

## Restrictive Measure Notification Form Instructions

### ***RMN IS TO BE COMPLETED AND SUBMITTED BY CBDD or ICF ONLY.***

1. Enter the information of the person for whom the restrictive measure(s) is in place: first and last name, date of birth, and the county providing their services.
2. Enter the information of the person who developed the behavior support strategies: first and last name, position/title, phone #, email address, and the name of their agency. Then check the type of agency (DC, ICF, CBDD or Contract Entity).
3. Enter the information of the SSA or QIDP: first and last name, phone #, email address, and the name of their agency. Then check the type of agency (DC, ICF, CBDD or Contract Entity).
4. Check whether the behavior support strategy with restrictive measure is an initial, annual, revision, or discontinuation (optional – enter the reason for discontinuation).
5. Enter the date the individual or guardian gave consent to the restrictive measure(s).
6. Enter the date the restrictive measure(s) is projected to be implemented.
7. Enter the date the restrictive measure(s) is projected to end.
8. Enter the date the Human Rights Committee approved the restrictive measure(s).
9. Complete one chart for each behavior posing risk of harm or likely resulting in legal sanction. There are five charts available in the RMN form.
  - a. Check the type of behavior or check “other” and enter a description of the behavior.
  - b. Check the location(s) where the restrictive measure for the behavior occurs or check “other” and enter a description of the location.
  - c. Check the type of restrictive measure(s) used for the behavior.
  - d. Check the description for the behavior or check “other” and enter a description of the restrictive measure.
    - i. For chemical restrictive measure please enter the name and dosage of the medication(s).
    - ii. For rights restriction please give a description.
10. Once the form is completed, please click “Save As” to save a copy for yourself.
11. Click the “Submit” button in the upper right hand corner of the screen to submit the form to DODD.
12. For questions contact Molly Shaw at [molly.shaw@dodd.ohio.gov](mailto:molly.shaw@dodd.ohio.gov) or 614-563-5923.