

Brief Summary of Changes To Several DDS Procedures

I.E. PR.002 Behavior Support Plans

I.E. PR.003 Behavior Modifying Medications

I.E. PR.004 Program Review Committee

I.E. PR.006 Pre-Sedation for Medical & Dental Procedures

I.F. PR.006 Regional Human Rights Committee

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For These Procedures:

I.E. PR.002 Behavior Support Plans

I.E. PR.003 Behavior Modifying Medications

I.E. PR.004 Program Review Committee

I.E. PR.006 Pre-Sedation for Medical & Dental Procedures

These Changes:

- **Change Department of Mental Retardation/DMR to Departmental of Developmental Services/DDS**
- **Revise definitions so they read the same as PR.002 & PR.003 & PR.004**
- **Change Interdisciplinary Team/IT to Planning & Support Team/PST**
- **Update Procedure to reflect current practice & be consistent with Waiver requirements.**
- **Revise Applicability Statement**

Revise Applicability Statement:

**This includes individuals receiving services in or from DDS operated, funded and/or licensed facilities:
ICF/MR - CLA - CTH - Day Services ---- and
DDS Individualized Home Supports**

It applies to individuals receiving any HCBS Waiver Services where paid staff are required to carry out:

- A behavioral intervention that utilizes an restrictive procedure**
and/or
- Staff funded by the DDS who are required to pass/give behavior modifying medication, regardless of where the individual lives.**

The background features a textured, light beige paper-like surface. In the upper right, there are dark, stylized mountain peaks. On the right side, there are several thin, dark branches with small, dark, round buds or flowers hanging down.

Specific To Certain Procedures:

I.E. PR.003 Behavior Modifying Medications

- **Consent Form Should Be Renewed Annually**
- **New Wording For The Review Of Terminal End of Life Care, Alzheimer's Dementia, and Sleep Disturbance**

I'll Talk More About The Last 'Bullet' When I Discuss The PRC

I.E. PR.006 Pre-Sedation for Medical & Dental Procedures

**There is a new Attachment D:
*'Use of Pre-Medication for Medical/Dental Care
Tracking When Reviewed by the HRC'***

It provides a way to track multiple uses of Pre-Sedation/Medication for a person on one form. This will save both 'team' time, and paper.

I.F. PO & PR.006 - Regional Human Rights Committee

- **All references to DMR are eliminated**
- **Standardized the references to all categories of restrictions so that the procedure and forms (attachments) match up**
- **Created a new intake form ("Request for Human Rights Committee Review" form) in order to standardize the application process**
- **Added a consent form that applies specifically to the regional respite centers**
- **Replaced "Approved with Recommendations" with "Approved with Conditions"**

I.E. PR.004 Program Review Committee

Significant Changes to the Program Review Committee Procedure Will Go Into Effect on July 1, 2009

As You Will See, What Is Changing Includes:

- **What Will Need to Be Reviewed by the PRC**
And
- **The Frequency of the Reviews Including ,Under PRC Determined Circumstances, Not Coming Back for a Review**

I.E. PR.004 Program Review Committee

Over the past 3 months I have chaired a committee made up of the Regional Clinical, Health, and Quality Improvement Directors, and Program Review Committee Liaisons.

The committee was charged with evaluating the process by which the Department reviews both Behavior Modifying Medications and Behavioral Support Plans that contain restrictive intervention, and to recommend changes.

The change that have been approved will go into effect on July 1, 2009. They will allow for decreasing the amount of reviews that are needed to be completed, while maintaining both best clinical practice and the safety of the consumers we are all charged with supporting.

The primary focus of the Committee in evaluating changes was to evaluate changes without compromising safety. The original PRC criteria were developed over 20 years ago when service delivery and supports were much different then they currently are. Also, 20 years ago the Department did not have any of the following Quality Assurance and Oversight mechanisms that now exist.

- Quality Monitors**
- Program Monitors**
- Licensing Monitors**
- Case Manager Reviews**
- The IP Process**
- The LON Process**

Along with the individual's Support Team, all of these external processes and people will allow for the changes outlined, while maintaining safety and evaluating best clinical practice.

Program Review Committee Changes As Outlined In The Beginning Of Procedure Implementation Section

The need for a review and the length of the review cycle is determined by the Program Review Committee.

Once the Program Review Committee has either checked the box 'PRC Review Not Required', or has established a review cycle, a Planning & Support Team/PST does not need to return to the PRC unless there is a change in:

- Diagnosis**
- Significant change in medication type, significant change in medication dosage exceeding FDA range;**
- or -
- A significant increase in problem behaviors related to the use of medication.**

The Main Changes That Have Been Approved Include:

Behavior Modifying Medications that are utilized for any of the following treatments conditions **would be exempt from the Program Review Committee process:**

****Mono-Therapies** - Single Behavior Modifying Medication Utilized for clear diagnosis obtained from the treating Psychiatrist. These would include only Depression Anxiety Disorder.**

Note That - Single Anti-Psychotic Behavior Modifying Medication will have to be reviewed at least once.

Exempt Behavior Modifying Medications – Continued

- **Alzheimer's Medications**
- **Sleep Medications**
- **End Of Life Medications**
- **CP / Neurodegenerative Disorders Medications**
(Medications that are used solely for the treatment of disorders such as Cerebral Palsy, ALS, Muscular Dystrophy, or Multiple Sclerosis, etc.)
- **Herbal Medications** — Submit the one page PRC form 'Attachment A - Request For PRC Date' form to Region. Your request for the use of the medication will be evaluated for the need for a PRC Review.

Restrictive Interventions

Any use of an Aversive Procedure must be reviewed by the Program Review Committee **at least once.**

The length of review cycle will be determined by the Program Review Committee based on the stability of behaviors due to the Behavioral Intervention and/or Behavior Modifying Medication.

For Both

Behavioral Medications And Restrictive Interventions

Future PRC reviews will be evaluated in light of previous PRC reviews and/or the behavioral data that has been developed over time.

This might include not coming back to the PRC unless there is a change in the Behavior Modifying Medication's, or behavioral data increase, or additional restrictive interventions is felt to be necessary.

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These changes have been clearly defined and added to the beginning of the Implementation Sections of the Behavior Modifying Medication, Program Review Committee, and Behavior Support Plan Procedures.

These changes WILL NOT effect what is required by Interdisciplinary Teams at PRC Reviews, or how the Program Review Committee process is conducted.

What is changing is what will need to be reviewed by the Program Review Committee and the frequency of the reviews.

In Conclusion:

These changes will constitute a major decrease in the number of required reviews, and thus a decrease in the work of Support Team's in preparing for, and presenting to, the Committee.

If you have any questions you can contact Dr. H. Steven Zuckerman at DDS Central Office (860-418-6086).

You can also contact your Regional Program Review Committee Liaison.