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# BHD Provider Bulletin

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TO: Adult Developmental Disabilities (DD) Waiver, Child DD, and Acquired Brain Injury Waiver Providers

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SUBJECT: Standards of Practice Guidance on the Use of PRN Psychoactive Medications and Chemical Restraints

REF #: JS-2013-03

The Wyoming Department of Health, Behavioral Health Division (the Division) is clarifying the following standards of practice to be used as guidance for the use of prescribed psychoactive medications by waiver providers. This bulletin will address both Chemical Restraints and "PRN" usage of psychoactive medications, as defined below. The use of these medications shall always be used in the best interest of the person to improve his/her quality of life.

Wyoming Medicaid Rules Chapter 45, Provider Certification and Sanctions, currently allows chemical restraints within certain parameters. Through a review of provider documentation and medication records over the past year, the Division is aware that providers are using chemical restraints outside these parameters. The Division sought guidance from the Wyoming Department of Health's State Physician and numerous medical professionals to clarify the requirements regarding these medications. The standard of practice regarding the use of restraints and PRNs also aligns with ICF/ID Regulations ([42 CFR.483.420](#) and [483.450](#)).

## **STANDARDS OF PRACTICE GUIDANCE FOR THE USE OF A PRN PSYCHOACTIVE MEDICATION**

Psychoactive medications are prescribed to improve or stabilize mood, mental status, or behavior. These medications have many possible side effects and require regular follow up by the person's prescribing medical professional and general practitioner.

A participant may have an order for a psychoactive PRN medication, which is prescribed medication to be given as needed (referred to as PRN) for specific symptoms as a standard treatment for a diagnosed disorder. PRN medications may not be administered against the wishes of the participant. Providers shall follow all Division Medication Assistance Standards when administering PRN medications. When these PRNs are given, the Division is clarifying that the provider ensures these steps are followed:

1. A PRN prescription for a psychoactive medication should be specific to a person's condition and considered the standard of treatment for the person's condition.
2. The prescribing medical professional should detail the symptom(s) which call for the use of a psychoactive medication PRN and write the order for the medication. If the symptoms are not listed in the order, a clarification from the prescribing physician is needed before the PRN is given.

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3. The participant's positive behavior support plan should include information on how the PRN psychoactive medication shall be used, when it shall be used, and the interventions that should be tried by the provider before the administration of a psychoactive PRN medication.
4. Provider staff shall still attempt and document non-pharmacologic interventions to de-escalate the situation prior to giving a PRN.
5. Provider staff shall document all PRN medications according to established documentation standards. In the case of PRN psychoactive medications, documentation should include the prescribed medication given and the effects on the participant after taking the PRN.
6. If PRN psychoactive medications are given frequently, then the provider shall notify the prescribing medical professional(s) and report all psychoactive medication usage by a participant, including any instances of PRN administration and chemical restraints. A change to the treatment plan, positive behavior support plan, and/or the plan of care or a change in standing medication orders *may* be needed.

Refer to the [Division's Medication Assistance Policy Standards for PRN Behavioral Modifying Medication \(Implemented August 2009 and revised April 2011\)](#).

## STANDARDS OF PRACTICE GUIDANCE FOR PROVIDERS DEPLOYING A CHEMICAL RESTRAINT

A chemical restraint is a psychoactive medication that is given against a person's will. Current Wyoming Medicaid rules define a drug used as restraint as any psychoactive medication that is not part of the participant's standard treatment, has the temporary effect of restricting the participant's freedom of movement, and is administered in a crisis situation to prevent the participant from harming him/herself or others. If a psychoactive medication is given against the participant's or guardian's will, and the provider engages in a *physical restraint* in order to administer the chemical restraint, "*the provider and provider staff shall adhere to the requirements established by the certifying entity and shall not modify those requirements,*" in accordance with Chapter 45, Section 28.

NOTE: Any use of chemical restraint on children (including participants on the Child DD Waiver) is prohibited by law (Children's Health Act of 2000, P.L.106-310, section 595 (b)(3)(A)).

Currently, Chapter 45, Section 28 of Wyoming Medicaid Rules, requires restraints, including chemical restraints, to be used only after other attempts to de-escalate the situation have been tried. They also require proper documentation and follow up after the use of a restraint. **To clarify the Division's expectations as specified in Chapter 45, providers shall ensure that:**

1. Psychoactive medications can only be used as a form of chemical restraint in an emergency situation to prevent imminent harm to the individual or others (*but shall only be used as a last resort to prevent imminent danger to self or others*);
2. Staff must attempt to de-escalate the crisis prior to the use of these chemical restraints and document these non-pharmacological interventions;
3. The chemical restraint must be ordered by a physician or other health care practitioner with prescription authority;
4. The chemical restraint must be administered by licensed provider personnel within their scope of practice.
5. Consultations with the participant, guardian, and staff involved regarding ways to prevent future use of restraint.

**Effective immediately, the Division is clarifying that following the use of any chemical restraint, providers must document and report as follows:**

1. The use of a chemical restraint must be documented as an incident, and the incident must be reported as an "**Emergency Restraint**" on the Division's Critical Incident Reporting web-based system.  
*New requirement!*
2. All non-pharmacologic, less intrusive interventions that were attempted to de-escalate the situation prior to using a chemical restraint are documented. Less restrictive intervention techniques must be used prior to the administration of a chemical restraint.
3. The participant's symptoms that were noticed prior to the administration of the chemical restraint must be documented.

4. The prescribed medication given for the chemical restraint and the effects the medication had on the participant must be documented.
5. A copy of the incident must also be sent to the Physician in addition to the regular parties notified in any critical incident.
6. Consultations with the participant, guardian, and staff involved regarding ways to prevent future use of restraint shall be conducted and documented.

In order to help providers demonstrate that they are meeting these standards, the Division is clarifying the following:

1. **An order for the chemical restraint shall be obtained from a medical professional with prescribing authority.** The Division understands that sometimes the order may be obtained *verbally* from the medical professional prior to the administration of the medication. However, the verbal order should be received by a provider-authorized employee trained in receiving detailed medical orders. The order must be documented with the date, time, dosage, route, medication name, and name of prescriber. If the Provider does not receive written documentation from the medical provider or document the medical professional's orders, the Division will assume that the restraint was not properly ordered and may take corrective action.
  - a. The Division recognizes that there may be rare instances where a delay in reaching a physician for an order on certain participants/patients may put the patient or others at significant risk of injury, such as the time of night, availability of quick on-call response in certain areas of the state. In these patients, a *standing order* for use of a chemical restraint (as needed) may be part of the treatment protocol, as detailed above. **A standing order for a chemical restraint is different from PRN orders as it applies to imminent danger only.** For participants in the care of waiver providers, standing orders shall not exceed one month and require the medical follow up and reporting as specified in this bulletin.
  - b. Standing orders shall not be accepted by the Division without clarification on the circumstances from the treating medical professional and the Division may discuss alternatives with the participant's team if use of restraint is three (3) or more times in six (6) months or otherwise concerning.
2. **Standards of practice guidance for medical follow up for restraints.** Current rules require the provider to evaluate the frequency of restraint and take action to continuously reduce or eliminate the use of restraint. The use of chemical restraint is a very serious issue and the Division recommends that formal medical review take place as soon as possible if there are three (3) or more instances of a chemical restraint used in six (6) consecutive months. This review should include the prescribing authority and the plan of care team to determine if the treatment plan, behavior plan and/or the plan of care needs to be changed. The formal review must be documented in the provider's file on the participant and in the physician's records. If it is determined that the treatment plan or plan of care will not be changed, then the provider shall document the reasons it is not being changed and send a copy of this documentation to the Division Participant Support Specialist, who reviews that person's plan of care. Changes in the treatment plan or plan of care must be processed according to current Wyoming Medicaid Rules.
3. **Training.** For every drug administered to a participant served by a provider, the provider should regularly seek guidance from the prescriber on potential drugs interactions and the accepted medical standards of care for monitoring potential risks for that drug.

## QUESTIONS

If you have questions regarding this bulletin, please contact your Division Provider Support Specialist assigned to your county. All Division provider support staff numbers and counties are listed on the Division's website at <http://health.wyo.gov/ddd/ddd/pi.html>.