

Proposed Changes to the Restrictive Control Review Committee Process for Behavior Support Plans for Psychotropic Medications Only



Developed by the DDS BSP Policies and Procedures Workgroup

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Overview



- To discuss proposed changes to the Restrictive Control Review Committee (RCRC) review process.
 - DDS proposes to discontinue RCRC reviews of BSPs for people whose only restrictive control is psychotropic medications.
- Currently, the RCRC reviews Behavior Support Plans (BSPs) that contain restrictive controls to make sure the restrictions are necessary and the least restrictive option to ensure the person's safety and/or the safety of others.
- Examples of the most requested restrictive controls are:
 - ❖ Psychotropic Medications
 - ❖ Individualized Housing
 - ❖ Individualized Staffing
 - ❖ Physical Restraints
 - ❖ Sharps Restrictions

Rationale



- DDS consulted with the National Association of State Directors of Developmental Disabilities Services (NASDDDS) and found that this proposed process is in keeping with other states that leave medication reviews to the provider agency, the person, their treatment provider, and the provider human rights committees.
- This modified approach will allow for a more robust review of requests for individualized housing, individualized staffing and other restrictions, and allow for more participation from the circle of support.

Policy Guidelines



- The definition of what constitutes a restrictive control will not change.
- People on one (1) psychotropic medication may still apply for a BSP exemption which is reviewed initially by the RCRC.
 - Subsequent yearly reviews are reviewed by the Rights and Advocacy Specialist.
- People on more than one (1) psychotropic medication will still be required to have a BSP.
- Provider HRCs will still review BSPs annually for medications and restrictive controls.
- Providers responsible for implementing the BSP must still upload the 7 supporting documents in the BSP section of MCIS.

Psychotropic Medication Review Process



The quarterly psychotropic medication review (PMR) process will remain the primary safeguard against unnecessary medications.

- In the PMR process, the person's medications get reviewed by the person, and a team made up of the provider staff, nurses, BSP clinicians, and doctors who know the person well. The team looks at the reason the medication is prescribed, the risk and benefits, side effects and whether the medication is working for the person.
- Since the PMR is done quarterly, the person's medications get reviewed at least four (4) times per year.
- DDS' Nurse Educator will continue to provide training to provider nurses and staff on the PMR process to ensure they are trained to complete the PMR process correctly.
- Provider Nurses will continue to ensure compliance with the H and W standards for Psychotropic medication reviews.

Participation at RCRC Meetings



- People and teams requesting individualized housing and/or 1:1 or 2:1 staffing must continue to participate in the RCRC meeting to explain why the restriction is necessary for the person.
- Having the person and team participate in the meeting gives more details about why the restrictions are needed than just looking at the BSP.
- Attendance doesn't negate the need for written clinical documentation.

Questions

