**Section 144.125 Specialized Care – Behavior Development Programs**

a) Adaptive behaviors are actions and responses which are productive and appropriate. Maladaptive behaviors are actions and responses which are nonproductive and/or inappropriate. Although maladaptive behaviors are generally described as nonproductive and inappropriate, in some cases, an individual's inappropriate behavior may be productive, given the social or environmental context of a particular activity. Behavior development refers to both the reduction in maladaptive behaviors and the increase in adaptive behaviors. A behavior program instituted because of maladaptive behaviors must also include the development of adaptive behaviors. Additional reimbursement is paid for an individual who needs and receives specialized care for a behavioral disability (Section 144.275(c)(1)), when the individual's behavior development program meets the criteria in subsection (b)(1) of this Section.

b) Behavior Development Program Levels

1) Behavior development programs under Specialized Care are related to maladapative behaviors which occur with high frequency and/or great severity. A behavior development program, including the use of psychotropics, which is developed for Specialized Care, must meet all federal and State requirements including, but not limited to, development by the IDT, review and approval by a Behavior Management Committee (or Human Rights Committee) as required by 42 CFR 483.440(f)(3), 1993 and approval by the individual or guardian, if the individual is not capable of providing informed consent. The behavior development program developed by the IDT must demonstrate the need for a use of a more intensive staffing pattern (direct care staff) than that pattern which is reimbursed for under Section 144.275(a)(1). Additional staff time provided under Specialized Care is a response to a necessary increase in staff intensity identified in the behavior development plan when other attempted interventions have failed, such as environmental changes or changes in the pattern of activities throughout the day. Specialized Care is not provided based solely on the frequency or severity of the individual's maladaptive behavior.

2) Behavior development program services under Specialized Care do not preclude the individual's participation in regular training services, activities and therapies as part of a comprehensive active treatment program.

3) The IDT provides highly specific guidelines for the individual's behavior development program relative to treatment methodology, services needed, and staff needed to deliver interventions.

A) Level I – Behavior development program services are delivered by staff specifically trained in the delivery of the prescribed interventions. Behaviors occur with high frequency but moderate severity, i.e., verbal abuse one or more times per 4 hours which is hostile in tone or content including threats or screaming, or pica occurring once per 4 hours in volumes small enough to be non-life threatening. Examples of staffing pattern changes: The staffing pattern for persons with mild mental retardation increases from the regular pattern of 1:6.8 to 1:4.8, and for persons with severe-profound mental retardation from 1:4.8 to 1:3.7.

B) Level II – Behavior development programs are delivered by staff trained in the delivery of each individual's intervention plan. Individuals receive personalized intervention, such as individual counseling or some one-to-one intervention. Behaviors occur with high frequency, and are aggressive or destructive, such as purposeful attacks of others resulting in minimal injuries one or more times per day. Examples of staffing pattern changes: The staffing pattern for persons with mild mental retardation increases from the regular pattern of 1:6.8 to 1:3.7, and for persons with severe-profound mental retardation from 1:4.8 to 1:3.

C) Level III – Behavior development programs are delivered by staff who are specifically trained to deliver the interventions. Generally, staff may be assigned to accompany the individual throughout the shift. One-to-one intervention is common. Behaviors occur with very high frequency, such as hyperactivity one or more times per minute, or occur with high frequency and are aggressive, assaultive or destructive, such as pica (daily consumption of life threatening materials), or daily physical assault resulting in injuries requiring medical attention. Examples of staffing pattern changes: The staffing pattern for persons with mild mental retardation increases from the regular pattern of 1:6.8 to 1:2.5, and for persons with severe-profound mental retardation from 1:4.8 to 1:2.

(Source: Amended at 18 Ill. Reg. 16619, effective October 27, 1994)