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BULLETIN



Date: February 18th, 2025
To: All Supports and Comprehensive Waiver Providers
From: Elizabeth Forslund, Home and Community-Based Services Section Administrator
Subject: PRN Psychoactive Medications
Ref: **EF-2025-B03**

The Wyoming Department of Health, Division of Healthcare Financing (Division) would like to remind providers of Comprehensive and Supports Waiver (DD Waiver) services of the following standards of practice for the administration of PRN psychoactive medications by DD Waiver providers. This bulletin addresses both PRN psychoactive medications and the use of psychoactive medications as a chemical restraint.

The following standards were derived from guidance received from the Wyoming Medicaid Medical Director and numerous other healthcare professionals. The following standards align with current ICF/ID regulations (42 CFR 483.420 and 483.450).

Standards of Practice Guidance for the Use of PRN Psychoactive Medications

Psychoactive medications are prescribed to improve or stabilize mood, mental status, or behavior. In addition to their benefits, these medications have many possible undesirable and serious side effects. To reduce the potential or consequences of side effects, usage of PRN psychoactive medication should be minimal and only utilized in situations where nonpharmacological interventions have been attempted but were unsuccessful.

Prior to the administration of a PRN psychoactive medication, the participant must have a valid order written by the person's medical or psychiatric practitioner. This order must include specifics as to the medication, dosage, frequency, route, and for what exact circumstances (symptoms) the medication can be given. If the order is unclear or not fully understood by the provider, it is the provider's responsibility to contact the prescribing entity to obtain clarity before assisting with the medication.

In addition to following the Division's medication assistance standards when assisting with a PRN psychoactive medication, the provider or provider staff member assisting with the medication shall:

1. Institute appropriate de-escalation techniques and/or non-pharmacological interventions outlined in the participant's positive behavior support plan (PBSP) prior to administration of the PRN psychoactive medication;
2. Document all attempted non-pharmacological interventions and outcomes; and
3. Engage in a monthly review of the participant's PRN psychoactive usage, and, if there is an upward trend in usage, notify the prescribing medical entity to report the concern in a timely manner. Additionally, with a sustained increase in PRN psychoactive medication usage, the provider should contact the participant's case manager to arrange a review of the participant's individualized plan of care (IPC) and PBSP to address possible changes to help minimize the use of PRN psychoactive medications.

All participants have the right to refuse medications. Any psychoactive medication, PRN or otherwise, that is forced upon the participant against their will, either by coercion or physical means, will be considered a chemical restraint.

Standards of Practice Guidance for the Use Chemical Restraints

A chemical restraint is defined as any drug, which is administered to manage a participant's behavior in a way that reduces the safety risk to the participant or others, has the temporary effect of restricting the participant's freedom of movement, and is not a standard treatment for the participant's medical or psychiatric condition. Additionally, the Division will consider any drug, regardless of route of administration, which has the temporary effect of controlling behaviors, inducing sedation, which is administered against the will of the participant either by force or coercion, to be a chemical restraint.

Chapter 45, Section 18 of the Department of Health's Medicaid Rules allows the administration of chemical restraints, but only within narrow, non-negotiable parameters:

1. Chemical restraints may only be performed on individuals 18 years of age or older. Performing chemical restraints on individuals under the age of 18 is prohibited by Federal law and Chapter 45 of the Department of Health's Medicaid Rules.
2. Staff must attempt de-escalation techniques and/or non-pharmacological interventions outlined in the participant's PBSP prior to utilization of a chemical restraint.
3. The chemical restraint must be ordered by a healthcare professional with the authority to prescribe medications.
4. The medication utilized in a chemical restraint must only be administered by a licensed healthcare professional whose scope of practice allows the administration of the medication through the ordered route.
5. A chemical restraint must only be utilized as a last resort measure and be limited to those emergency situations where imminent danger or harm to self or others exists.

6. Complete documentation of the restraint is required, including the observed behavior(s), attempted non-pharmacological interventions and results, medication administered, detailed account of physical techniques used during restraint, participant's response to medication, and follow-up observations.
7. The provider will hold a debriefing meeting with the participant, legally authorized representative, and case manager as soon as practical after an incident to discuss the use of the chemical restraint. Legally authorized representatives may be part of the participant's debrief discussion either by phone or in person.

Additional Guidance Regarding Chemical Restraints Standing Orders

Standing orders for chemical restraints are prohibited except when deemed necessary to prevent extreme reoccurring behavior as outlined in a participant's IPC. A standing order must be presented in writing and include specifics as to the medication, dosage, frequency, route, and under what exact circumstances (symptoms) the medication can be given by the licensed medical professional. The standing order must be limited to one (1) month in length. A standing order for a chemical restraint is different from PRN orders, as it applies to imminent danger only.

Use of Accompanying Physical Force

Use of accompanying physical force during a chemical restraint event is discouraged and should only be used when absolutely necessary for the safety of the participant and others. If a provider utilizes physical force during a chemical restraint event, the involved provider and provider staff must adhere to the guidelines and requirements of their crisis intervention certifying entity and shall not modify them. Providers shall not utilize physical techniques that are contraindicated by the participant's unique physical or medical condition. The provider shall utilize the least amount of physical force required to safely administer the ordered medication.

Reporting

All providers shall report the use of a chemical restraint (Use of Restraint) to the Division, Protection & Advocacy Systems, Inc., the case manager, and any legally authorized representative(s) within one (1) business day of the incident.

Healthcare Provider Follow-up

If a provider engages in three (3) or more instances of a chemical restraint within a consecutive six (6) month period, the participant's team must arrange for the participant to see his or her treating medical professional for a formal medical review in case the treatment plan needs to change. The participant's plan of care team must meet to determine if the PBSP or crisis intervention protocol needs to change. The formal medical review must be documented in the participant's file with both the restraining provider and case manager. If it is determined that the treatment plan or IPC will not be changed, then the case manager shall document the reasons it is not being changed in the IPC.

If you have questions regarding this bulletin, please contact the Incident Management Specialist for your county at

<https://health.wyo.gov/wp-content/uploads/2023/09/IMSMap-9.2023.pptx.pdf>.