Worker Guide: Professional Behavior Services

March 2026

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Summary of March 2026 updates:

- Revised the section on co-authorship to clarify that it refers more to administrative support than true co-authorship.
- Update to ODDS behavior database.
- Update on chosen services section.
- Clarified limits in expenditure guidelines.
- Further clarification in the Standard Rate and Rural Rate, including definition of cost-effective.
- Telecommunication section updated with new requirements.
- Added guidance for OR570 when a person is transitioning from an institutional setting.
- Added guidance for billing during a person's short hospital stay.
- When a Notice of Exit form is needed.
- Expanded the list of explicitly billable activities for OR570 and OR310 hours.
- Certification requirement section updated for clarity.
- Added guidance for informal guidelines.
- Added guidance on physical positioning and limb shadowing/buffering.
- Revised guidance on PBSP training by author or designee.
- Added Chapter 8 on Initial Training, for use of OR570 vs OR310 hours and training in all settings.
- Added clarification on what data tracking should look like.
- Added link to OIS Instructors.
- Revised PBSP section to note that PBSPs are reviewed annually.
- Updated OIS table to 2025 curriculum levels.
- Updated all links throughout guide.

Chapter 1: Becoming a Behavior Professional

Both agency and independent providers of professional behavior services are held to the same requirements, and qualifications. They both follow the requirements of OAR 411-304, and the components of professional behavior services are the same for both provider types. Any person who is creating a temporary emergency safety plan (TESP), functional behavior assessment (FBA), positive behavior support plan (PBSP) or maintaining the PBSP is doing the work of a behavior professional.

Agency	Independent Provider
Must follow OAR 411-323, OAR 411-370 and complete the agency Provider Enrollment Application and Agreement (PEAA).	Must follow OAR 411-375 and complete the independent PEAA.
Certified Medicaid agencies are subject to the requirements of their certification.	Independent providers are not subject to Oregon Department of Human Services (ODHS) licensure.
Agencies have employees.	Independent providers do not have employees.
Agencies are endorsed to and required to follow OAR 411-304.	Are required to follow OAR 411-304.
Agencies have a provider enrollment agreement with ODDS. Agencies are responsible for ensuring that all employees or contractors adhere to OAR 411-304. All employees or contractors delivering professional behavior services must meet the education and experience requirements as well as have a background check and be certified in an ODDS-approved behavior intervention curriculum upon hire or promotion. Any existing employee who	Independent providers have a provider enrollment agreement with ODDS.

Agency	Independent Provider
is performing the work of a behavior professional must meet requirements when the agency goes through their certification or endorsement process.	
Agencies must carry insurance as outlined in OAR 411-323	Independent providers are required to carry commercial liability insurance.

Supported Living Providers

Supported living providers may deliver professional behavior services to individuals within their agency without a separate endorsement to OAR 411-304. These agencies are required to ensure staff providing professional behavior services are qualified. If the supported living agency chooses to offer professional behavior services to someone not enrolled in their agency, they must become endorsed to OAR 411-304. When a person residing within the supported living setting requires behavior supports in another setting, such as employment, they may choose to have the behavior professional employed by the supported living provider update their plan.

Education and Experience Requirements for Behavior Professionals

Education	Experience
BCBA	One year of experience providing positive behavior supports
Master's	One year of experience providing positive behavior supports
Bachelor's	Two years of experience providing positive behavior supports
No Qualifying Degree	Six years of experience delivering professional behavior services, gained prior to Jan. 1, 2023

Qualifying degrees include the fields of psychology, sociology, human services, education, social work, or other social or behavioral sciences, or similar.

Additional Qualification Requirements

All behavior professionals must meet education and experience requirements, pass a background check and maintain certification in an Office of Developmental Disabilities Services (ODDS) approved behavior intervention curriculum. Proof of qualifying education is required upon initial endorsement or enrollment for behavior professionals. Examples of providing positive behavior supports can include but not limited to; direct support professional (DSP,) personal support worker (PSW,) or job coach.

Background Check

All ODDS providers are subject to background checks prior to working with individuals.

Certification in an ODDS – Approved Behavior Intervention Curriculum

Every person working as a behavior professional must maintain certification in an ODDS-approved behavior intervention curriculum.

For more information on becoming a behavior professional, visit the Behavior Professional Resource page.

Administrative Support and Oversight

Updated March 2026

When an agency employee is not qualified as a behavior professional, they may collaborate with a qualified behavior professional to support the development of TESPs, FBAs, PBSPs by completing non-billable administrative tasks.

When a qualified behavior professional provides oversight, that behavior professional assumes responsibility for the work product.

Only the work done by a qualified behavior professional can be invoiced and paid at the Professional Behavior Service rate. Contributions from an employee not qualified as a

behavior professional may be documented in the note accompanying the invoice. Only one behavior professional can be paid through eXPRS.

Reenrollment, Recertification, Endorsement

Independent Provider

An independent provider must keep their provider certification current. When requested, an independent provider of professional behavior services must submit the following to ODDS:

- Redacted copies of a FBA, PBSP or both, with corresponding invoices.
- Proof of a minimum of 12 hours of continuing education in the field of positive behavior support services, adaptive behaviors, behavior management, or a related topic every two years.
- Certification in an ODDS-approved behavior intervention curriculum.
- An approved criminal history check identifying the independent provider as a behavior professional.

Agency Provider

When a provider agency first goes through their certification or endorsement process for professional behavior services, ODDS will request the following information for each person currently performing the duties of a behavior professional:

- Redacted copies of a TESP, FBA and PBSP and corresponding invoices. If the behavior professional has not yet written a TESP, this should be noted in the renewal packet.
- Proof of a minimum of 12 hours of continuing education in the field of positive behavior support services, adaptive behaviors, behavior management, or a related topic every two years.
- Certification in an ODDS-approved behavior intervention curriculum.
- An approved criminal history check identifying the agency employee as a behavior professional.

After an agency is endorsed, the above documentation will need to be collected and retained by the agency for any additional behavior professionals hired. It is the agency's responsibility to ensure any employees hired as behavior professionals meet all qualifications. Documentation will be requested by ODDS upon an agency's endorsement renewal.

Finding a Behavior Professional

Updated March 2026

ODDS maintains a public database of behavior professionals. For behavior professionals to add themselves or their agency to the database, please use the Forms link at the bottom of the database site.

To use the database, the Service Coordinator (SC) or Personal Agent (PA) may type key words into the search box to filter behavior professionals by county or other criteria. The SC or PA should complete Choice Counseling for the service, as well as the potential provider with the individual and/or guardian. They can then contact the behavior professional to verify their availability or waitlist.

Alternatively, Case Management Entities (CME) can look in eXPRS to identify independent and agency behavior professionals by name or provider type specialty, view their credentials, and contact them to identify availability for new referrals.

Chapter 2: The Individual Support Plan (ISP)

Known Risks

Identify and Describe Each Challenging Behavior

In the Known Risks section of the ISP, the SC or PA must document each known challenging behavior exhibited by the individual that constitutes a "risk," that the team agrees should be addressed in a TESP, FBA or PBSP. From there, the behavior professional can create a specific, measurable plan for addressing the challenging behaviors, in the environment in which it occurs, with a functional alternative behavior. Behaviors that constitute "risks" can be grouped together in the ISP.

Exhibiting a Challenging Behavior

For someone to receive professional behavior services, they must exhibit a challenging behavior as outlined in OAR 411-317-0000. This means the behavior would prevent them from carrying out activities of daily living (ADL), instrumental activities of daily living (IADL), health-related tasks, or it poses a risk to the health and safety of the person or others.

The need for professional behavior services might be assessed through:

- A person's Oregon Needs Assessment (ONA.)
- A person's Risk Identification Tool or ONA Risk Report.
- Through discussion with the person and their ISP team.
- Upon request from the person or their representative.

Chosen Services

Updated March 2026

In the Chosen Services section of the ISP, the SC or PA uses the drop-down boxes to describe the appropriate professional behavior services Plan of Care (POC) code. In some cases, the SC or PA may have to type in specific information that may not be included in a drop-down list.

For people residing in 24-hour residential settings the “Additional Chosen Services” section of the ISP or Chosen K-Plan SE257 can be coded in the ISP.

OR570 and OR310 can be authorized in the ISP at the same time, however these services need to be delivered and billed separately by behavior consultants. OR310 does not start until OR570 is completed and plan is approved by ISP team.

CMEs are required to provide alternative language and format materials, including braille, large print, or audio files, at no cost to people applying for or receiving services, or their representatives, upon request. Materials should be offered if CMEs are aware of a person's need or if a request is made. The Language Access Worker Guide will have more information on accessing this service for individuals and families.

OR570

When a TESP, FBA or PBSP are indicated as needed by the person and their ISP team “OR570” must be selected in the ISP to authorize this service. The total number of combined hours authorized for a TESP, FBA or PBSP event may not exceed limits outlined in the expenditure guidelines without an exception from ODDS.

Please note: Some people may be eligible for a different number of hours based on their service group or settings in which they participate. All hour limits are outlined in the expenditure guidelines and are summarized below:

Updated March 2026

An individual whose ONA service group is ‘5-Very High’ and whose Behavior Support Score is ‘yes’ (5b) are eligible for an additional 15 hours of OR570 (total of 45 hours).

An individual who receives employment or Day Support Activities (DSA) services and gets in-home or residential services who need support with behaviors in multiple settings, are eligible for an additional 10 hours per year to address the additional setting.

After selecting OR570, the SC or PA must identify the number of units for this service. The Unit type for this code is “Event(s)”. Each service— the TESP, FBA, and PBSP—count as one event that can be indicated on the ISP.

The frequency for OR570 is per plan year. The authorized dates should be in accordance with ISP team agreement but cannot exceed the plan year. Services may be authorized again in the following plan year when needed.

The next section of the ISP is the “chosen provider” section. This is where the SC or PA would list the provider chosen by the person and other related information. Sometimes an individual does not have a provider identified during the ISP and will choose one later. This information should be noted in this section of the ISP.

For “OR570” the SC or PA can indicate in this section the number of hours anticipated to complete each event. Additional information about the rates and hours that can be authorized can be found in the expenditure guidelines.

In the “list identified needs” section of the ISP, the SC or PA must describe the behavior-related needs the service will address.

Here is an example of what the “Chosen K Plan Services” section can look like for OR570, although it is not necessary to split up anticipated hours for each event if not needed:

Service Element: SE49 Comp In-Home for Adults		
Service Code: OR570-Behavior Consultation, Assessment and Training		
Number of Units: 3	Unit Type: Event(s)	Per (Frequency): Plan year
Authorized Dates:	Same as plan effective dates	Start date: End date:
Chosen provider type(s) and current rate(s) (PSW, non-PSW independent provider, provider organization, general business, etc.):		

Frank would like to hire Pretty Good Behavior Company at the rate outlined in the expenditure guidelines. The anticipated hours needed for the TESP are 6, FBA 12, and PBSP 12 hours. The total sum of hours for each event cannot exceed 30 hours without prior ODDS exception approval.

A TESP is not required for all people receiving professional behavior services. If a TESP is needed, the SC or PA must indicate the reason for the TESP.

An FBA is required for every person receiving professional behavior services. The SC or PA must indicate the challenging behaviors requiring the FBA and identify the number of hours authorized for its completion.

The FBA will identify if a PBSP is needed.

OR310

After OR570 is completed, there may be a need for OR310 should the behavior professional and ISP team indicate maintenance services are needed. It should be noted that not all individuals will require OR310, and completing a PBSP is not an automatic authorization for OR310 services. At times, an individual or ISP team may determine they want to implement the plan and determine how it's working before determining that OR310 should be authorized.

If the ISP team agrees to add OR310, the hours authorized in the ISP may not exceed the limits described in expenditure guidelines without an approved exception.

Please note: Some people may be eligible for a different number of hours based on their service group or settings in which they participate. These hours are outlined in the expenditure guidelines and are summarized below:

Updated March 2026

Typical limits for OR310 are 18 hours per plan year.

An individual whose ONA assigned service group is '5-Very High' and whose Behavior Support Score is 'yes' (5b) are eligible for an additional 12 hours of OR310 (total of 30 hours).

An individual who receives employment or DSA services and gets in-home or residential services who needs support with behavior in multiple settings can access an additional 12 hours per year to address the additional setting.

Below is an example of what the "Chosen K Plan Service" section of the ISP would look like for OR310:

Service Element: SE49 Comp In-Home for Adults		
Service Code: OR310-Behavior Support Services - ST, Standard Rate		
Number of Units: 18	Unit Type: Hour(s)	Per (Frequency): Plan year
Authorized Dates:	Same as plan effective dates	Start date: End date:
Chosen provider type(s) and current rate(s) (PSW, non-PSW independent provider, provider organization, general business, etc.):		
Frank would like to hire Pretty Good Behavior Company at the rate outlined in the expenditure guidelines to maintain his PBSP. The total amount of service cannot exceed 18 hours without prior ODDS exception approval.		

Quick Reference Guide

Billing Code	Professional Behavior Service Event
OR 570	Temporary Emergency Safety Plan (TESP), when needed
OR 570	Functional Behavior Assessment (FBA)
OR 570	Positive Behavior Support Plan (PBSP), when indicated by the FBA
OR 310	Maintenance of the FBA and PBSP

Chapter 3: Plan of Care (POC) Codes and Billing

OR570

Open a plan line in POC and identify the number of events for OR570 using the correct modifier. A Super User can go back into eXPRS and edit this later.

Create a Service Prior Authorization (SPA) for each event and:

- Identify the independent behavior professional or agency
- Identify the date range
- Identify the not-to-exceed dollar amount anticipated for the completion of that event

The SC or PA can enter the TESP, FBA and PBSP in draft until ready to approve and submit.

For people choosing professional behavior services from their supported living provider through the budget, no additional authorization needs to be made in POC.

OR310

Open a plan line in POC and identify the number of hours and frequency to be used (hours/month, hours/year, etc.) using the correct modifier Rural (RU) or Standard (ST.) A Super User can go back into eXPRS and edit this later.

Once saved, create a Service Prior Authorization (SPA) and identify the independent behavior professional or agency.

Provider Panel

When authorizing a behavior professional the Case Management Entity (CME) must add the behavior professional to their Provider Panel in eXPRS.

Standard Rate and Rural Rate

When a behavior professional lives 70 or more miles away from where they travel to deliver professional behavior services, the modifier “RU” is used for both OR570 and OR310 service

codes. When a behavior professional lives fewer than 70 miles to deliver professional behavior services, the modifier “ST” is used for both OR570 and OR310 service codes. The “RU” modifier results in a higher rate to account for the behavior professional’s mileage and travel expenses.

Updated March 2026

Per OAR 411-317-0000 (54) to be “cost-effective,” a service must adequately meet the support needs of an individual. To access the “RU” modifier, the ISP team must agree that the behavior consultant more than 70 miles away, best fits the needs of the individual.

New: Minimum in-person service requirements

Updated March 2026

Regardless of distance, the following must occur in person with the individual receiving services. If the individual or guardian refuses in person services, the SC/PA can note this in the ISP. **There is no need to determine the number of in-person and virtual contacts that will determine whether to authorize the standard or rural rate. Regardless of which rate is selected, based on the distance between the behavior professional and the individual, certain activities must now take place in person:**

In-person OR 570 requirements

- When training and retraining on evasions, deflections, releases, barriers, safeguarding interventions and safeguarding equipment.
- Observing the individual at home or community during the development of either TESP, FBA or PBSP.
- Whenever requested by individual, guardian or provider.

In-person OR 310 requirements

- When training and retraining on evasions, deflections, releases, barriers, safeguarding interventions and safeguarding equipment.

- Observing the individual at home or community to evaluate response to supports from plan development.
- Whenever requested by individual, guardian or provider.

Approving a TESP, FBA and PBSP

The SC or PA must read the TESP, FBA, or PBSP to ensure the document(s) meet the minimum requirements outlined in OAR 411-304. The checklists in the appendix of this guide reflect the requirements in rule. The SC or PA must not release a pending payment in eXPRS until the document is approved.

If the document does not meet requirements, the SC or PA must work with the behavior professional to ensure revisions are made. The SC or PA and behavior professional are expected to work together to resolve issues timely. If the issue cannot be resolved, the SC or PA and the behavior professional may contact ODDS for assistance by emailing: odds.questions@odhsoha.oregon.gov.

OR570 – When Transitioning from an Institutional Setting

Updated March 2026

When a person who has been enrolled in DD services is transitioning from an institutional setting to a DD residential setting, OR570 may begin before the person is released from institutional setting to ensure there is support for the person on the first day they are in their new home.

Examples of when OR570 may be provided:

- When someone is leaving an institutional setting (for example Oregon State Hospital)
- When someone is leaving an acute care hospital.
- When someone is leaving incarceration.

In these situations, the person's ISP can be updated with professional behavior services while they are in the institutional setting. A behavior professional can then be identified and begin

the work of creating and training the person's TESP or PBSP to then be completed and paid after they are released from the institutional setting.

The behavior professional must submit to the CME an invoice of the hours worked on the TESP. The CME will then authorize the total not to exceed the amount for the TESP as a one-day event in Plan of Care. This authorization must occur after the person has been released from the institutional setting. This does not replace the need to have prior authorization on the ISP, before the start of the service.

This guidance cannot be used to correct errors in authorization of OR570 or in other situations when a person is transitioning, such as moving from their family home to a residential setting. This is only to be used when having the TESP in place will ensure the person is able to transition from an institutional setting to a home and community- based setting.

Behavior Services when Someone is in the Hospital

Updated March 2026

A behavior professional may develop materials to complete OR570 services while a person is in an acute care hospital. Tasks such as reviewing data or records, creating or updating documents, can be worked on while someone is in the hospital. SC or PA should work with the behavior professional to inform the behavior professional of the person's hospitalization and to not make any claims while the person is hospitalized.

The Behavior Professional must submit to the CME an invoice of the hours worked on the OR570 services. The CME will then authorize the total not to exceed amount for the OR570 services as a one-day event in Plan of Care the first day the person has re-entered DD services and is in their home. This is due to the OR570 service being billed as an "event" and not an hourly service. This does not replace the need to have prior authorization on the ISP, before the start of the service.

A behavior professional may not deliver OR310 services of any kind while a person is in the hospital. While positive behavior supports through attendant care are allowable during acute hospital care, Professional Behavior Services are not.

Incomplete Events

Events like a TESP, FBA, and PBSP are invoiced and paid upon completion. If a behavior professional is not able to complete a TESP, FBA or PBSP, because an individual has moved, chooses to change behavior professionals, or other reasons, they can submit an invoice to SC/PA outlining the services that have been provided along with an explanation as to why the event could not be completed. The behavior professional must provide any work they were able to complete, proportionate to the hours/units being claimed. The SC or PA can approve the invoice and release payment for the hours worked without an ODDS exception.

Notice of Exit

Updated March 2026

When a behavior professional has made the decision to reduce services provided to an individual without prior approval from the individual, a Notice of Exit needs to be delivered by the Behavior Professional. Until a new form is developed, the form to use is 0719 C and behavioral services will need to be noted manually.

Collaboration Between the SC or PA and the Behavioral Professional

The SC or PA and the behavior professional should create a collaborative, professional environment, by communicating expectations and timelines with each other, the person, and others on the ISP team at the beginning of the professional behavior services process.

When changes or edits are needed on a person's TESP, FBA, or PBSP for approval, good communication is essential to quickly resolve the issue(s) and ensure payments are released timely. This expectation is for both the SC/PA and behavior professionals.

Approving an Invoice

Updated March 2026

A behavior professional may only invoice for billable activities. Billable activities include, but are not limited to:

OR570

- Observing or engaging with the person in various environments, including school or work
- Collecting and reviewing data to develop a TESP
- Writing the TESP
- Training designated persons on TESP
- Interviewing people to inform the FBA
- Reviewing records to inform the FBA
- Attending meetings to inform the FBA
- Attending ISP team meetings pertaining to plan development
- Performing research on the individual's specific diagnoses to inform FBA
- Writing the FBA
- Performing research on specific behavior supports for use with the individual to inform FBA
- Writing the PBSP
- Creating support materials including:
    - Budgeting sheets
    - Choice boards
    - Emotion boards
    - First-Then strips

  - Picture cues
  - Social stories
  - Tangible incentive systems
  - Visual schedules
  - Training the individual and designated persons on the PBSP
  - Revising the PBSP based on team discussion

OR310 after PBSP is completed

- Training or retraining current designated persons or individuals on updates to the PBSP.
- Updating the FBA
- Updating the PBSP
- Attending meetings that may result in changes to the PBSP
- Observing, evaluating/re-evaluating the person's response to supports outlined in their PBSP in various environments, including school or work
- Interviewing to inform updates to the FBA or PBSP
- Developing, training, implementing, and updating a behavior data collection system
- Reviewing data collected from the behavior data collection system
- Creating support materials including:
  - Budgeting sheets
  - Choice boards
  - Emotion boards
  - First-Then strips
  - Picture cues
  - Social stories

- Tangible incentive systems
- Visual schedule

Invoiced amounts cannot exceed the hours/units authorized for the specific event in the ISP and POC.

An invoice for an OR570 event must include

- A list of the dates of service for the events being invoiced.
- Name of the individual served.

The name of the behavior professional who provided the service on each date. If all services were provided by an independent behavior professional with no other behavior professionals on staff, they may choose to include their name on only the first service date.

- Date of service.
- Who provided the service.
- Location of where and method of how the service was provided.
- Length of time required for the service, including start and end times.
- Description of the service delivered.
- People present when the service was delivered.

Invoices should be prepared at the time of, or immediately following, the event being recorded. Invoices must be accurate and contain no willful falsifications. Invoices must be legible, dated, and signed by the behavior professional who authored the document. Invoices must be made available upon request by the CME, ODDS, or their designees. Invoices for professional behavior services do not need to include rates. Rates paid must reflect the rates in effect according to the expenditure guidelines when the service was authorized.

Billing for OR310 can occur as frequently as needed, however billing for any Medicaid cannot exceed 365 days after the service has been provided.

Case Management Entities' Responsibility for Releasing Payment

Once the CME reviews a TESP, FBA or PBSP, verifies it meets the minimum requirements outlined in rule, and has received an invoice, they must release the pending payment to the behavior professional in a timely manner. This is typically within 10 business days when no corrections are needed. If the "not-to-exceed" amount drafted in eXPRS is more than the actual invoice being paid, then the drafted amount can be adjusted.

Exceptions

When a person's need for professional behavior services exceeds the amount outlined in the expenditure guidelines an SC or PA may request an exception. Examples of when an exception may be needed:

- The person requires behavior supports to address challenging behavior in multiple settings and the number of hours outlined in the expenditure guidelines for this situation will not be sufficient to meet the need.
- The person experiences a high volume of change in designated persons, staffing or supportive persons who must be trained in plan techniques.
- The person experiences an exceptionally complex condition or displays a multitude of complex behavioral challenges which require more intensive analysis, planning, and training.
- The person or their family need language interpretation or translation services to access professional behavior services.

The SC or PA does not need to wait until all available hours for each service are exhausted before requesting an exception. ISP teams are encouraged to review current information and determine if an exception may be needed early in the process.

There may be many ways to determine if an exception may be needed. Some examples are:

- Creation of the FBA has used most of the hours available for OR570 without an exception.
- The rate of use of OR310 in the first part of the person's ISP year indicates they will run out before the ISP renews.
- A previously approved exception for OR310 is still needed the following year based on observation data.

Chapter 4: Temporary Emergency Safety Plan (TESP)

A TESP is a brief, but proactive support document intended to be used only in emergency situations when there is an acute behavioral challenge that requires immediate intervention to address the health and safety of the person or others, while the FBA and PBSP are being completed.

TESP Timelines

TESPs are authorized to mitigate an urgent situation and must be completed and delivered to the person, their family, providers, and the SC or PA no later than 15 days after the behavior professional agrees to deliver professional behavior services by signing the ISP or service agreement. TESP timeline requirements and expected completion date must be included in the ISP.

The TESP expires after 90 days. The SC or PA may reconvene the ISP team if the expiration date needs to be extended for exceptional circumstances. If the team agrees, an additional 90 days may be added to the expiration date of the TESP. The expiration date can only be extended one time, allowing the TESP to remain valid for a total of six months. The one-time extension of the TESP must be documented in an ISP change form.

TESP Requirements

All the information identified by rule is required in every TESP. If something does not apply to the specific person or situation, the behavior professional must identify the reason why the topic does not apply rather than omitting the topic. If a TESP is authorized, then an FBA must be completed.

TESPs may only include safeguarding interventions if a person is entering a new setting or a new challenging behavior emerges, and the TESP includes documentation about how to use the safeguarding interventions. New IBLs may be developed in this case. This guidance will be reflected in rule in a future update. An individually based limitation (IBL) is still required if including a safeguarding intervention in a TESP. See Appendix A for an easy reference TESP checklist.

Chapter 5: Functional Behavior Assessment (FBA)

The FBA identifies the purpose of or reason for the challenging behavior displayed by the person. The FBA should clarify the challenging behavior and identify how that behavior is impacted by the person's diagnoses of intellectual or developmental disability.

FBA Timelines

The rule does not have specific timeline requirements for the completion of the FBA. For individuals with a TESP however, an FBA must be in place before the expiration date of that document.

Most FBAs will take about 90 days to complete. However, the time needed to complete the FBA may be affected by many of factors, including a person's unique needs or the availability of the designated persons.

The FBA timeline cannot exceed the ISP timeline unless it is authorized again in the next plan year.

FBA Requirements

All the information identified by rule is required in every FBA. If something does not apply to the person or situation, the behavior professional must note this and document the reason why the topic does not apply.

Updated March 2026

The FBA interview or interviews should involve the individual unless they refuse or there is some other extenuating circumstance. If the interview(s) do not involve the individual, the FBA should document why they do not.

When a functional behavior assessment (FBA) does not indicate the need for a PBSP, a PBSP does not need to be completed. The behavior professional can be paid for the FBA even when a PBSP is not completed.

Informal guidelines can be developed by the behavior professional for designated persons to follow. Informal guidelines can alternatively be developed by any member of the ISP team. They are not considered professional behavior services and cannot be billed for as such. Informal guidelines cannot include any intervention with restraining qualities.

See Appendix B for an easy reference FBA checklist.

Chapter 6: Positive Behavior Support Plan

A PBSP identifies the functional alternative behaviors as replacements to a challenging behavior. It also creates a practical and effective plan for designated persons to assist the individual in reducing challenging behavior(s).

PBSP Timelines

The rule does not have specific timeline requirements for the completion of a PBSP. For individuals with a TESP however, a PBSP must be in place by the expiration date of that document.

Most PBSPs will take about 45 days to complete. However, the time needed to complete the PBSP may be affected by a myriad of factors, including a person's unique needs or the availability of the designated persons.

If the span of time to complete a PBSP extends beyond the person's ISP year, then the service will need to be authorized again in the following ISP. PBSPs are reviewed annually at which time updates may occur. If updates to the plan are needed, they can be done using OR310 if the updates are relatively minor, or OR570 if the plan needs a major overhaul. This determination is up the ISP team and the professional judgment of the behavior professional.

PBSP Requirements

All the information identified by rule is required in every PBSP. If it's noticed that something does not apply to the specific person or situation, the behavior professional must note this and document the reason why the topic does not apply rather than omitting the topic.

When applicable, the behavior professional may refer to relevant information already captured in the FBA in the body of the PBSP.

See Appendix C for an easy reference PBSP checklist.

Chapter 7: Safeguarding Interventions and Restraints

OAR 411-317(183) defines a “safeguarding intervention" as:

A manual physical restraint that is:

- (a) Included in an ODDS-approved behavior intervention curriculum; and
- (b) Authored by a behavior professional as an emergency crisis strategy within a PBSP or TESP; and
- (c) Applied by a designated person trained to administer the intervention; and
- (d) Consented to through an individually based limitation according to OAR 411-415-0070; and
- (e) Used solely as an emergency crisis strategy to protect an individual from imminent risk of harming themselves or harming others.

Children’s DD Residential, Host Home and Foster Care Settings

Authorized restraints applied in children’s developmental disabilities foster homes, host homes, and children’s residential settings must meet the criteria for a safeguarding intervention in addition to setting-specific requirements described in those settings’ rule divisions. Restraints that are not authorized in a TESP or PBSP must be reported by CMEs as “serious incidents” and reported to the Office of Training Investigation, and Safety (OTIS) for additional review. Please see Appendix E for more information.

Referrals for professional behavior services can happen anytime, including while a child is waiting to enter residential services. If a child experiences challenging behavior, SCs must support timely referrals so that when needed, PBSPs are in place at the time of placement or TESPs are in place until the FBA and PBSP are completed. TESPs written to support transitions to residential settings should only include safeguarding interventions when indicated based on a child’s unique needs and the behavior professional’s judgment.

Safeguarding interventions written into a TESP still require an Individually Based Limitations (IBL) completed by the SC or PA. The ISP team can go through the IBL process while

completing the TESP. These IBLs must be reviewed and updated when the FBA and PBSP are complete.

Note: OAR 411-415-0070(3)(d)(B) states the following related to IBLs:

"(B) When used to address a challenging behavior, is directed in a Positive Behavior Support Plan written by a behavior professional qualified to author the safeguarding intervention".

The above language will be corrected in a future rule update to include reference to TESPs.

Certification Requirements

Updated March 2026

A behavior professional must be a certified Oregon Intervention System (OIS) instructor (teaching or non-teaching) to author and train OIS physical skills. They can only author physical skills in which they are certified to teach. If the behavior professional is not an OIS instructor, they can collaborate with an OIS instructor for the purposes of writing and training specific interventions in a plan. Rule states that an author of a plan, can designate a trainer to train on behavior supports, if they are certified in an ODDS- approved behavior intervention curriculum. Only a behavior professional can bill in eXPRS for services delivered.

Emergency Crisis Strategies in PBSPs

Any intervention meeting the definition of physical restraint as outlined in OAR 411-317 must be a safeguarding intervention and may only be included as an emergency crisis strategy in a PBSP or TESP. Interventions that have restraining qualities cannot be included in an informal plan such as interaction or staff guidelines.

Physical Positioning and Limb Shadowing

Updated March 2026

Physical positioning is categorized as a barrier and limb shadowing is categorized as deflection in the OIS behavior-intervention curriculum. Physical positioning is when a

designated person uses their own body position for the purpose of preventing access to an area, item, or person.

Limb shadowing is when a designated person uses their cupped hands to occupy and shadow the limb of the person in the direction of the self-injurious behavior, to decrease the intensity and severity of contact.

When one or both are anticipated interventions, it must be written into a PBSP and trained by an OIS instructor. Use of these interventions should be tracked and reported to the CME based on the discussion held by the ISP team. The CME should review the use of these interventions as part of their monitoring to determine the effectiveness of the PBSP.

Safeguarding Equipment

"Safeguarding Equipment" is defined in OAR 411-317(182) as:

A device that meets the definition of a "physical restraint", requires an individually based limitation consistent with OAR 411-415-0070, and is used to:

- (a) Maintain body position;
- (b) Provide proper balance; or
- (c) Protect an individual from injury, symptoms of a medical condition, or harm from a challenging behavior.

The use of Safeguarding Equipment must be included in a PBSP when necessary and the following information must be documented:

- The specific challenging behavior that the use of the safeguarding equipment will address.
- The specific device to be applied.
- Any necessary qualifications or training for the designated person to use the safeguarding equipment.
- Situations in which the safeguarding equipment will be used.
- The length of time the safeguarding equipment may be applied in any instance.

Less Intrusive Measures

The behavior professional must document any less intrusive actions which have been determined to be ineffective or inappropriate for the individual when recommending a safeguarding intervention.

Safeguarding Intervention Documentation Requirements

The PBSP or TESP may only indicate the use of a safeguarding interventions to address a challenging behavior. The behavior professional must document:

- The specific challenging behavior for which the safeguarding interventions is to be used.
- Exactly which safeguarding intervention can be applied to address the challenging behavior.
- Required training and any specific characteristics required by the designated persons who may apply the safeguarding intervention.
- When to employ the use of safeguarding intervention.
- When to avoid the use of the safeguarding intervention.
- When to abort the safeguarding intervention.
- A recommended schedule for the designated persons to practice the safeguarding interventions.

Prohibited Interventions

Professional behavior services and behavior supports cannot include any of the following characteristics:

- Abusive
- Aversive
- Coercive
- For convenience

- Disciplinary
- Demeaning
- Pain compliance
- Punishment
- Retaliatory

The following types of physical restraints are never allowed:

- Supine restraints
- Prone restraints
- Lateral restraints
- Chemical restraints
- Mechanical restraints

Measure of Last Resort

A behavior professional may only include a safeguarding intervention in a PBSP or TESP when it is directed to be used only for as long as the situation presents imminent danger to the health or safety of the person or others and is used only as a measure of last resort.

The PBSP or TESP must direct the designated person to immediately stop using the safeguarding intervention when the situation no longer presents a danger to the health or safety of the person or someone else. The PBSP or TESP must indicate that the only time it is acceptable to engage in a safeguarding intervention is when the designated persons have no other way to keep the person or others safe.

A safeguarding intervention may never be indicated to remain in place for a specific amount of time. Safeguarding interventions must be released immediately when there is no longer risk of imminent harm to the person or others.

Weigh Test

Any PBSP or TESP including a safeguarding intervention must also document:

- The nature and severity of imminent danger requiring a safeguarding intervention.
- The potential risk of harm to the person from the behavior.
- And weigh the potential risk of harm to the person from the safeguarding intervention against the potential risk of harm from the challenging behavior.

The behavior professional may review their findings with the ISP team to discuss their determination. The behavior professional must be able to note in the TESP or PBSP that the potential risk of harm to the individual from the application of the safeguarding intervention is less than the potential risk of harm to the individual from the behavior being exhibited.

Co-Authorship and Support for Safeguarding Interventions

A behavior professional who is not certified to include safeguarding interventions or physical restraints in a PBSP or TESP may collaborate with a behavior professional who is certified to author safeguarding interventions. The certified behavior professional must both author and train any safeguarding interventions or physical restraints written into a PBSP or TESP.

The behavior professional who is not certified to include safeguarding interventions is referred to as the “lead” behavior professional and the behavior professional who is co-authoring the PBSP or TESP by lending their expertise and certification to author and train safeguarding interventions or physical restraints is referred to as the “certified” behavior professional.

Only the “lead” behavior professional can be authorized in eXPRS and paid. The lead behavior professional is responsible for making payment arrangements with any collaborators to the plan. The plan must be clearly co-authored by both the lead behavior professional as well as the certified behavior professional.

Updated March 2026

The behavior professional who wrote the plan should train on the plan. In the event this cannot occur, the author can designate a trainer for the plan. If there is no author or designated trainer, the ISP team can appoint a trainer, while they are looking for a new behavior professional. The designated trainer must be an OIS instructor if there are safeguarding interventions or equipment in the plan.

Scope of Practice

Behavior professionals must remain within their scope of practice. A behavior professional is not a trained medical professional. Safeguarding interventions arising from or to address a medical need should be authored by a medical professional in a written medical plan.

If the need for the safeguarding intervention is both medical and behavioral the SC or PA should ensure that the safeguarding intervention reflects collaboration by both the medical provider and the qualified behavior professional. This should be documented in the PBSP or TESP. The SC or PA must coordinate the information sharing between the behavior professional and medical professional.

ODDS – Approved Behavior Intervention Curriculum

Safeguarding interventions may only be those strategies and maneuvers included in an ODDS-approved behavior intervention curriculum. If there is a need to have a specific intervention modified, the behavior professional must get written permission from the overseeing body of that ODDS-approved behavior intervention curriculum. Currently, the Oregon Intervention System (OIS) is the only ODDS-approved curriculum.

Acknowledgement Statement

Every time a behavior professional writes a PBSP or TESP including safeguarding interventions, a statement must be included to indicate that prior to the implementation of any safeguarding intervention, a person must have an Individually Based Limitation (IBL) for restraint in accordance with OAR 411-004-0040 and OAR 411-415-0070. When a behavior

professional includes a safeguarding intervention in a PBSP or TESP, the SC or PA will go through the IBL process. If the individual or guardian consents to the safeguarding intervention by signing the IBL form, the designated persons have permission to use the safeguarding intervention. SC's/PA's are responsible to develop the IBL and deliver to the ISP team. If the individual or their guardian does not consent to the safeguarding intervention by refusing to sign the IBL form, the designated persons do not have permission to use the safeguarding intervention. This can be noted in the person's PBSP.

Chapter 8: Initial Training

OR570 vs OR310 hours

Updated March 2026

Behavior professionals are expected to train the PBSP using OR570 hours. If there are found to be insufficient OR570 hours to complete the PBSP and subsequently train it, there are two options:

- Requesting an exception (see Chapter 4)
- Requesting approval for OR310 maintenance hours
    - These are to be used when there are extenuating circumstances such as when there are too many staff to train in the available time, or the PBSP ends up taking too long for another extenuating circumstance.
- The behavior professional should consult with the SC/PA on whether OR310 hours will be approved in these specific circumstances.

Training in All Settings

Designated persons from all settings (home, DSA, employment, etc.) should be trained on the PBSP if the challenging behaviors occur in those settings. Only if the challenging behaviors occur in specific settings, should PBSP training be exclusive to those settings. Additional hours can be funded to train in these additional settings per the expenditure guidelines. School settings are an exception to this rule due to their difference in funding requirements. “Designated Person” means the person who implements the behavior supports identified in an individual’s Positive Behavior Support Plan. An individual’s designated person may include, but is not limited to, an individual’s parent, family member, primary caregiver, or service provider.

Chapter 9: Maintenance

When the behavior professional and ISP team identifies that the PBSP will need ongoing maintenance, and the person agrees to the service, it must be documented in the ISP. The maintenance of a PBSP must be provided by a qualified behavior professional. The behavior professional providing maintenance of the PBSP may be different than the behavior professional who wrote the FBA and PBSP.

The ISP must clearly document why the plan needs to be maintained. Reasons a plan may need ongoing maintenance include:

- Continued development, training, implementation, and maintenance of a behavior data collection system utilized by designated persons. Collecting and evaluating behavior data and data tracking and revising the plan based on it.
- Continued observations, evaluation, and re-evaluation of individual response to the delivered behavior supports outlined in the PBSP.
- Training to the newly identified designated persons due to a high rate of change in caregivers.
- Safeguarding interventions included in the PBSP require routine practice and the behavior professional is needed to provide this through training.
- Maintaining and updating the FBA to inform the PBSP.

Maintenance Timelines

The ISP must document the hours authorized to maintain the PBSP and the length of time needed to maintain the PBSP. The estimated time cannot exceed the ISP year.

Maintenance Requirements

When applicable, the behavior professional maintaining the plan is expected to review and update the PBSP to reflect new information. The behavior professional must provide the updated plan to the person, their family, designated persons, and the SC or PA. If the

individual approves, the SC/PA's are responsible for ensuring all providers have a copy of the updated PBSP's.

During the maintenance phase of professional behavior services, there is often no new written product developed (other than an updated PBSP where applicable). The progress notes submitted when a behavior professional bills for maintenance must describe the service that was provided.

If during the maintenance phase it is found that there have been substantial changes to the person's needs or an additional setting has been added to the person's services (such as DSA or employment) that would require a more robust update to their FBA or PBSP, OR570 could be reauthorized. At this time if there is an emergent need, a TESP could also be considered to support the person and their team while the updates are made to their FBA and PBSP. This should be discussed with the person and their ISP team.

Chapter 10: Professional Behavior Services Standards of Practice

OAR 411-304 outlines standards of practice for all behavior professionals in all settings.

Confidentiality and Privacy

All behavior professionals must maintain the confidentiality and privacy of the person being served as outlined in the provider enrollment agreement and ODDS rules.

Mandatory Reporters and Duty to Inform

Behavior professionals are mandatory reporters. To report abuse in Oregon, call 1-855-503-SAFE (7233). This hotline accepts abuse reporting for children and adults anywhere in Oregon. All behavior professionals have a duty to immediately inform the SC or PA when there is reason to suspect that a person is the victim of abuse. Behavior professionals must report to the hotline within 24-Hours of an injury or unusual incident involving the person being served. Behavior professionals must report to the SC or PA within five days if they suspect that challenging behavior may be the result of a person experiencing a medical issue or medication side-effect. A behavior professional is not expected to diagnose or treat medical conditions but is expected to report observations, particularly when it is suspected that the issue is related to possible abuse, a medical issue, or mental health issue.

Dual Relationships

A behavior professional may not serve a person in a dual capacity. In situations where it is important for the person to have a provider deliver more than one service, the SC or PA may request a variance clearly outlining how the person benefits from having the behavior professional act in a dual role.

Professional Relationships

Behavior professionals are required to maintain a relationship with the person and their family that is solely limited to the scope of delivery of professional behavior services.

Chapter 11: Using Telecommunications Technology

The behavior professional may use secure, real-time interactive communication strategies to substitute for in-person interactions during the delivery of professional behavior services.

Limitations

Any emergency restraints would not necessitate an IBL, as they would not be written into the plan. The behavior consultant needs to alert the SC/PA within 24 hours of the event. If more than three occur in a six-month -timeframe, ISP team will meet to discuss different approaches to support needs.

Chapter 12: Positive Behavior Supports

Positive behavior supports are not the same as professional behavior services. Positive behavior supports are delivered as attendant care by the designated persons alongside activities of daily living (ADLs), instrumental activities of daily living (IADLs), and health-related tasks.

Universal Requirements

The delivery of positive behavior supports is clarified in the rule specific to the paid provider, including personal support workers and direct support professionals working in any setting. It is the responsibility of the paid provider to know and understand the rule.

There are two universal requirements for every designated person, regardless of role or the setting in which they deliver positive behavior supports: freedom from restraint and data tracking.

Freedom from Restraint

All individuals in every setting are assured freedom from restraint by Federal Regulations, Oregon Revised Statute (ORS) and Oregon Administrative Rule (OAR.) In situations where interventions are required to maintain the health and safety of the person or others, the process for an Individually Based Limitation (IBL) must be followed.

Designated persons may not use any strategy or intervention that has restraining qualities unless all are met below:

- The safeguarding intervention has been included in the emergency crisis section of a PBSP by a qualified behavior professional certified in an ODDS-approved behavior intervention curriculum.
- The designated person is trained in the specific maneuver by a behavior professional certified to train the intervention.

- The designated person has the physical characteristics necessary to safely deploy the maneuver if the maneuver in the PBSP requires specific physical characteristics such as a height and/or weight advantage over the individual.
- The person or their legal guardian consents to the use of the safeguarding intervention through the IBL process.
- If the person is in imminent danger of injuring self or others, an emergency crisis strategy can be used.

Unpaid parents and guardians of a minor child may use parenting techniques that have restraining qualities. Oregon Statute and Child Welfare abuse rules address protections and limitations related to minor children under the care of a parent or guardian. Parents and guardians of adults, as well as any other person, may not use any technique that has restraining qualities unless it meets the requirements for the use of safeguarding interventions and physical restraints used in an emergency.

Data Tracking

Updated March 2026

All designated persons are expected to maintain behavior data tracking using the data collection system identified in the PBSP. The data tracking system may include a variety of methods or systems and should make sense to the designated person. Training on the PBSP includes training designated persons on tracking behaviors. If the designated person finds that the behavior data tracking system isn't effective or functional in the setting, they may work with the behavior professional to create a different system.

Note that there are no specific requirements regarding what a data collection system should look like. It is up to the behavior professional to determine the most effective data collection system for the individual, with collaboration with the provider. Best practice is to include the same data that is included in the requirements for the FBA: Frequency, Duration, Intensity, and Severity for each behavior, and track Functional Alternative Behaviors as well.

Chapter 13: Rules References and Additional Resources

- Action Request regarding Funding Review and Exceptions
- ODDS Expenditure Guidelines
- ODDS Provider and Partner Resources
- ODDS Rules
- ODDS Transmittals
- ODDS Worker Guides
- Oregon Intervention System (OIS)

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Appendix A: TESP Approval Checklist

The TESP is a document that clearly explains the current situation requiring an emergency plan.

There may be some circumstance where information from this checklist is unavailable or not applicable to the person and not included in the TESP. If information is not included the behavior professional must explain why it was not available or not applicable.

- TESP is clear and documents the emergency requiring the TESP as identified by the ISP team.
- Includes an expiration date. A TESP expires in 90 days.
- Identifies the challenging behavior contributing to the urgent situation. The following details must be included:
    - The duration of the challenging behavior.
    - The frequency, or an estimation, of how often the challenging behavior occurs.
    - The intensity of the challenging behavior.
    - The severity of the challenging behavior as a description of the negative effects of the behavior on the person, others, or the environment.
- Explains the environmental factors likely to be associated with, or to trigger, the challenging behavior.
- Outline any known conditions that impact the person's physical functioning and how the conditions contribute to the emergency requiring the TESP.
- Notes any known or suspected medical or mental health conditions, including any medication interactions that may impact the urgent situation.
- Includes a summary of medical and behavior supports currently being used and how they may interact with the emergency.
- Includes a summary of the ADL/IADL, and health-related tasks for which supports are needed and how these may be impacted by the emergency.

- Lists all relevant existing IBL as required by OAR 411-415-0070 and OAR 411-004-0040.
- Includes a proposed timeline for the completion of the FBA.
- Clearly articulates the recommended behavior supports, adjustments to the environment and guidelines for designated persons.
- Includes safeguarding interventions, if applicable.
- Outlines guidance to the designated persons to notify the individual's SC or PA within 24 hours of the application of an emergency crisis strategy or any physical restraint.

Appendix B: FBA Checklist

The FBA is a document that clearly explains the challenging behaviors and gives the reader an understanding of what the person gains from the challenging behavior.

There may be some circumstances where information from this checklist is unavailable or not applicable to the person. If that is the case, the behavior professional must explain why the information was not available or not applicable in the FBA.

- Includes documentation of interviews with the person, family, designated persons, and others who contributed to its development.
- Includes documentation that a review of the relevant, existing, and available behavior data was completed.
- Summary of the person's history and the history of the challenging behavior.
- Justification of the need to develop behavior supports.
- Documentation of how the challenging behavior is impacted by the person's intellectual or developmental disability.
- Documentation that consideration was given that the challenging behavior may be related to an effort to communicate, the result of a medical or mental health condition, a response to trauma, or an effort to control their environment.
- The contexts in which the challenging behavior is most and least likely to occur.

- An assessment of the person's behavior in all environments in which they commonly engage.
- A description of the person's ability to accomplish ADL/IADL and health-related tasks with the supports currently in place.
- Documentation of any assistive devices, technology, safeguarding equipment, or environmental modifications in place at the time of developing the FBA.
- A summary of other behavioral intervention or treatment plans, including mental health or educational plans, or a statement that no such plans were available.
- A measurable description of the person's current challenging behavior, including duration, frequency, intensity, and severity.
- Any factors that may impact the success of the PBSP.
- A statement regarding the cause or functions of the challenging behavior.
- Recommendation supporting the need for a PBSP if a PBSP is indicated, or an explanation as to why a PBSP is not indicated.
- Sources used as references for the FBA.

Appendix C: PBSP Checklist

The PBSP is a document for the designated persons to know what to do to prevent or intervene during challenging behaviors. The length and formatting of the PBSP must be clear and easy for the reader to understand and implement.

There may be some circumstances where information from this checklist is unavailable or not applicable to a person and not included in the PBSP. The PBSP must outline why the information was not available or not applicable.

PBSP must include the following information, or reference where information can be found.

- The PBSP is individualized to the person and written in a person-specific manner.

The PBSP includes:

- For each behavior: a measurable description of the challenging behavior, including duration, frequency, intensity, and severity.
- A description of the baseline behavior.
- A description of the functional alternative behavior.
- The supports available to an individual to implement a functional alternative behavior.
- For each behavior, known or suspected triggers or setting events for the challenging behavior.
- A description of common settings for the individual.
- Behavior supports meant to reduce duration, frequency, intensity, or severity of the challenging behavior.
- Documentation of the individual's preferences for the delivery of behavior supports.
- The circumstances that are preventing the individual from accomplishing ADL, IADL, and health-related tasks.
- The supports available to an individual to support a functional alternative behavior.
- Any IBLs in place at the time the PBSP is developed.
- Strategies to help the designated person understand, deescalate, redirect, or reduce an individual's challenging behavior, including strategies that are:
    - Proactive.
    - Reactive or an explanation when not needed.
    - Emergency crisis or an explanation when not needed.
    - Recovery or an explanation when not needed.
- Evidence the behavior supports address medical, biological, environmental, psychological, social, historical, trauma and other factors.
- If safeguarding interventions are included in the PBSP the following must also be present:

  - A statement indicating that the interventions cannot be used until the individual or their legal guardian consents through the IBL process.
  - Documentation that the behavior professional has weighed the risk of harm to the individual from each challenging behavior against the potential risk of harm from each safeguarding intervention.
  - Indication that any safeguarding interventions must be predicated by less intrusive measures.
  - Requirement that any safeguarding intervention must be documented and used only as a last resort.
- Documentation of the behavior data collection system.
- Indicators for when to review or revise the plan, including who is responsible for the review. Please note: The PBSP must be reviewed with the ISP team at a minimum every 12 months.
- A plan to phase out professional behavior services.
- Documentation that the information outlined in the plan has been reviewed with the individual, their legal or designated representative, and designated persons.
- Documentation that the behavior professional provided the initial training of the behavior supports in a PBSP to the designated person on the behavior supports. Training must include:
  - Observation of designated person implementing or role-playing the behavior supports, or a statement that this was not consented to by the individual or their legal/designated representative.
  - Gathering feedback from the individual and designated person to inform modifications to the plan prior to finalization of the PBSP.

A PBSP must not include any prohibited interventions.

Appendix D: OIS Workshop Level Table

ODDS requires all behavior professionals to be certified in an ODDS approved Behavior Intervention Curriculum. Below is a table of the Oregon Intervention System (OIS) workshop levels with a brief description and who may attend each workshop.

Update March 2026

OIS Workshop	Description	Who Should Attend
Basic (B)	8-hour training that includes the PowerPoint curriculum component of OIS. Provides the history and foundation of OIS. Does not include any physical skills. **Two-year certificate.**	Currently enrolled behavior professionals who choose not to use OIS strategies, physical skills techniques, or authorize and train physical interventions. Other DD staff such as administrators or an SC or PA who want to know more about OIS.
General-Level Workshop (G)	12-hour training adding to the Basic level and learning physical skills techniques such as buffering and physical positioning. Does not include physical skills with restraining qualities. **Two-year certificate.**	Behavior professionals, SC or PA's, agency staff, DSPs, PSWs who may work with a person with a PBSP who will need to learn proactive strategies within a PBSP.
Intermediate (I)	12 to 14-hour training adding to the General level. This would include short safeguarding interventions. **Two-year certificate.**	Behavior professionals, agency staff, DSPs and PSWs, who may work with someone with behaviors that may

OIS Workshop	Description	Who Should Attend
		result in the need for hands on interventions.
Advanced (A)	14 to 16-hour training adding to the Intermediate level physical skills training that includes safeguarding interventions. **Two-year certificate.**	Behavior professionals, agency Staff, DSPs and PSWs that work with individuals with more intense challenging behaviors.
Oversight Level Workshop (O)	6 to 8-hour workshop in addition to the 12 to 16-hour course, designed to prepare the designated agency staff to assist the agency or independent OIS instructor in monitoring the application of the OIS system. Includes specific and in-depth training on core components in the OIS curriculum including safeguarding interventions. Also includes information for agencies on addressing policies and procedures that affect the application and principles of OIS and positive behavior support. **One-year certificate.**	Individuals who have been identified by the Behavior Professional as someone who could assist with monitoring the application of the OIS system. Participants must be current in level G, I, or A to take this workshop.
Recertification (R)	8-hour workshop for designated persons who have been certified in OIS for four consecutive years. **Two-year certificate.**	Long-term designated persons.

OIS Workshop	Description	Who Should Attend
OIS-Family (F)	8-hour workshop. Focuses on positive behavior supports in the family home. Includes the concepts of positive behavior supports, proactive strategies, and emergencies as well as some physical skills. No certificate. Parents will receive a Record of Completion, recommended to be re-taken every two years.	Unpaid adult family members.

Basic, General, Intermediate, and Advanced certificates can be upgraded to additional PPI's as per the PBSP.

Appendix E: Restraints in Children's Residential, Host Home, and Foster Care Settings

1. "Restraint" as used in this grid means the physical restriction of an individual's actions or movements by holding the individual, using pressure, or other means. This broad term, used throughout this document, includes what you may know of as "physical restraints", "manual restraints", "safeguarding interventions", "protective physical interventions", or "emergency physical restraints".
2. "Allowable restraint" as used in this grid means a restraint that is not a prohibited restraint under governing statutes and ODDS rules and is included in an ODDS-approved behavior intervention curriculum.
3. "Prohibited restraint" means any of the following restraints prohibited under ODDS rules and governing statutes:
    a. Chemical, mechanical, prone, supine, and lateral floor restraints.

b. Any restraint that includes the nonincidental use of a solid object, including the ground, a wall or the floor, to impede a child's movement. A solid object that is used to stabilize staff is permitted.

c. Any restraint that places or creates a risk of placing pressure on a child's neck or throat.

d. Any restraint that places or creates a risk of placing pressure on a child's mouth.

e. Any restraint that impedes, or creates a risk of impeding, a child's breathing.

f. Any restraint that involves the intentional placement of hands, feet, elbows, knees or any object on a child's neck, throat, genitals, or other intimate parts.

g. Any restraint that causes pressure to be placed or creates a risk of causing pressure to be placed on a child's stomach, chest, joints, throat or back by a knee, foot or elbow.

h. Any other restraint, the primary purpose of which is to inflict pain.

i. Any restraint that is abusive, aversive, coercive, demeaning, disciplinary, or for pain compliance, convenience, punishment, or retaliation.

j. Any restraint that uses more physical force and contact than necessary or is applied for longer than necessary.

4. "Untrained person" as used in this grid means someone who is not certified, at the time of the restraint, in an ODDS – approved behavior intervention curriculum to apply the specific restraint applied to the individual.

5. One restraint may meet multiple scenarios described in this grid. In these instances, providers and CMEs should act as indicated but should not repeat the same action more than once for the same incident. For example, if a prohibited restraint is applied by an untrained person, only one provider incident report is required.

Restraint Description	Provider Action Required	CME Action Required	Mandatory Report Indicated?	OTIS Screening Process
Any allowable restraint consented to through an IBL and included in a child's PBSP or TESP	• Debriefing meeting* • Written notice* • Incident report • Quarterly report* • Not required in DD foster care	• Progress note • Follow-up as appropriate	No	N/A
Any restraint resulting in injury to a child	• Debriefing meeting* • Written notice* • Incident report • Quarterly report* • Not required in DD foster care	• Progress note • Serious incident entry • Follow-up as appropriate	Yes	OTIS would need more information about the injury to determine whether to screen out or assign.
Any prohibited restraint	• Debriefing meeting* • Written notice* • Incident report • Quarterly report* • Not required in DD foster care	• Progress note • Serious incident entry • Follow-up as appropriate	Yes	Likely to assign for investigation.

Restraint Description	Provider Action Required	CME Action Required	Mandatory Report Indicated?	OTIS Screening Process
Any allowable restraint not included in a child's PBSP or TESP or consented to through the IBL process for any of the following permissible reasons: • When behavior poses reasonable risk of imminent serious bodily injury • Break up physical fight • Prevent serious bodily injury • Prevent assault • Prevent sexual contact	• Debriefing meeting* • Written notice* • Incident report • Quarterly report* • Not required in DD foster care	• Progress note • Serious incident entry • Follow-up as appropriate	Yes	If determined to be a permissible reason: likely to be screened out. If determined to be another reason: likely to be assigned for investigation
Any allowable restraint not consented to through an IBL or included PBSP or TESP for	• Debriefing meeting* • Written notice* • Incident report • Quarterly report*	• Progress note • Serious incident entry • Follow-up as appropriate	Yes	Likely to be assigned for investigation

Restraint Description	Provider Action Required	CME Action Required	Mandatory Report Indicated?	OTIS Screening Process
any other reason than reasons listed in row above.	• Not required in DD foster care			
Any allowable restraint by untrained person for one or more of the following permissible reasons: • When behavior poses reasonable risk of imminent serious bodily injury • Break up physical fight • Prevent serious bodily injury • Prevent assault • Prevent sexual contact	• Debriefing meeting* • Written notice* • Incident report • Quarterly report* • Not required in DD foster care	• Progress note • Serious incident entry • Follow-up as appropriate	Yes	If determined to be a permissible reason: likely to be screened out. If determined to be another reason: highly likely to be
Any allowable restraint by untrained person for any	• Debriefing meeting* • Written notice* • Incident report • Quarterly report*	• Progress note • Serious incident entry • Follow-up as appropriate	Yes	Likely to be assigned for investigation.

Restraint Description	Provider Action Required	CME Action Required	Mandatory Report Indicated?	OTIS Screening Process
other reason than the reasons listed in row above	• Not required in DD foster care			
Children's residential and host homes only: Allowable restraint for permissible reason(s), applied by trained person, applied every five minutes after the first 10 minutes of the restraint, **with** written or electronic permission by a program supervisor who is trained in the use of the type of restraint.	• Debriefing meeting • Written notice • Incident report • Quarterly report	• Progress note • Follow-up as appropriate	Not likely	If called in: If determined to be a permissible reason, highly likely to be screened out. If determined to be another reason: likely to be assigned for investigation.
Children's residential and host homes only:	• Debriefing meeting • Written notice • Incident report	• Progress note • Serious incident entry • Follow-up as appropriate	Yes	OTIS will consider the reason the restraint occurred

Restraint Description	Provider Action Required	CME Action Required	Mandatory Report Indicated?	OTIS Screening Process
Allowable restraint for permissible reason(s), applied by trained person, applied every five minutes after the first 10 minutes of the restraint, **without** written or electronic permission by a program supervisor who is trained in the use of the type of restraint.	• Quarterly report			when determining whether to screen out or assign for investigation.
Children's residential and host homes only: Allowable restraint for permissible reason(s), applied by trained person, lasting more than 30	• Debriefing meeting • Written notice • Incident report • Quarterly report	• Progress note • Follow-up as appropriate	Not likely	If called in: If determined to be a permissible reason, likely to be screened out.

Restraint Description	Provider Action Required	CME Action Required	Mandatory Report Indicated?	OTIS Screening Process
minutes **with** adequate access to water and bathroom at least every 30 minutes				If determined to be another reason, likely to be assigned for investigation.
Children's residential and host homes only: Allowable restraint for permissible reason(s), applied by trained person, lasting more than 30 minutes **without** adequate access to water and bathroom at least every 30 minutes	• Debriefing meeting • Written notice • Incident report • Quarterly report	• Progress note • Serious incident entry • Follow-up as appropriate	Yes	OTIS will consider the reason the restraint occurred when determining whether to screen out or assign for investigation.

You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact the Office of Developmental Disabilities Services at dd.directorsoffice@odhs.oregon.gov or 503-945-5811 (voice/text). We accept all relay calls.

OREGON DEPARTMENT OF Human Services

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