

**DEPARTMENT OF HUMAN SERVICES  
SENIOR AND PEOPLE WITH DISABILITIES DIVISION  
OREGON ADMINISTRATIVE RULES**

**CHAPTER 411  
DIVISION 055**

**Intensive Intervention Communities (IIC)**

**411-055-0305 Purpose**

(1) The purpose of the rules in OAR Chapter 411, Division 055 is to establish standards and procedures for the endorsement of Intensive Intervention Communities. Intensive Intervention Communities (IICs) provide specialized services for individuals with behavioral issues who are best served in smaller settings of fewer than six residents. These rules are designed to ensure that residents living in IICs have positive quality of life, consumer protection, autonomy, and person-centered care. Resident's rights, dignity, choice, comfort, and independence are promoted in this setting. The endorsement does not constitute a recommendation of any intensive intervention community by the Department of Human Services; Aging and People with Disabilities (APD).

(2) The intent of these rules is to prevent institutionalization, re-institutionalization, or hospitalization of consumers who need the safe and skillful application of Intensive Intervention Services.

**411-055-0310 Definitions**

Unless the context indicates otherwise, the following definitions apply to the rules in OAR chapter 411, division 055:

(1) "Activities of Daily Living (ADL)" mean those personal functional activities required by an individual for continued well-being, which are essential for health, and safety. Activities include eating, dressing and grooming, bathing and personal hygiene, mobility, elimination, and cognition as described in OAR 411-015-0006.

(2) "Adult Protective Services" (APS) means the services provided in response to the need for protection from abuse described in OAR Chapter 411, Division 020.

(3) "Aging and People with Disabilities (APD)" means the Aging and People with Disabilities program within the Department of Human Services.

(4) "Approved Advanced Behavior Support Services Curriculum" means a course in procedures and techniques for intervening in behavioral emergency situations.

(5) "Area Agency on Aging (AAA)" means the Department designated agency charged with the responsibility to provide a comprehensive and coordinated system of services to individuals in a planning and service area. The term Area Agency on Aging is inclusive of both Type A and Type B Area Agencies on Aging as defined in ORS 410.040 and described in ORS 410.210 to 410.300.

(6) "Behavior Coordinator (BC)" is an employee of the Medicaid qualified provider who has a Specific Needs contract with the Department to provide the services in this rule.

(7) "Behavior Interventions" means any planned or repeated pattern of interventions or social interactions intended to modify an individual's environment or behavior, and which support the individual.

(8) "Behavioral Support" means the theories and evidenced-based practices supporting a proactive approach to behavioral intervention, which:

(a) Emphasize the development of functional alternative behavior;

(b) Prevent the need for, or minimize the use of, intrusive or restrictive interventions;

(c) Ensure abusive or demeaning interventions are never used; and

(d) Evaluate the effectiveness of behavior interventions based on objective data.

(9) "Behavior Support Plan" means the written document that describes individualized support strategies designed to decrease challenging behaviors, while reinforcing alternative behavior which supports the individual's needs.

(10) "Behavior Support Services" means a set of services that includes:

- (a) Person-centered evaluation;
- (b) A Behavior Support Plan;
- (c) Coaching for designated direct care staff on plan implementation;
- (d) Monitoring to evaluate the plan's impact;
- (e) Revision of the plan;
- (f) Updating coaching and activities; and
- (g) May include consultation with the direct care staff on mitigating behaviors that place an individual's health and safety at risk and to prevent institutionalization.

(11) "Business day" means the days the Department of Human Services, APD or AAA office is open.

(12) "Care coordination" means the involvement of numerous participants that may include the individual, APD or AAA office case manager, mental health program staff, Central Office staff, and healthcare providers when participants are dependent upon each other to carry out disparate activities regarding an individual's care. To carry out these activities in a competent and coordinated way, each participant needs adequate knowledge about his own and others' roles. Participants rely on exchange of information and integration of activities to appropriately deliver services to an individual.

(13) "Case manager" (CM) means a Department employee or an employee of the Department's designee that meets the minimum qualifications in OAR 411-028-0040 who is responsible for service eligibility, assessment of need, offering service choices to eligible individuals, service planning, service authorization and implementation, evaluation of the effectiveness of

Medicaid home and community-based services, and authorizes referrals for Intensive Intervention Services.

(14) "Chemical restraint" means the use of psychotropic or other medications to discipline or punish an individual, or to modify behavior for the convenience of the direct care staff in place of a meaningful behavior or treatment plan.

(15) "Crisis Plan" means a required documented component of the Behavior Support Plan which indicates direct care staff actions to be taken if an individual's behavior deteriorates and proactive approaches in the Plan are no longer effective.

(16) "Dangerous" means to expose ones-self or others in activities or behaviors which are able or likely to inflict injury or harm.

(17) "Dementia" means those major neurocognitive disorders listed in the Diagnostic and Statistical Manual of Mental Disorders (DMS-V). Dementia contributes to the development of multiple cognitive deficits in memory and cognitive disturbances resulting in loss of cognitive function, interferes with an individual's daily functioning, and may affect an individual's language, memory, speech, movement, perception, and disturbances in executive functioning. Symptoms may include changes in personality, mood, and behavior.

(18) "Department" means the Department of Human Services (DHS).

(19) "Direct care staff" means an employee of a facility or program who has successfully completed training in an approved Intensive Intervention Services curriculum and is approved by the Department or authorizing agent to use Intensive Intervention Services.

(20) "Emergency medical medication" means the use of medication to control an individual's behavior. It does not include the medication administered as treatment for a medical or psychiatric condition.

(21) "Excessive use of force" means force beyond the minimum necessary to mitigate an individual's behavior, to protect the individual or others from harm.

(22) "Healthcare Provider" means a licensed provider providing services to an eligible individual including, but not limited to:

- (a) Home health.
- (b) Hospice.
- (c) Mental health.
- (d) Primary care.
- (e) Specialty care.
- (f) Pharmacy.
- (g) Hospital.

(23) "Individual" means a person eligible for and receiving Intensive Intervention Services.

(24) "Individual Support Plan (ISP)" means the written details of the supports, activities and resources required for an individual to achieve personal goals. The ISP is developed to articulate decisions and agreements made during a person-centered process of planning and information gathering. The ISP is the individual's Plan of Care of Medicaid purposes.

(25) "Injury" means the result of an act which damages or hurts an individual or others.

(26) "Interdisciplinary Team (IDT)" means at a minimum, the individual, the individual's legal representative (if applicable), the case manager or Department designee, the Behavior Coordinator, RN, the individual's healthcare provider, and at least one direct care staff.

(27) "Involuntary Seclusion" has the meaning as defined in OAR 411-020-0002(1)(g).

(28) "Involuntary Transfer" means a decision by a service provider to transfer an individual, when the individual, or as applicable the legal or

designated representative of the individual, has not given prior approval that complies with the requirements in OAR 411-054-0080.

(X) "Legal Representative" means a person who has the legal authority to act for an individual.

(a) The legal representative only has authority to act within the scope and limits of their authority as designated by the court or other agreement. Legal representatives acting outside of their authority or scope must meet the definition of designated representative.

(b) For an individual 18 years of age or older, a guardian appointed by a court order or an agent legally designated as the health care representative, where the court order or the written designation provide authority for the appointed or designated person to make the decisions indicated where the term "legal representative" is used in this rule.

(29) "Licensed Medical Professional (LMP)" means the licensed physician or Registered Nurse Practitioner who is a member of the IDT, as appropriate, when a medication review is necessary and who either prescribes most of the individual's medications or who consults with the prescribing medical professional.

(30) "Medical Restraint" means any mechanical device, material, object, or equipment that is attached or adjacent to an individual's body, that the individual cannot easily remove or negotiate, and restricts freedom of movement or normal access to the individual's body.

(31) "Oregon Intervention System (OIS)" means a Department-approved system of training for people who work with individuals eligible to participate in the Intensive Intervention Services program. OIS training provides elements of positive behavior support and non-aversive behavior intervention. The system uses principles of pro-active support and describes approved physical intervention techniques that are used to maintain health and safety.

(32) "Protection" means the necessary actions taken as soon as possible to prevent abuse or exploitation of an individual, to prevent self-destructive

acts, or to safeguard the individual, property, and funds of an individual.

(33) "Protective Physical Intervention" (PPI) means any manual physical holding of, or contact with, an individual that restricts freedom of movement.

(34) "Psychotropic medication review" means a review conducted by a physician or prescriber that focuses on all existing or potential medications that may impact the individual's behaviors.

(35) "Service Provider" means the DHS selected provider who has a single rate to provide a package of services including IIC, Residential settings, or Specialized Living, to the eligible population.

(36) "These rules" means the rules in OAR Chapter 411, Division 055.

(37) "Transition Plan" means the written plan of services and supports for the period between the entry of an individual into a particular service and the development of an ISP for the individual. The Transition Plan is approved by the IDT and includes a summary of the services necessary to facilitate adjustment to the services offered, the supports necessary to ensure health and safety, and the assessments necessary for the ISP development.

(38) "Unencumbered License" means a license for a Residential Care Facility to which no limitations or sanctions have been attached by the Department in the last two years. Limitations or sanction include, but are not limited to:

(a) Imposition of Civil Penalties for violation of administrative rules;

(b) Imposition of any conditions on the license including restriction of admission, or conditions requiring additional Licensee or staff training;

(c) Any substantiation of abuse, neglect or exploitation, that resulted in a Civil Penalty or other sanction;

(d) Any pending Notice of Denial; Suspension, Non-renewal or Revocation.

(39) "Written approval" means the Department's certification of a provider to be a behavior consultant.

#### **411-055-0315 Application for Endorsement**

(1) ENDORSEMENT REQUIRED. To operate as an IIC, a service provider must be endorsed under these rules.

(a) At least 60 days prior to the anticipated endorsement, a service provider must submit a completed form **XXX** to the Department. The Department shall return incomplete forms to the service provider.

(b) The Department shall conduct an on-site inspection prior to the issuance of an endorsement to ensure the IIC is in compliance with the physical plant requirements as outlined in OAR chapter 411, division 54 and OAR 411-055-0325, unless a variance has been approved by the Department.

(c) The endorsement shall be identified on the service provider's license.

(2) ENDORSEMENT RENEWAL. Renewal for endorsement must be made at the time of the renewal for the service provider's license (form XXX).

(3) RELINQUISHMENT OF ENDORSEMENT. The licensee must notify the Department in writing at least 60 days prior to the voluntary relinquishment of the endorsement. For voluntary relinquishment, the service provider must:

(a) Give all residents and their designated representatives 45-day notice.

(b) Submit a transition plan to the Department that demonstrates how the current residents shall be evaluated and assessed to reside in a

setting that is not endorsed or would require move-out or transfer to other settings;

(c) Change service or care plans as appropriate to address any needs the residents may have with the transition; and

(d) Notify the Department when the relinquishment process has been completed.

### **411-055-0320 Service Provider Requirements**

The service provider must:

(1) Have a valid unencumbered license from the Department or operating under a specialized living contract with the Department.

(2) Meet all requirements set forth under OAR 411-004-0000 through 411-004-0040.

(3) Meet the staffing requirements described in OAR 411-055-0330.

(4) Have a legal entity for program management and oversight of each service provider contracted to provide IIS.

(5) Comply with the rules in OAR chapter 411, division 54, unless the service provider has obtained a variance from the Department.

### **411-055-0325 Standards for Secure Settings**

(1) A service provider must have Department-approved policies and procedures to ensure that individuals who are determined by their IDT to need a secure setting or 24-hour remote monitoring retain maximum autonomy and protection of their rights.

(2) A service provider must comply with OAR 411-057-0170(9).

(3) An outpatient commitment, or a legal representative, must be in place for individuals who will be prevented from exiting the building when they

request access to the community without supervision.

(4) The issues creating the need for these restrictions must be addressed in the individual's Behavior Support Plan.

(5) Individuals who are determined to need supervision while in the community must have an individual support plan that includes desired community events with required supervision.

(6) The individual's need for this restriction must be reviewed by the IDT every month. The review must include discussion with the individual.

(7) Providers of HCBS must meet the requirements set forth under OAR 411-004-0000 through 411-004-0040.

#### **411-055-0330 Staffing Requirements**

(1) The service provider must have sufficient qualified staff to meet the specialized needs of the service group and the number of residents being served.

(2) Unless specified by the Department through contractual requirements, IICs must have qualified awake direct care staff, sufficient in number to meet the 24-hour scheduled and unscheduled needs of each resident.

(3) Direct care staff must be qualified as described in OAR 411-055-0335 and have completed the approved curriculum trainings as described in OAR 411-055-0340.

(4) The service provider must have a qualified Behavior Coordinator on staff. The Behavior Coordinator must:

(a) Meet the qualifications noted in OAR 411-046-0180 and must provide and oversee provisions of Advanced Support Care Services as described in these rules.

(b) Make observations, gather information, and establish a data collection process with timeframes to evaluate specific physical protective interventions and desired behavior outcomes of both direct care staff and the individual.

(A) Data collection should focus on the individual's and direct care staff persons' acquisition of positive skills, and subsequent decrease in the individual's incidents of challenging behaviors.

(B) Data must be shared with the IDT at the following review meeting.

#### **411-055-0335 Direct Care Staff Qualifications**

(1) In addition to specific requirements contained in OAR 411-054-0070, the service provider must have a training program that has a method to determine performance capability through a demonstration and evaluation process.

(a) The service provider must comply with background check requirements contained in OAR 407, Division 007 and maintain approvals, as required.

(b) The service provider must be able to respond appropriately to any emergency situation at all times with appropriate staffing.

(c) The service provider, and all staff, including direct care staff, must not be listed on the Office of Inspector General's or General Service Administration's Exclusion Lists.

(d) The service provider is responsible to ensure that direct care staff have demonstrated satisfactory performance in any duty they are assigned. The service provider must provide documentation that the requirements have been met upon the request of the Department. Knowledge and performance must be demonstrated in all areas within the first 30 days of hire, including, but not limited to:

(A) The role of service plans in providing individualized resident care;

(B) Providing assistance with ADLs;

(C) Changes associated with normal aging;

(D) Identification of changes in an individual's physical, emotional, and mental functioning, and documentation and reporting on an individual's changes of condition;

(E) Conditions that require assessment, treatment, observation, and reporting;

(F) Understanding and individual's actions and behavior as a form of communication;

(G) Understanding and providing support for an individual with dementia or related conditions;

(H) General food safety, serving, and sanitation; and

(I) If the direct care staff's duties include the administration of medication or treatments, appropriate facility staff must document that they have observed and evaluated the individual's ability to perform safe medication and treatment administration unsupervised.

(2) The service provider must ensure that:

(a) Prior to providing personal care services for individuals, direct care staff receive an orientation to the individual, including the individual's service plan. Direct care staff must be directly supervised by a qualified person until they have successfully demonstrated satisfactory performance in any task assigned and the provision of individualized resident services, as applicable.

(b) All direct care staff have completed all training and continuing education requirements have been met.

(c) Documentation is maintained regarding training and demonstrated ability.

(d) Staff have sufficient communication and language skills to enable them to perform their duties and communicate with individuals, other staff, family members, and healthcare providers, as needed.

## **411-055-0340 Staff Training and Continuing Education Requirements**

- (1) Staff serving individuals in the IIC program must complete a Department-approved IIC curriculum training.
- (2) All direct care staff must attend a Department-approved orientation prior to beginning their job responsibilities that includes:
  - (a) Individuals' rights and the values of community-based care;
  - (b) Abuse and reporting requirements;
  - (c) Standard precautions for infection control; and
  - (d) Fire safety and emergency procedures.
- (3) If the direct care staff duties include preparing food, they must have a food handler's certificate.
- (4) All direct care staff must have current CPR and First Aid certification.
  - (a) Accepted CPR and First Aid courses must be provided or endorsed by the American Heart Association, the American Red Cross, the American Safety and Health Institute, or MEDIC First Aid.
  - (b) CPR or First Aid courses conducted online are only accepted by the Department when an in-person skills competency check is conducted by a qualified instructor endorsed by the American Heart Association, the American Red Cross, the American Safety and Health Institute, or MEDIC First Aid.
- (5) All continuing education and training hours for direct care staff must be in addition to any hours required by the applicable licensing rules. Annual in-service training must include six hours of dementia care training as specified in OAR 411-054-0070.
- (6) Requests for documentation verifying direct care staff participation in Continuing Education must be provided upon request to the Department.
- (7) Behavior Specialists are expected to receive, on an annual basis:

(a) A minimum of 12 hours of Department-approved continuing education in Positive Behavior Support; and

(b) A minimum of eight hours of training, or training as needed to maintain certification to oversee or teach Department-approved Intensive Intervention Service procedures.

(8) Direct Care staff are expected to receive the following on an annual basis in addition to training required by licensure:

(a) A minimum of 16 hours of continuing education necessary to provide services under these rules;

(b) At least two direct care staff must be present 24/7 who have participated in individual specific training or coaching necessary to implement individual behavior support, activity, and crisis plans; and

(c) At least two direct care staff must be present 24/7 who have received Department-approved training in Personal Protective Intervention procedures.

(9) Administrators, Program Coordinators, Behavior Consultants, LMPs and RNs, or any on call personnel must receive training on the Department-approved Personal Protective Intervention procedures.

#### **411-055-0345 Documentation Requirements**

(1) Compliance with documentation standards in these rules, and completion of mandatory Department forms, is intended to ensure communication between case managers, service providers, and the Department.

(2) The documentation requirements in these rules do not replace or substitute for the documentation requirements in the:

(a) Medicaid Provider Rules governing provider requirements as described in OAR Chapter 407, Division 120.

(b) Medicaid General Rules under OAR Chapter 410, Division 120 as applicable.

(c) Licensing or Medicaid Program rules governing the home and community-based care provider, as applicable.

(d) Home and Community-Based Services and Settings and Person-Centered Service Planning Rules under OAR Chapter 411, Division 004.

(3) Behavior Coordinators are expected to complete mandatory Department forms for Behavior Support Services provided under OAR 411-046-0140.

(4) Use of alternative or equivalent forms, may be approved by the Department using the exceptions process under 411-046-0220, or as described in supplemental or specific needs setting contracts for individuals who receive Intensive Intervention Services as part of their monthly service rate.

(5) Any documents, plans, or forms that are reviewed or approved by the IDT, must be maintained and documented as described in these rules.

#### **411-055-0350 Communication and Notification**

(1) Direct care staff must notify the Department, the individual's case manager, authorized representatives and the contract administrator of:

(a) Any use of protective physical interventions.

(b) An individual's change of condition that jeopardizes continued placement.

(c) Any elopement or unanticipated absence from the service provider's care setting.

(d) Use of protective physical interventions that resulted in or could result in harm to the individual or others.

(2) Use of protective physical interventions that resulted in or could result in harm to the individual or others must be reported to APS.

(3) Notification.

(a) Direct care staff must immediately notify the Department, service provider, and Behavior Coordinator of any life-threatening health and safety concerns. This communication may occur in person or by telephone.

(b) Behavior Coordinators must notify the case manager of the following:

(A) Life threatening health and safety concerns of an individual must be reported immediately, by telephone or in person.

(B) Concerns regarding the individual's placement. Concerns of this nature must be reported within one business day. The communication may occur by email or telephone.

(C) Any permanent reassignment of a Behavior Coordinator must be reported within five business days prior to onsite service delivery. This communication may occur by email or telephone.

(D) A service provider licensee or direct care staff person who is unwilling or unable to implement the Behavior Support Plan, after completion of coaching plans and service coordination activities. This communication may occur by email or telephone.

(c) Case managers and Behavior Coordinators are required to exchange information regarding changes in the individual's eligibility status, service location, or service needs during the duration of eligibility for IIC.

(d) All employees and contractors, including Behavior Coordinators, must report suspected abuse immediately to the APD or AAA office or by calling the Department's toll-free abuse reporting hotline.

### **411-055-0355 Eligibility**

Intensive Intervention Services (IIS) may be provided to individuals who meet all the following requirements:

- (1) The individual is at least age 18 prior to admission.
- (2) The individual has been assessed as needing Intensive Intervention Services during the person-centered service plan process.
- (3) An individually-based limitation has been justified and documented in the individual's person-centered service plan by the person-centered service plan coordinator, as outlined in OAR 411-004-0030.

### **411-055-0360 Authorization for Services**

- (1) Each individual's IDT must authorize IIS.
  - (a) Authorization must be renewed weekly for one month after initial admission into the program and then monthly for the next three months, to facilitate the individual's stabilization period.
  - (b) Frequency may be increased depending on the individual's response to the current Behavior Support Plan.
- (2) IIS must be provided in accordance with requirements in 411-xxx-xxx by direct care staff who meet training requirements in 411-055-0340.

### **411-055-0365 Standards and Practices**

- (1) Required Disclosures.
  - (a) The qualified provider must disclose the home's policies and practices, as identified in the Residency Agreements, to a prospective individual or the prospective individual's authorized representative.
  - (b) The individual, or their authorized representative, must agree to the limitations and interventions prior to admission.

(2) Individual Support Plan assessment, person-centered service plan, and reassessments.

(a) An initial assessment shall be initiated as part of the screening process and completed within one week of the admission date.

(b) Reassessment must be provided:

(A) Within one month of admission date; and

(B) At least four times a year, or more frequently if:

(i) The individual receives a PPI;

(ii) The individual's need as noted at monthly IDT service plan have changed and require reassessment; or

(iii) Direct care staff implementing the Behavior Support Plan give feedback that a reassessment should be completed.

(c) Individually-based limitations must be applied as described in OAR 411-004-0040 and must:

(A) Have an established time limit for periodic review to determine if the limitation should be terminated or remains necessary.

(B) Be supported by a specific need and documented in the person-centered service plan by completing and signing a program approved form documenting the consent to the appropriate limitation.

(C) Be reviewed at least annually to determine if the limitation should be terminated or remains necessary.

(3) Behavior Support Plans must follow the minimum standards stated below:

(a) The Behavior Support Plan shall be documented on a Department-approved form and completed within five business days of referral acceptance or updated within five business days of reassessment activity.

(b) The Behavior Support Plan will identify direct care staff intervention strategies and skills designed to deescalate, and reduce challenging behaviors. These strategies will focus on environmental, social, and physical factors that affect the behavior, and will include supports for communication, personal choice and specific individual preferences

(c) The initial Behavior Support Plan must be reviewed and approved by the IDT and Department-approved staff.

(d) All individuals must have a subsection of the Behavior Support Plan identified as a Crisis Plan. The Crisis Plan must include:

(A) Identification of triggers or indicators of escalation.

(B) Procedures and strategies to defuse, deescalate, and minimize the likely behaviors which could require a protective physical intervention.

(C) Procedures to follow in managing the crisis situation.

(D) Whether or not the individual has received IDT, and Department authorization for protective physical intervention.

(4) Use of a PPI for an adult is permitted in an IIC program if:

(a) A licensed medical professional conducted a thorough assessment and prescribed the use of a medical restraint prior to the provider implementing a restraint;

(b) The medical restraint is used a part of the Behavior Support Plan after other interventions have been attempted;

(c) Less restrictive alternatives have been tried and evaluated before the use of the medical restraint;

(d) The direct care staff using the intervention has successfully completed the Department-approved training, as specified in the contract;

(e) The intervention is used for a limited period of time and for the shortest time possible; and

(f) The PPI does not include excessive use of force.

(5) The manner and degree of allowable behavior interventions, including use of force, must be included in the individual's Behavior Support Plan. Any force used must be consistent with the Behavior Support Plan and may not exceed the manner or degree of force allowed by the Department-approved Intensive Intervention Services curriculum in which direct care staff are trained.

(6) Restraints, if used, may only be used as a de-escalating intervention to minimize risk or harm to the individual or others and as an option of last resort. Restraints may only be used for the shortest time possible and only until the Behavior Coordinator evaluates the behavior and develops care plan interventions to meet the individual's needs.

(7) The use of restraints may never be used for convenience of the provider or to discipline the individual.

(8) Use of restraints may be considered abuse if a protective services investigation determines the actions were likely to endanger the individual's health or welfare, were undertaken for the convenience of the direct care staff, or to punish the individual.

(9) In an emergency or short-term situation, monitored separation from other residents in the resident's room may be permitted, if used for a limited period of time. Separation must be:

(a) Used as part of the Behavior Support Plan after other interventions have been attempted.

(b) implemented by direct care staff that have successfully completed the Department-approved training.

(c) Used as a de-escalating intervention until the Behavior Coordinator evaluates the behavior and develops care plan interventions to meet the individual's needs.

(d) Used when the individual needs to be secluded from certain areas of the facility because their presence in a specific area poses a risk to health or safety of the individual or other's. However, such actions shall be considered abuse if an APS investigation determines the actions were likely to endanger the individual's health or welfare, or were taken for the convenience of the direct care staff or to punish the individual.

(10) The IDT must meet on a monthly basis, or more frequently if needed, to meet the requirements in these rules. Participants may attend via telephone or secured video conferencing.

#### **411-055-0370 Psychotropic Medications**

(1) Service providers must have Department-approved policies and procedures regarding the use of emergency medications. Documentation must exist and be available on demand, reflecting that all direct care staff have reviewed these procedures on an annual basis. Policies must include, but are not limited to the following:

(a) Emergency medications must never be given to discipline an individual, or for the convenience of the direct care staff.

(b) Emergency medications must never be given to individuals until other interventions have been attempted.

(c) Individuals and their legal representatives must be informed of the service provider's policies and procedures regarding emergency medications before admission.

(d) Emergency medications may not be given to individuals before alternative interventions or responses have been evaluated.

(e) The provider should have established policies to ensure that Emergency medications are removed or discontinued as soon as

possible.

(2) Prior authorized or P.R.N. Medication.

(a) The LMP who conducts the required Psychotropic Medication Review and who is a member of the individual's IDT can write a P.R.N. order for a medication to be provided as part of the individual's prior authorized intensive intervention crisis plan or Behavior Support Plan if the following conditions are documented:

(A) The use of the medication is intended to reduce the need for protective physical intervention and reduce the duration of the protective physical intervention;

(B) The individual must accept the medication voluntarily without the need for protective physical intervention;

(C) The P.R.N. order must include specific behavior triggers necessitating the use of medication and instructions regarding frequency of monitoring, named side effects, and reporting procedures; and

(D) Involuntary medications may be included as a P.R.N. only if a RN or LMP is onsite and they have followed the steps listed in section (3) of this rule.

(b) Failure to comply with these requirements may be considered abuse if a protective services investigation determines the failure was likely to endanger the health or welfare of the individual or was used for convenience or discipline.

(3) Involuntary Medications.

(a) Individuals in IIC may have involuntary medications prescribed and administered only if these medications are prescribed by a physician, agreed to beforehand by the individual or the individual's authorized representative, and administered by a nurse trained to do so. IICs must meet the requirements set forth in OAR 411-055-0365.

(b) Administering an involuntary medication during a protective physical intervention may be permitted if the following conditions are documented:

(A) The use of this medication is intended to reduce the duration of the episode or is deemed to be more beneficial to the individual than a protective physical intervention.

(B) A RN or LMP is onsite to document the order and administer the medication.

(C) the RN or LMP must document justification of why administration of the medication protected the individuals health and safety and provide and document any clinical assessments required by their licensure.

(D) The RN or LMP must remain onsite and monitor the individual's response to the involuntary medication for a minimum of 1-hour after administration or as long as needed to ensure the individual's health and safety.

(E) The RN or LMP must provide documented instructions to direct care staff regarding potential side effects, adverse reactions, and reporting requirements for the 24-hours following the administration of an involuntary medication.

(F) The Behavior Coordinator and the Administrator must be informed within one hour of the incident.

(G) The individual's Behavior Support Plan and Psychotropic Medication Review must be reviewed and updated within 48 hours of the incident.

(H) Members of the individual's IDT must be informed of the incident within 10 business days and be provided with all relevant documentation.

(I) All uses of involuntary medications must be reported to the Contract Administrator and the Service Provider within 48 hours of the incident.

(J) If abuse is suspected, mandatory abuse reporting rules apply.

(c) The review must be documented and include an examination of all prescriber's orders, related administration records, and consultation with a pharmacist and nurse.

(d) Failure to comply with these requirements may be considered abuse if a protective services investigation determines the failure was likely to endanger the health or welfare of the individual, or used for convenience or discipline.