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## **Subject: DDS Program Review Committees** **Effective Date:** Upon Release

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##  **Revised Date:** February 1, 2018

#  **Approved:**/s/Jordan A. Scheff/LT

**Policy Statement**

To achieve the best outcomes for individuals who have behavioral health needs coupled with intellectual disability, DDS encourages the use of positive behavior supports embedded in an individual’s comprehensive behavior support plan. An individual’s behavior support plan is a tool by which DDS can monitor and track various aspects of behavioral supports including the use of behavior modifying medications, psychiatric medications, and aversive procedures to determine what combination is likely to achieve the best results for the individual. To make sure that each behavior support plan remains appropriate to each individual’s circumstances, DDS created regional Program Review Committee’s to examine and assess behavior support plans and recommend changes when necessary.

The goals of DDS’s Program Review Committees are to (1) reduce the overuse of behavior modifying medications through reviews and recommendations, (2) provide consultation and feedback to clinicians and behaviorists in a supportive environment, and (3) promote the use of positive behavior supports for individuals with intellectual disability and other developmental disabilities.

# **Purpose**

 This procedure delineates the process through which the DDS Program Review Committees review the use of behavior modifying medications and behavior support plans for individuals eligible for or receiving funding or services from the Department of Developmental Services.

# **Applicability**

This procedure applies to all individuals receiving funding or services from DDS. This includes individuals receiving services in or from DDS-operated, funded, or licensed facilities, including Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID), Community Living Arrangements (CLA), Continuous Residential Services (CRS), Community Companion Homes (CCH), Employment Opportunities and Day Services, and DDS Individualized Home Supports (IHS). It applies to the planning and coordination of care for individuals residing in residential placements and those receiving individualized supports.

This procedure does not apply to individuals receiving only DDS Respite Services, individuals exempt from Program Review Committee/Human Rights Committee (PRC/HRC) review, or individuals who reside in long-term care facilities licensed, funded or overseen by other Connecticut state agencies. It also does not apply to individuals who live on their own or in their family’s home. Individuals who live on their own or with their family may request a voluntary PRC review if there are concerns about the individual’s medications or behavior supports.

This procedure also applies to all DDS employees and to all DDS qualified provider employees.

1. Definitions

"Aversive procedure” means the contingent use of an event or a device which may be unpleasant, noxious, or otherwise cause discomfort for an individual to (A) alter the occurrence of a specific behavior, or (B) protect the individual from harming himself or another person. Aversive procedures may include the use of physical isolation, mechanical restraint, physical restraint, chemical restraint, or other department approved methods used to control or change behaviors of concern that pose a risk to the individual or other persons in accordance with sections 17a-238-7 to 17a-238-13, inclusive, of the Regulations of Connecticut State Agencies

"Behavior modifying medication” means any chemical agent used for the direct effect it exerts upon the central nervous system to modify thoughts, feelings, mental activities, mood, or performance. These chemical agents or psychiatric medications include, but are not limited to: antipsychotics or neuroleptics; antidepressants; anti-manics; anti-anxiety agents; stimulants; and sedatives or hypnotics. Other medications that are not typically described as psychiatric medications such as certain anticonvulsants, beta-blockers and other drugs, if they are prescribed primarily for their psychiatric effects such as mood stabilization and impulse control, are covered by this definition.

“Behaviorist” means a person qualified by DDS with specialized training and experience in authoring and implementing behavior support plans.

“Behavior support plan” means a written document developed to address an individual’s behaviors of concern which interfere with the implementation of the goals and objectives identified in the individual plan or to monitor target behaviors, both positive and negative ones. The plan shall include identification of the specific behaviors of concern to be addressed, positive replacement (i.e., functionally equivalent) behaviors to be substituted, and a plan for monitoring an individual’s adaptive and maladaptive responses.

“CAMRIS” means the Department of Developmental Service’s management information system.

“Chemical restraint” means psychiatric medication administrated on an emergency basis to an individual, who is in danger of harming himself or herself or another person, when all other interventions have failed. Medications used for pre-sedation for medical or dental procedures are not considered to be chemical restraints.

“Commissioner” means the Commissioner of the Department of Developmental Services.

"Human Rights Committee" or “HRC” means a group of persons, who are not employees of the department, who provide monitoring to ensure the protection of legal and human rights of persons with intellectual disability and other developmental disabilities. Membership of a regional HRC may include a physician, an attorney, a parent or guardian, staff of qualified provider agencies, and other volunteers. The HRC shall act as an advisory group to the regional or training school director. A DDS employee shall act as a liaison between the HRC and a region or the training school.

"Individual" means a person who is receiving funding or services from the Department of Developmental Services.

“Intra-class polypharmacy” means the use of two or more medications from the same class of medication (e.g. use of two neuroleptics, the use of two antidepressants, the use of two antianxiety agents, etc.)

“Licensed prescriber” means a licensed physician (e.g., psychiatrist, neurologist, primary care physician) or APRN with experience in working with individuals with intellectual disability or other developmental disabilities.

“Mechanical restraint” means an apparatus used to restrict an individual’s movement, including any device, such as helmets, mitts or bedrails, used to prevent self-injury. Devices designed by a physical therapist and approved by a physician that are used to achieve proper body alignment or balance, and protective devices approved by a physician to address an individual’s medical condition are not mechanical restraints.

“Physical isolation” means an aversive procedure whereby an individual is separated from others, usually by placement in a room or area alone.

"Physical restraint" means a department-approved physical intervention used to restrict an individual’s movement to protect the individual or to prevent self-injury or injury to another person.

“Planning and support team” or “PST” means the group that includes the individual; the individual’s family, guardian or advocate, as applicable; the individual’s case manager; a registered nurse; persons who provide supports and services to the individual; and any other person who the individual requests to participate. The planning and support team shall assist the individual to develop, implement, and evaluate his or her individual plan and shall assist the individual to obtain, manage, evaluate, and adjust supports, as needed.

“PRC Liaison” means the DDS employee selected by the regional or training school director to act as the liaison between the PRC and the director, the department’s central office, and all qualified providers.

"Program Review Committee" or “PRC” means the group in each DDS region and at the Southbury Training School, which includes a psychiatrist or advanced practice registered nurse (APRN), a psychologist, an educational specialist and DDS professional staff, that reviews an individual’s behavioral support plan and an individual’s behavior modifying medications to ensure that the plan is clinically sound and supported by appropriate documentation and that any medications prescribed are being administered in conformance with sections 17a-210-1 to 17a-210-10, inclusive, of the Regulations of Connecticut State Agencies and DDS policies, procedures and directives. The PRC acts as an advisory group to the regional and training school directors.

1. **Implementation**
2. Program Review Committee (PRC) Guiding Principles
3. A Program Review Committee (PRC) Paper Review is conducted, if the individual has one of the following criteria:
4. Three (3) behavior modifying medications or more, which do not include medications for pre-sedations, herbal treatments, fish oil, melatonin, Cogentin, Artane, etc.
5. No intra-class polypharmacy.
6. No planned floor control.
7. A Program Review Committee (PRC) presentation is done, if the individual has one of the following criteria:
	1. The first time an individual’s medication is presented to PRC.
	2. A paper review, which results in a referral for presentation.
	3. Intra-class polypharmacy of antipsychotics, (i.e., the use of two or more antipsychotic medications).
	4. Initial use or modification of the use of floor control “Prone” or “Face Down” restraint is strictly prohibited.
	5. Identified concerns with the individual’s behavior support plan (i.e., inadequate functional assessment, overly reactive strategies).
	6. Initial use or modification of the use of an aversive procedure (i.e., the contingent use of an event or device which may be unpleasant, noxious, or otherwise cause discomfort).
8. The need for a review, the extent of the review, and the length of the review cycle is determined by the Program Review Committee and is based on individual circumstances. If the Program Review Committee makes the decision to monitor and decides that a PRC presentation is not required, the individual’s Planning and Support Team (PST) does not need to return to the PRC unless there is a significant (1) change in the individual’s diagnosis, (2) change in the type of medication prescribed, (3) change in medication dosage that exceeds the FDA range, or (4) increase in the individual’s behaviors of concern that is related to the use of medication.
9. If the number of behavior modifying medications that an individual is prescribed is two (2) or fewer (i.e., at or below the statewide average for psychiatric medications), a completed Psychiatric Medication Data Entry Information form (I.E.PR.004 Attachment C [PRC Psychiatric Medication Data Entry Information Form](http://www.ct.gov/dds/lib/dds/dds_manual/ie/prc/iepr004_attachment_c_psychiatric_medication_data_entry_information.docx)) shall be submitted by the qualified provider to the regional PRC liaison. Any changes to the individual’s medications, including adding or stopping medications or changes in dosage level, shall be documented by the individual’s PST using the Psychiatric Medication Data Entry Information form.
	1. A Request for Interim PRC Approval form (I.E.PR.004 Attachment D [Request for PRC Interim Approval Form](http://www.ct.gov/dds/lib/dds/dds_manual/ie/prc/iepr004_attachment_d_prc_interim_approval.docx)) shall be returned to the qualified provider of an ICF/IID residential facility for documentation by the Regional Director or the Regional Director’s designee.
	2. The introduction of a new psychiatric medication for an individual shall require an initial presentation and review by the PRC committee.
	3. The number of medications for which only a Psychiatric Medication Data Entry Information form is required may change on an annual basis.
	4. Any future PRC reviews shall be determined by the PRC Committee.
10. Behavior modifying medications that are used by and have an established history of behavioral stability with the individual do not require a PRC review. The individual’s PST or the qualified provider shall submit the Psychiatric Medication Data Entry Information form (I.E.PR.004 Attachment C [PRC Psychiatric Medication Data Entry Information Form](http://www.ct.gov/dds/lib/dds/dds_manual/ie/prc/iepr004_attachment_c_psychiatric_medication_data_entry_information.docx)) to the regional PRC Liaison if the individual’s medications are in one or more of the following categories:
11. Monotherapy, or a single behavior modifying medication, used for clear diagnosis and obtained from the treating prescriber only after an initial review by the PRC, including use for Depressive Disorders or Anxiety Disorders.
12. Medications intended to improve memory loss resulting from dementia.
13. Sleep medications.
14. End-of-Life medications.
15. Herbal medications.
16. Medications for neuromuscular and neurodegenerative disorders that are used solely for the treatment of conditions such as Cerebral Palsy, Amyotrophic Lateral Sclerosis (ALS), Muscular Dystrophy, or Multiple Sclerosis.
17. Individuals residing in Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) require a PRC paper review or PRC presentation, regardless of the number of behavior modifying medications the individual has been prescribed.
18. Any use of an aversive procedure shall have an initial review by the Program Review Committee, and shall be subject to future PRC reviews.
19. **Program Review Committee Membership and Charge**
20. Each DDS region and the Southbury Training School shall have a Program Review Committee (PRC) appointed by the regional or training school director. The regional PRC shall act as an advisory group to the regional or training school director.

1. The membership of a regional PRC shall include a regional PRC liaison, a licensed psychiatrist or APRN, and a psychologist with experience in intellectual disability and other developmental disabilities. PRC membership may also include other appropriate DDS managers or staff, DDS Human Right Committee (HRC) representatives, or clinicians from relevant disciplines.
2. The regional PRC shall review, make recommendations, and approve the use of:
3. Behavior modifying medications submitted for review for clinical appropriateness, including (1) new medications, or (2) any change to previously approved medications or their dosage ranges;
4. Any behavioral support plan for an individual who is prescribed behavior modifying medications;
5. Any behavior support plan that contains the use of an aversive procedure, including (1) new behavioral strategies, or (2) changes to previously approved behavior support plans, if they include an aversive procedure;
6. Any intervention or measure used with an individual that is a best practice, such as mood assessment, suicide or crisis protocol, or head injury guidelines; and
7. At the request of the individual’s Planning and Support Team, when either (1) emergency restraints have been used more than three times within a 30-day period, or (2) there is a pattern of emergency restraints (e.g., once a month for three months or other similar pattern).
8. The case manager or a designated member of the individual’s Planning and Support Team shall send a request for PRC review using the DDS Request for PRC to Reviewform (I.E.PR.004 Attachment A [Request for PRC Date to Review Behavior Modifying Medication, Restraint or Aversive Procedure Form](http://www.ct.gov/dds/lib/dds/dds_manual/ie/prc/iepr004_attachment_a_prc_request_form.docx)) when an individual has:
	1. An order for a new behavior modifying medication;
	2. An order for a medication dosage change that exceeds the current FDA-approved range; or
	3. A newly-developed behavior support plan with an aversive procedure.
9. A designated member of the individual’s Planning and Support Team shall submit the number of PRC packets required by the regional PRC, to the regional PRC liaison within the specified time frame using the DDS Program Review Committee face sheet (I.E.PR004 Attachment B [PRC Medication/Program Review Face Sheet](http://www.ct.gov/dds/lib/dds/dds_manual/ie/prc/iepr004_attachment_b_med_-_prc_face_sheet.docx)). The packet shall contain documentation of:
	1. The completed DDS Program Review Committee form (I.E.PR.004 Attachment B [PRC Medication/Program Review Face Sheet](http://www.ct.gov/dds/lib/dds/dds_manual/ie/prc/iepr004_attachment_b_med_-_prc_face_sheet.docx));
	2. Behavior support plan with a “Functional Behavior Assessment” or “FBA” which is the systematic assessment of an individual’s behavior that yields: (1) an operational description of the behaviors of concern; (2) the ability to predict the times and situations in which the behaviors of concern is most and least likely to occur across the full range of typical daily routines and settings; (3) a description of the function or purpose that the behaviors of concern serves for the individual; (4) an understanding of the medical, environmental, interpersonal, and other ecological factors that shall be considered in the development of an effective programmatic response to the behavior; and (5) identification of positive replacement behaviors, and treatment goals.
	3. Behavioral data and graphs;
	4. The three most recent Psychiatry or Prescriber Notes;
	5. The individual’s behavior modifying medication history;
	6. Tardive Dyskinesia (TD) Screen, if appropriate;
	7. Response to most recent PRC requirements and suggestions;
	8. List of other medications prescribed to the individual;
	9. The most current assessment for Tardive Dyskinesia completed within the previous six months for individuals taking antipsychotics medication;
	10. The individual’s medication plan or plans (I.E.PR.004 Attachment F [PRC Medication Prescriber's Treatment Plan](http://www.ct.gov/dds/lib/dds/dds_manual/ie/prc/iepr004_attachment_f_medication_prescriber_treatment_plan.docx));
	11. The individual’s Psychiatric Medication Data Entry Information form (I.E.PR.004 Attachment C [PRC Psychiatric Medication Data Entry Information Form](http://www.ct.gov/dds/lib/dds/dds_manual/ie/prc/iepr004_attachment_c_psychiatric_medication_data_entry_information.docx)); and
	12. The individual’s PRC Consent for Treatment form (I.E.PR.004 Attachment G [PRC Consent for Treatment Form](http://www.ct.gov/dds/lib/dds/dds_manual/ie/prc/iepr004_attachment_g_prc_consent_fortreatment.docx))
10. The PRC review shall determine if an individual’s behavior support plan is developed using the best standards of practice. These best practices include (1) treating the individual in a respectful, age-appropriate manner; (2) incorporating the standards into the individual’s daily routine; and (3) having the standards being used in a natural context. The individual and his or her family, guardian, advocate, and support staff shall be involved in the design of his or her positive behavior supports, when clinically appropriate.

 g. The PRC may make recommendations regarding the approval of all behavior support plans including proposing the use of a range of aversive procedures from the least to the most restrictive, with specific criteria for each restriction.

h. The individual, his or her family, guardian or advocate may attend the program review committee meeting for the purpose of hearing the presentation and presenting any supporting or opposing views to the committee.

i. The regional PRC shall refer cases for a full Human Rights Committee (HRC) review, if the PRC has a concern regarding aversive procedures or treatment approaches.

# **Required follow-up after any Program Review Committee Review**

1. The PRC shall document its recommendations to:
	* 1. Approve the individual’s behavior support plan or plans; or
		2. Approve the individual’s behavior support plan with qualifications that shall specify the:
2. PRC’s qualifications for the plan’s approval;
3. Requirements to satisfy the PRC’s qualifications; and
4. Time frame in which the new requirements are to be met; or
	* 1. Disapprove the individual’s behavior support plan or plans.
5. A Psychiatric Medication Review shall be completed by the licensed prescriber (i.e., Psychiatrist, APRN) within the scope of their practice in conjunction with other regional PRC members. The PRC’s Psychiatric Medication Review shall:
6. Approve the individual’s psychiatric medication plan; or
7. Approve the individual’s psychiatric medication plan with qualifications that shall specify the:

PRC’s qualifications for the plan’s approval;

Requirements to satisfy the PRC’s qualifications; and

Time frame in which the new requirements are to be met; or

1. Disapprove the individual’s psychiatric medication plan.
2. The PRC shall document the timeframe for the next PRC review of the individual’s behavior support plan or psychiatric medication plan. Interim changes to an individual’s behavior support plan or psychiatric medication plan shall be reviewed at the next scheduled PRC meeting.
3. The PRC may recommend a full HRC review of an individual’s behavior support plan or psychiatric medication plan. If a full HRC review is required, the individual’s behavior support plan or psychiatric medication plan shall be referred to the regional HRC liaison.
4. The PRC shall forward its recommendations to the regional or training school director or the director’s designee for review and approval.
5. Data provided during PRC reviews shall include (1) psychiatric medications; (2) behavior support plans; (3) screenings for tardive dyskinesia (irregular movements of the mouth and face); (4) monitoring for “extrapyramidal side effects” or “EPS” that are abnormal movements of voluntary or involuntary muscles induced by antipsychotic medications, which may include characteristic EPS symptoms such as dystonia (muscle contractions or spasms), dyskinesia(Parkinson-like movements such as rigidity and tremors), or akathisia (motor restlessness in the extremities); and (5) dates of PRC reviews of an individual’s behavior support plan or psychiatric medication plan which are maintained in CAMRIS by the Regional PRC liaison or his or her designee.
6. The PRC shall review the use of behavior modifying medication prescribed as pre-sedation for medical or dental appointments or procedures only for individuals who reside in Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID). (See I.E.PR.006 [Pre-sedation of Medical/Dental Procedures](http://www.ct.gov/dds/lib/dds/dds_manual/ie/pre_sedation/i_e_pr_006_presedation.pdf).)
7. **Exemption from Program Review Committee Review**
8. An exemption from a PRC review may be requested by an individual who wishes, and has the capacity, to independently make decisions about the use of psychiatric medications that would otherwise require PRC review.
9. An individual may request to be exempt from PRC review if the following criteria applies:
10. The individual takes behavior modifying medications and has a behavior support plan that does not include aversive procedures; and
11. The individual lives independently, manages his or her own health care, and is capable, with supports, of making medical decisions.
12. Exemption from a PRC review also may be based on the type and level of the individual’s support, specifically how the individual is able to manage his or her medical care.
13. If the individual has a guardian, the individual may be exempt if he or she meets the exemption criteria and the guardian approves.
14. If an individual meets the exemption criteria and is his or her own guardian, then the individual’s Planning and Support Team (PST) and the region’s PRC Exemption Committee shall make a decision on the exemption.
15. An individual who meets the PRC review exemption criteria may request to be exempt by completing the PRC exemption process as follows:
16. The individual or his or her guardian shall complete, with the individual’s case manager’s assistance, a Request to be Exemptfrom the PRC Review Process (See I.E.PR.004 Attachment E [Request for Exemption from the PRC/HRC Review Process](http://www.ct.gov/dds/lib/dds/dds_manual/ie/prc/iepr004_attachment_e_request_for_prc-hrc_exemption.docx)) and detailing the individual’s:
17. Guardian status;
18. Current living situation;
19. Medical appointment status; and
20. Current medications.
21. The individual’s PST shall document any additional pertinent information and shall include a statement as to whether the PST members concur or disagree with the individual’s request for exemption from PRC review. These PST documents shall be attached to the Request to be Exempt from the PRC ReviewProcessform.
22. The individual’s case manager shall submit the completed Request to be Exempt from the PRC ReviewProcess form to the regional director or the director’s designee for review by the region’s PRC Exemption Committee.
23. The region’s PRC Exemption Committee shall approve or disapprove the individual’s request and document the decision on the form.
24. The region’s PRC Exemption Committee shall retain a copy of the PRC exemption form and forward the original document to the individual’s case manager.
25. The individual’s case manager shall file the original Request to be Exempt from the PRC ReviewProcess form in the individual’s file and send a copy of the form to the region’s PRC liaison.
26. If the individual’s exemption request is approved, the decision shall be documented in CAMRIS by the regional PRC coordinator or the coordinator’s designee.
27. The individual’s case manager shall review the PRC review exemption annually or more frequently, if indicated by changes in the individual’s health or cognitive status. The case manager shall document whether the exemption from PRC review remains appropriate during the individual’s annual planning meeting. If the individual’s exemption status remains appropriate, the case manager shall document and date such status on the original Request to be Exempt from the PRC ReviewProcess form. If the PRC review exemption status is determined not to be appropriate, the individual’s case manager shall notify the region’s PRC Liaison and the region’s PRC Exemption Committee chairperson.
28. **References**

**Federal**

ICF/IID Federal Regulations 483-420, “Condition of Participation, Client Protections”

ICF/IID Federal Regulations 483-440, “Condition of Participation, Active Treatment Services”

ICF/IID Federal Regulations 483-450, “Condition of Participation, Client Behavior and Facility Practices”

**State Statute and Regulation**

Section 17a-210 of the Connecticut General Statutes

Section 17a-238 of the Connecticut General Statutes

Section 45a-677 of the Connecticut General Statutes

Section 45a-677(e) of the Connecticut General Statutes

Section 46a-11, et seq. of the Connecticut General Statutes

Sections 17a-238-7 to 17a-238-13, inclusive “Aversive Procedures” of the Regulations of Connecticut State Agencies

**DDS Policy and Procedure**

DDS Case Management Policies and Procedures

I.E.PR.006 Pre-sedation for Medical/Dental Procedures

I.F.PO.001 Abuse and Neglect Prevention

I.F.PR.001 Abuse and Neglect Prevention, Reporting, Notification, Investigation, Resolution and Follow-up

I.F.PR.006 Human Rights Committee

II.G.PO.001 Office of the Commissioner Institutional Review Board (IRB)

II.G.PR.001 Office of the Commissioner Institutional Review Board (IRB)

DDS Policy 1 Client Rights

DDS Policy 7 Programmatic Administrative Review

DDS Policy 13 Advocates

1. **Attachments**

I.E.PR.004 Attachment A [Request for PRC Date to Review Behavior Modifying Medication, Restraint or Aversive Procedure Form](http://www.ct.gov/dds/lib/dds/dds_manual/ie/prc/iepr004_attachment_a_prc_request_form.docx)

I.E.PR.004 Attachment B [PRC Medication/Program Review Face Sheet](http://www.ct.gov/dds/lib/dds/dds_manual/ie/prc/iepr004_attachment_b_med_-_prc_face_sheet.docx)

I.E.PR.004 Attachment C [PRC Psychiatric Medication Data Entry Information Form](http://www.ct.gov/dds/lib/dds/dds_manual/ie/prc/iepr004_attachment_c_psychiatric_medication_data_entry_information.docx)

I.E.PR.004 Attachment D [Request for PRC Interim Approval Form](http://www.ct.gov/dds/lib/dds/dds_manual/ie/prc/iepr004_attachment_d_prc_interim_approval.docx)

I.E.PR.004 Attachment E [Request for Exemption from the PRC/HRC Review Process](http://www.ct.gov/dds/lib/dds/dds_manual/ie/prc/iepr004_attachment_e_request_for_prc-hrc_exemption.docx)

I.E.PR.004 Attachment F [PRC Medication Prescriber's Treatment Plan](http://www.ct.gov/dds/lib/dds/dds_manual/ie/prc/iepr004_attachment_f_medication_prescriber_treatment_plan.docx)

(Optional Form, used only if prescriber does not have his or her own Treatment Plan form)

I.E.PR.004 Attachment G [PRC Consent for Treatment Form](http://www.ct.gov/dds/lib/dds/dds_manual/ie/prc/iepr004_attachment_g_prc_consent_fortreatment.docx)