

**Protection of Individuals Receiving Services in Facilities Operated
and/or Certified by OPWDD**

REGULATION TEXT SUMMARY
NOTICE OF PROPOSED RULE MAKING
AMENDMENT OF 14 NYCRR SECTION 633.16

OPWDD is updating the 633.16 Person-Centered Behavioral Intervention regulation in order to make necessary updates, clarifications, and changes to better meet the needs of individuals with intellectual and developmental disabilities and the agencies that provide services. Some of the changes include those that were requested by agencies and others are clarifications or minor changes to certain parts of the text to ensure consistency of practice, ensure safety and due process rights, and facilitate agency compliance with the regulations.

Throughout the regulation, updates have been made to diagnostic terminology to match changes in diagnoses reflected in current diagnostic manuals and classification systems. These changes are needed to maintain accuracy and clarity when making diagnostic references.

Minor changes have been made to qualifications to be a behavior intervention specialist, a clinical title used to identify staff who may write behavior plans. These changes have been made to ensure that no one currently in those titles will be negatively affected. The changes clarify the pathway to achieving a higher-level clinical status and reduces the time requirement required to attain that higher level status. These changes are needed to assist agencies in being able to hire qualified staff for these clinical positions.

Specific changes have been made to the section regulating the use of restrictive/intrusive interventions to define, describe, and separate the use of blocking pads when used in response to challenging behavior. Requirements regarding use, inclusion in a behavior support plan, and additional requirements are outlined. These changes are in response to agency requests for clarification on use of blocking pads.

Additional changes have been made including what licensed clinicians can supervise behavior intervention specialists and what procedures may be consented to by an informed consent committee (ICC) in the event that a person with disability is unable to provide their own consent and has no other guardian, family, or other regulatorily authorized entity (such as the Willowbrook Consumer Advisory Board) who can provide consent on their behalf.

Finally, among other minor changes, clarifications have been made regarding the procedures for implementation and due process rights related to any clinically needed limitation on specific rights articulated in regulation. These clarifications are needed to ensure protections and safety for all individuals receiving services.