
Adult Foster Home Provider Alert

Policy updates, rule clarifications and announcements

Date: August 22, 2019
To: APD Adult Foster Home Providers
From: Safety, Oversight and Quality Unit
Topic: **HB 3262 from 2017 Legislative Session**

House Bill 3262 was passed by the Oregon State Legislature in 2017. This house bill offers specific guidance and expectations related to the use of psychotropic (formerly called psychoactive) medications. The table below details the rule changes made July 1, 2019 that are specific to House Bill 3262. Here is a brief summary of the changes you will find in the table below:

- Psychoactive or anti-psychotic medications are now referred to as psychotropic medications.
- AFH licensees are required to notify a resident's primary care physician when a new psychotropic medication has been prescribed by a different provider.
- NEW RULE: 411-051-0130(8)(c) details this notification requirement which may be sent either via fax or electronic email submission. Keep the notification record with the resident's paperwork.
- All other changes noted in the table below show where the rules relating to psychotropic medications can be found in the AFH rules.

AFH OAR January 2018	AFH OAR July 2019	Specific Changes in 2019
411-050-0602(66) "Psychotropic Medication" means any drug that	411-049-0102(69) "Psychotropic Medication" means any drug that	N/A

affects the brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories:	affects the brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories:	
(a) Anti-psychotic.	(a) Anti-psychotic.	N/A
(b) Anti-depressant.	(b) Anti-depressant.	N/A
(c) Anti-anxiety.	(c) Anti-anxiety (Anxiolytic).	Added “Anxiolytic” to definition.
(d) Hypnotic.	(d) Hypnotic.	N/A
411-050-0655(4)(a)(M) Any use of physical restraints or psychotropic medications.	411-051-0115(1)(m) Any use of physical restraints or psychotropic medications.	N/A
411-050-0655(6)(c)(D) When there are concerns about resident behaviors that do not respond to non-medication interventions, or the use of new psychotropic medications when not assessed, taught, and reassessed according to section (7)(h) of this rule, by a physician, nurse practitioner, physician assistant, or mental health practitioner.	411-050-0655(6)(c)(D) When there are concerns about resident behaviors that do not respond to non-medication interventions, or the use of new psychotropic medications when not assessed, taught, and reassessed according to section (7)(h) of this rule, by a physician, nurse practitioner, physician assistant, or mental health practitioner.	N/A
411-050-0655(7)(h) PSYCHOTROPIC MEDICATIONS.	411-051-0130(8) PSYCHOTROPIC MEDICATIONS.	N/A
411-050-0655(7)(h)(A) A licensee is not required to request an evaluation of a resident's use of a psychotropic medication if the resident is admitted to the home and the resident	411-051-0130(8)(a) A licensee or administrator is not required to request an evaluation of a resident's use of a psychotropic medication if the resident	N/A

<p>has been prescribed the psychotropic medication for a condition that is currently monitored by a physician, nurse practitioner, physician assistant, or mental health professional and the written order for the psychotropic medication is in the resident's record.</p>	<p>is admitted to the home and the resident has been prescribed the psychotropic medication for a condition that is currently monitored by a physician, nurse practitioner, physician assistant, or mental health professional and the written order for the psychotropic medication is in the resident's record.</p>	
<p>411-050-0655(7)9(h)(B) If a resident is admitted to a home with no documented history as to the reason for taking a psychotropic medication, or if the licensee requests medical professional intervention to address behavioral symptoms, the licensee must request a physician, nurse practitioner, physician assistant, or mental health professional evaluate the resident's need for the psychotropic medication and the intended effect of the medication, common side effects, and circumstances for reporting. The evaluation request must be documented in the resident's record and include:</p>	<p>411-051-0130(8)(b) If a resident is admitted to a home with no documented history as to the reason for taking a psychotropic medication, or if the licensee or administrator requests medical professional intervention to address behavioral symptoms, the licensee or administrator must request a physician, nurse practitioner, physician assistant, or mental health professional evaluate the resident's need for the psychotropic medication and the intended effect of the medication, common side effects, and circumstances for reporting. The evaluation request must be documented in the resident's record and include:</p>	<p>Added “administrator” due to changes in OAR to allow Corporate Adult Foster Homes.</p>
<p>411-050-0655(7)(h)(B) (i) The unmet need resulting in the resident's behavior.</p>	<p>411-051-0130(8)(b)(A) The unmet need resulting in the resident's behavior.</p>	<p>N/A</p>
<p>411-050-0655(7)(h)(B) (ii) Non-pharmacological interventions to be used</p>	<p>411-051-0130(8)(b)(B) Non-pharmacological interventions to be used</p>	<p>N/A</p>

<p>instead of or in addition to psychotropic medication, if applicable. Alternative interventions must be tried as instructed by a licensed medical professional and the resident's response to the alternative interventions must be documented in the resident's record before administering a psychotropic medication.</p>	<p>instead of or in addition to psychotropic medication, if applicable. Alternative interventions must be tried as instructed by a licensed medical professional and the resident's response to the alternative interventions must be documented in the resident's record before administering a psychotropic medication.</p>	
<p>411-050-0655(7)(h)(B) (iii) A plan, which includes a specified timeframe, for reassessment by the resident's prescribing physician, nurse practitioner, physician assistant, or mental health professional.</p>	<p>411-051-0130(8)(b)(C) A plan, which includes a specified timeframe, for reassessment by the resident's prescribing physician, nurse practitioner, physician assistant, or mental health professional.</p>	<p>N/A</p>
<p>N/A</p>	<p>411-051-0130(8)(c) When a psychotropic medication is ordered by a prescribing practitioner other than the resident's primary care provider, the licensee or administrator is responsible for notifying the resident's primary care provider of that medication order within 72 hours of when the order was given. This includes weekends and holidays. Notification may be either by telephone or electronic submission and must be documented.</p>	<p>All new language for 2019 that includes timeframe for notification of change in medication order.</p> <p>“When a psychotropic medication is ordered by a prescribing practitioner other than the resident's primary care provider, the licensee or administrator is responsible for notifying the resident's primary care provider of that medication order within 72 hours of when the order was given. This includes weekends and holidays. Notification may be either by telephone or electronic submission and must be documented.”</p>

<p>411-050-0655(7)(h)(C) The prescription and order for a psychotropic medication must specify the dose, frequency of administration, and the circumstance for use (i.e., specific symptoms). The licensee and all caregivers must be aware of and comply with these parameters.</p>	<p>411-051-0130(8)(d) The prescription and order for a psychotropic medication must specify the dose, frequency of administration, and the circumstance for use (i.e., specific symptoms). The licensee and all caregivers must be aware of and comply with these parameters.</p>	<p>N/A</p>
<p>411-050-0655(7)(h)(D) The licensee and all caregivers must know the intended effect of a psychotropic medication for a particular resident and the common side effects, as well as the circumstances for reporting to the resident's physician, nurse practitioner, physician assistant, or mental health professional. The licensee and other caregivers must know all non-pharmacological interventions and use those interventions as directed by the prescribing practitioner or the registered nurse.</p>	<p>411-051-0130(8)(e) The licensee and all caregivers must know the intended effect of a psychotropic medication for a particular resident and the common side effects, as well as the circumstances for reporting to the resident's physician, nurse practitioner, physician assistant, or mental health professional. The licensee and other caregivers must know all non-pharmacological interventions and use those interventions as directed by the prescribing practitioner or the registered nurse.</p>	<p>N/A</p>
<p>411-050-0655(7)(h)(E) The resident's care plan must identify and describe the behavioral symptoms the psychotropic medications are prescribed for and a list of all interventions, including interventions that are non-pharmacological and medications.</p>	<p>411-051-0130(8)(f) The resident's care plan must identify and describe the behavioral symptoms the psychotropic medications are prescribed for and a list of all interventions, including interventions that are non-pharmacological and medications.</p>	<p>N/A</p>

411-050-0655(7)(h)(F) Psychotropic medications must never be given to discipline a resident or for the convenience of the caregivers.	411-051-0130(8)(g) Psychotropic medications must never be given to discipline a resident or for the convenience of the caregivers.	N/A
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For questions please contact: APD.AFHTeam@dhsosha.state.or.us