR is used in an emergency situation & EPR (or non-approved or non-trained EPR methods are used), an incident the standards allow for that
DRNM	Opening Paragraph, pg. 1-This paragraph states that it is the intention of DDSD that every waiver participant is free from the unnecessary use of restrictive physical crisis intervention measures. DRNM asserts that this language is not strong enough. While there are instances where restraint is regrettably necessary to guard against harm to self or others, unnecessary restraint must never be permitted. The service standards should explicitly state that DOH and DDSD do not permit the use of any restraint that is unnecessary.	Thank you. DDSD changed the language. It now states: "It is the intention of the DOH Developmental Disabilities Support Division (DDSD) that every waiver participant is free from the use of restrictive physical crisis intervention measures that are unnecessary."
DRNM	Provider Agency Administration, pg. 4-Part 8d states that agencies may choose to offer post-incident counseling to any parties involved in a restraint event. Being restrained is often a highly traumatic experience for the person experiencing the restraint. Therefore, DRNM asserts that the Department should require counseling be provided to the waiver participant by the agency any time the participant or his or her guardian requests it.	DDSD will consider requiring counseling in the future but will remain as a choice for the issuance of these standards.

Public Respondent	Feedback	DDSD Feedback
ADDCP	Page 1: Specific Circumstances where….is permitted include: Line 3: Does not discuss any circumstances and instead discusses discontinuance of the EPR. This line appears to be misplaced in the standards. We would also comment that the first line of this area is very subjective and no one can assure the "safety of all persons in the immediate vicinity". A staff person could make subjective assumptions about this but could not ever be 100 percent assured of this.	a. Making post incident counseling mandatory needs to be discussed by DDSD. b. Discontinuance criteria is certainly a part of the circumstances; if DSP decide to use EPR then they need to know when to release. At times, there have been concerns with lengthy restraints, and when we have discussed use of EPR with DSP, they also have brought this up (That they wish to have clear guidelines related to this) We will leave the information here. c. We understand the point--inserted word "reasonably" before "assured."
ADDCP	Page 2: Roles and Responsibilities – Behavior Support Consultant - line 3: Since standard states that the BSC will prepare a "draft plan within two business days of the Emergency IDT". This appears to imply that others in the IDT can make suggestions for modifications to the plan even though they are not trained to do so. Is that the intent?	IDTs can always make suggestions to change or modify plans (see Standards, BSC Scope). BSCs are trained to assess situations and make plan modifications in conjunction with team members (most particularly, DSPs' perspectives are needed, not just agency supervisors/administrators). However, that is not the intent here; the intent is to mobilize & train needed behavioral resources quickly in an emergent/crisis situation.
ADDCP	Page 2: Roles and …BSC – Line 7: We would advise changing "Participates in" to "Completes the" This appears to be within the scope of practice of the BSC and not in the scope of the remainder of the IDT. While the other IDT members can provide insight into factors leading up to the use of the EPR, asking them to analyze the prevention and early intervention strategies is outside their expertise. Page 2: Roles ….Interdisciplinary Team: Line 1: We would ask for further clarification on what constitutes an Emergency IDT. Can this meeting be by phone, email or other means or must this be an in person meeting. We would question how DDSD would expect providers to enforce this on non-paid supports on the IDT? This one day rule is also contradicted in line 4 which allows at least 2 business days to convene an IDT.	a. The sentence will stay the same. This post incident analysis is intended to involve the IDT, with the provider agency coordinating and taking the lead in conducting the analysis and creating the report. See also the BSC scope in the standards; while the BSC is certainly responsible for creating a plan, s/he is also trained to assess prevention & intervention techniques in conjunction with DSP & other team members, using the observations & input in any "tweaks" that need to be made to a plan or its implementation. b. What constitutes an emergency IDT is clearly spelled out in NMAC 7.26.5 in section 7.26.5.11 & 12 "...ancillary service providers shall participate in the IDT meeting and the ISP development process.... In situations where an individual is at risk of significant harm, the team shall convene within one (1) working day, in person or by teleconference. If necessary, the ISP shall be modified accordingly within seventy-two (72) hours." b. See above & below comments.

Public Respondent	Feedback	DDSD Feedback
ADDCP	Page 2: Roles ….Interdisciplinary Team: Line 1: We would ask for further clarification on what constitutes an Emergency IDT. Can this meeting be by phone, email or other means or must this be an in person meeting. We would question how DDSD would expect providers to enforce this on non-paid supports on the IDT? This one day rule is also contradicted in line 4 which allows at least 2 business days to convene an IDT.	As stated previously, NMAC 7.26.5.12.B indicates an IDT will be convened in one business day, so the standards must be consistent with regulation.
ADDCP	Page 2: Roles…..Interdisciplinary Team : Line 3: Participates in training: We would like input from DDSD on how to require some members of the IDT to participate in training. Members point out that corporate guardians seldom are trained on anything regarding the individual. Nor do we believe that the intent is to force family members or friends to do so either.	Changed language to read: "Participates in training regarding the revised PBSP, BCIP, and PPMP to the level specified in the Individual Specific Training section of the Individual Service Plan."
ADDCP	Pages 3, 4, 5 & 6: Provider Agency Administration: First paragraph, first line – we recommend adding the word challenging before behaviors.	Looked at the specific pages referenced, and inserted the word "challenging" in the first paragraph.
ADDCP	Number 1: We are not sure what this line in the standards is asking for. Providers are required to utilize one of three protocols already approved. Those protocols (Mandt, etc.) have already completed the evaluation of risks to the individual. Is the purpose of this line to have agencies make a list of times when EPR can be used?	We are not asking to make a list of times EPR can be used. We are asking providers to create/establish a decision-making process to use, to guide their DSP/agency decisions on whether or not the use of EPR with a particular person/situation is warranted or justified. If the protocol being used (MANDT, Handle With Care, or CPI) have information or models that inform the decision-making process, then these can of course be incorporated.
ADDCP	Number 5: The assumption is that a. through h. are general statements regarding what must be included in the agency protocol (Mandt, etc.) that is being used. Please advise if not.	Items a-h are general statements of what must be included in the training that the agency provides; if any information is missing in the training of the protocol chosen by the agency, then the missing information must be provided.
ADDCP	Number 8: Decompression/Resolution protocols: is there any guidance from DDSD about any protocols that are available?	DDSD will research and provide reference material in the standards training.
ADDCP	Number 9: Does this mean that all instances of EPR that do involve injury are not documented in the GER?	All instances of EPR that result in injury are reported to DHI-IMB, and not in the GER.
ADDCP	Number 10: d. Comprehensive written report: since entry is made into the GER that includes much of this information, would the GER report suffice for this report?	The GER report wouldn't fulfill all requirements for distribution, but could replace the comprehensive report if it contained all of the required information.

Public Respondent	Feedback	DDSD Feedback
ADDCP	Number 10: d. ix. We would question who is completing this medical assessment as the event is unfolding. DSP's are not qualified to make the types of assessments that is being requested here. We would also question how a DSP working alone with an individual could be making any type of assessment while involved in the administration of an EPR. We would suggest that comment be added that this would be included "as available".	DSP certainly are trained to assess subtle physical symptoms and signs of distress in the persons with whom they work every day. The list of things to monitor are not all that subtle! If there are concerns that staff working alone with an individual may have difficulty monitoring these things, a "time out" procedure at regular intervals during the EPR may need to be utilized to address this.
ADDCP	Number 10: d. xi. We would recommend striking this requirement for the written report. Disciplinary actions would normally be implemented on the DSP. That information may be protected by other rules and regulations and would not be privy to the recipients of this report.	BBS understands the concern regarding disciplinary actions taken with employees. We have modified the language of this item to be more consistent with its intent, which is to inform the team of what to expect as a result of this incident regarding any alterations to the PBSP, BCIP, etc. and the continued use (or discontinued use) of EPR.
ADDCP	Number 10: d. xii. Again, we would recommend striking this requirement. We are not sure about the purpose of the guardian having opportunity to discuss the administration of an EPR with program staff. How does this impact health and safety of the individual?	It may not impact the health and safety of the person. However, many times guardians have questions or concerns regarding events that may be traumatic for their ward and/or for others using or viewing the EPR. In BBS' experience, if guardians are not able to express and thus put aside their concerns about an incident or incidents, mistrust may certainly develop. This item is to ensure information flow and rapport building, not criticism and/or control of DSP by the guardian. Please contact any BBS staff if you need additional guidance regarding this requirement.
ADDCP	Number 10: e. If an incident is reported to DHI, the agency is not allowed to investigate the incident (as discussed in previous chapters). Is the comprehensive written report the result of an investigation? We would ask that you clarify number 10: g. We would ask that clarification be provided to analyzing data monthly. If any individual had one EPR administered 20 years ago, this standard requires that the agency continue to collect and analyze data monthly. At what point is this no longer applicable This is a contradiction with DHI.	The information being gathered for the comprehensive written report is not an ANE investigation. The primary purpose of the activities documented in the report are to inform the agency, DSP, and the rest of the team what occurred, including what prompted the EPR, what the person's and the DSP's reactions were (before & after the EPR), and an analysis of what DSP and others might do differently next time.

Public Respondent	Feedback	DDSD Feedback
ADDCP	Number 10: g. We would ask that clarification be provided to analyzing data monthly. If any individual had one EPR administered 20 years ago, this standard requires that the agency continue to collect and analyze data monthly. At what point is this no longer applicable?	The monthly reports refer to the persons who experienced EPR within the calendar month. Agencies are required to collect data (e.g., record EPR) on an ongoing basis. The only times the agency would NOT need to report would be when there are NO EPRs within the calendar month. So, anything that happened 20 years ago (OR 20 months ago) is not relevant.
ADDCP	Pages 6 & 7: Direct Support Personnel:	N/A
ADDCP	Number 1: b. We recommend striking the word agency from this line and having it read: “using strategies in the approved crisis prevention/intervention protocol”. We would also comment that if there is an approved BCIP in place, it would take precedence over any agency protocol.	We changed the word "agency" to "agency's" to indicate the protocol the agency has chosen. The statement that "if there is an approved BCIP in place, it would take precedence over any agency protocol" is inaccurate. The agency crisis prevention/crisis intervention protocol informs what the DSP actually do in response to a crisis where there is imminent danger to self or others; the BCIP indicates when it is time to use those actions.
ADDCP	Number 1: c. We recommend striking “(and no more)” as unnecessary to this line.	Language was deleted.
ADDCP	Number 2: numbers 3, 4, 5, and 6 appear to be how a DSP should “implement an EPR considering the following safety requirements” and should be number a., b., c., and d.	Agreed. We will indent and make a #7.
ADDCP	Number 3: We would again question how a DSP working alone would be able to accurately assess skin color, respirations etc. while they are actively involved in the administration of an EPR. We would encourage DDSD to explain.	Again, DSP certainly are trained to assess subtle physical symptoms and signs of distress in the persons with whom they work every day. The list of things to monitor are not all that subtle! If there are concerns that staff working alone with an individual may have difficulty monitoring these things, a "time out" procedure at regular intervals during the EPR may need to be utilized to address this.
ADDCP	Number 6: We are unsure what this line is attempting to state. We would ask that the sentence be clarified.	Clarified language: "Using immediate physical intervention, possibly including EPR, if necessary to substantially reduce the risk of serious harm even if a supported person presents unique, unprecedented, and unpredicted behavior (and there is not a BCIP in place at the time).

Public Respondent	Feedback	DDSD Feedback
ADDCP	In general, we believe that DDSD should include language in this section that DSPs are sometimes working in situations that are stressful and strenuous. We believe that acknowledgement should be made that they are asked to make split second decisions and that DDSD will do everything possible to support and protect them if they have made decisions that they believed were in the best interest of the individuals that they serve.	The following preamble was added to this section: "DDSD acknowledges that Direct Support Personnel may work in situations that can be very strenuous and stressful, requiring them to utilize their many hours of training and experience to make split-second decisions regarding the persons that they serve each day. DDSD is committed to support DSP to make the best decisions possible through training and technical assistance at the individual and agency level."
ADDCP	Page 7: Human Rights Committee: we believe the word Members were meant to be included in the title.	Changed subsection to read: "HRC membership must include:"
9/20/17 Forum	Emergency IDT convenes within 1 business day…is this expectation reasonable? Via phone/email ok? NMAC (clarification in ISP/PCP chapters)	a. NMAC 7.26.5.12.B "The IDT shall be convened at least annually and may be convened as frequently as conditions or circumstances warrant...In situations where an individual is at risk of significant harm, the team shall convene within one (1) working day, in person or by teleconference. If necessary, the ISP shall be modified accordingly within seventy-two (72) hours." Thus, at this time, the two-business day timeline is wrong and will be changed to be consistent with regulation. b. If someone does EPR (BCIP that addresses EPR in place) & is not trained in an EPR protocol, a DHI-IMB report should be filed. If EPR is used in an emergency situation & EPR (or non-approved, non-trained, or PROHIBITED EPR methods are used), the incident is reported to DHI-IMB. c. A BSC designating a trainer for portions of the PBSP (and related plans) is fine, if the requirements addressed in the BSC scope in the standards are met. Note that BSCs are the final authority related to designating trainers for PORTIONS of their plans--that is to say that not all portions of plans can be trained by others--this is at the plan author's discretion of what can/can't be trained.. Understanding that and only designating the portions of the plans that can be trained by others is best practice; it is also best practice for BSCs to arrange for re-training of staff where indicated. d. The post analysis incident report describes the incident & documents what actions were taken after an incident of EPR takes place (post incident analysis). It is prepared by the agency; a GER of the incident may suffice IF it contains all of the report requirements outlined in the standards.

Public Respondent	Feedback	DDSD Feedback
9/20/17 Forum	2 days if EPR use unprecedented – rectify this	a. NMAC 7.26.5.12.B "The IDT shall be convened at least annually and may be convened as frequently as conditions or circumstances warrant...In situations where an individual is at risk of significant harm, the team shall convene within one (1) working day, in person or by teleconference. If necessary, the ISP shall be modified accordingly within seventy-two (72) hours." Thus, at this time, the two-business day timeline is wrong and will be changed to be consistent with regulation. b. If someone does EPR (BCIP that addresses EPR in place) & is not trained in an EPR protocol, a DHI-IMB report should be filed. If EPR is used in an emergency situation & EPR (or non-approved, non-trained, or PROHIBITED EPR methods are used), the incident is reported to DHI-IMB. c. A BSC designating a trainer for portions of the PBSP (and related plans) is fine, if the requirements addressed in the BSC scope in the standards are met. Note that BSCs are the final authority related to designating trainers for PORTIONS of their plans--that is to say that not all portions of plans can be trained by others--this is at the plan author's discretion of what can/can't be trained.. Understanding that and only designating the portions of the plans that can be trained by others is best practice; it is also best practice for BSCs to arrange for re-training of staff where indicated. d. The post analysis incident report describes the incident & documents what actions were taken after an incident of EPR takes place (post incident analysis). It is prepared by the agency; a GER of the incident may suffice IF it contains all of the report requirements outlined in the standards.
9/20/17 Forum	Who calls the meeting? – Provider involved in EPR	NMAC 7.26.5

Public Respondent	Feedback	DDSD Feedback
9/20/17 Forum	DHI vs GER report?	a. NMAC 7.26.5.12.B "The IDT shall be convened at least annually and may be convened as frequently as conditions or circumstances warrant...In situations where an individual is at risk of significant harm, the team shall convene within one (1) working day, in person or by teleconference. If necessary, the ISP shall be modified accordingly within seventy-two (72) hours." Thus, at this time, the two-business day timeline is wrong and will be changed to be consistent with regulation. b. If someone does EPR (BCIP that addresses EPR in place) & is not trained in an EPR protocol, a DHI-IMB report should be filed. If EPR is used in an emergency situation & EPR (or non-approved, non-trained, or PROHIBITED EPR methods are used), the incident is reported to DHI-IMB. c. A BSC designating a trainer for portions of the PBSP (and related plans) is fine, if the requirements addressed in the BSC scope in the standards are met. Note that BSCs are the final authority related to designating trainers for PORTIONS of their plans--that is to say that not all portions of plans can be trained by others--this is at the plan author's discretion of what can/can't be trained.. Understanding that and only designating the portions of the plans that can be trained by others is best practice; it is also best practice for BSCs to arrange for re-training of staff where indicated. d. The post analysis incident report describes the incident & documents what actions were taken after an incident of EPR takes place (post incident analysis). It is prepared by the agency; a GER of the incident may suffice IF it contains all of the report requirements outlined in the standards.

Public Respondent	Feedback	DDSD Feedback
9/20/17 Forum	DHI incident if no plan in place	a. NMAC 7.26.5.12.B "The IDT shall be convened at least annually and may be convened as frequently as conditions or circumstances warrant...In situations where an individual is at risk of significant harm, the team shall convene within one (1) working day, in person or by teleconference. If necessary, the ISP shall be modified accordingly within seventy-two (72) hours." Thus, at this time, the two-business day timeline is wrong and will be changed to be consistent with regulation. b. If someone does EPR (BCIP that addresses EPR in place) & is not trained in an EPR protocol, a DHI-IMB report should be filed. If EPR is used in an emergency situation & EPR (or non-approved, non-trained, or PROHIBITED EPR methods are used), the incident is reported to DHI-IMB. c. A BSC designating a trainer for portions of the PBSP (and related plans) is fine, if the requirements addressed in the BSC scope in the standards are met. Note that BSCs are the final authority related to designating trainers for PORTIONS of their plans--that is to say that not all portions of plans can be trained by others--this is at the plan author's discretion of what can/can't be trained.. Understanding that and only designating the portions of the plans that can be trained by others is best practice; it is also best practice for BSCs to arrange for re-training of staff where indicated. d. The post analysis incident report describes the incident & documents what actions were taken after an incident of EPR takes place (post incident analysis). It is prepared by the agency; a GER of the incident may suffice IF it contains all of the report requirements outlined in the standards.
9/20/17 Forum	Don’t ever discourage reporting…DHI will screen out – only ANE if injury…	N/A
9/20/17 Forum	Ensure that someone looks at it to make sure it was justifiable	N/A
9/20/17 Forum	If unprecedented but may reoccur…develop plan	N/A
9/20/17 Forum	P7 HRC reqs – exception to required HRC approval	Additional clarification is needed to address this comment.
9/20/17 Forum	Emergency review if needed to approve plan quickly?	Comment from the forum. Language already in the section pointed out.

Public Respondent	Feedback	DDSD Feedback
9/20/17 Forum	P5 #10 – use GER to correspond w/IDT within 3 days?	As discussed in the feedback forum, the GER would suffice for the written report if all required information was contained therein. Item rewrote to state: "4. Verbally informing their administration as soon as possible and by written report (GER) no later than the next business day whenever an EPR is administered. The written report shall be provided to the agency director or his/her designee."
9/20/17 Forum	Do Case Managers receive training re: EPR?	Answered in the forum meeting--no, CMs are not required to take a training on EPR but they certainly can if they wish.
9/20/17 Forum	P6 #11 re: sanctions/discipline – staff….should this really be broadcast to whole team?	BBS understands the concern regarding disciplinary actions taken with employees. We have modified the language of this item to be more consistent with its intent, which is to inform the team of what to expect as a result of this incident regarding any alterations to the PBSP, BCIP, etc. and the continued use (or discontinued use) of EPR.
9/20/17 Forum	In general way…this will be looked at.	N/A