

**STATE OF CONNECTICUT
DEPARTMENT OF DEVELOPMENTAL SERVICES**

Policy No. I.E.PO.003
Subject: Behavior Modifying Medications
Section: Health and Safety

Issue Date: October 15, 2003
Effective Date: Upon Release
Revised Date: July 1, 2009
Approved: /S/ Peter H. O'Meara,
Commissioner

A. Policy Statement

Individuals with mental retardation, as with all people, may experience mental health problems that result in psychiatric diagnoses. Historically, people with mental retardation have faced the risk of receiving behavior modifying medications in lieu of other forms of programmatic support. Of additional concerns is the fact that the long-term use of certain medications or combinations of medications can lead to permanent disability and/or impair a person's functional abilities.

In light of these considerations, the Department of Developmental Services(DDS) established Program Review (PRC) and Human Rights Committees (HRC) in each region and at Southbury Training School as a quality assurance mechanism to review the use of behavior modifying medications according to current acceptable standards of medical practice. These committees provide oversight and monitoring of the use of these medications for individuals to assist the department in assuring that behavior modifying medications are:

1. Not used as punishment
2. Not used for the convenience for staff
3. Not prescribed in quantities that unnecessarily interfere with an individual's functional abilities
4. Not prescribed solely for the diagnosis of mental retardation

Quality assurance oversight and monitoring processes including PRC and HRC reviews shall assure that a behavior modifying medication is used only under the conditions described below:

1. The medication is used in conjunction a comprehensive behavioral support plan(s) that is part of the individual's annual plan of services.
2. The behavior modifying medication is prescribed only for a condition that is diagnosed according to the most current edition of *The American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM IV or subsequent editions)* except that it shall not be prescribed solely for the diagnosis of mental retardation.
3. Presenting symptoms, physical, neurological, environmental, and psychiatric implications have been considered as part of the decision to recommend the use of behavior modifying medication.

Polypharmacy, the use of two or more behavior modifying medications, is generally discouraged. However with the recent development of new psychotropic medications, polypharmacy is acceptable in some circumstances in accordance with current standards of medical practice. PRCs' and HRCs' review of medication plans that include polypharmacy shall include but not limited to the prescriber's diagnoses and treatment rationale.

The department prohibits the use of non-FDA-approved drugs unless the drug is ordered as part of an approved research or investigational study that has been reviewed and approved by a recognized Institutional Review Board (IRB) according to federal law and is endorsed and/or supported by DDS via the department's internal IRB.

The review of the use of behavior modifying medications shall follow the procedures delineated in department procedures: I.E.PR.003 Behavior Modifying Medications, I.E.PR.004 Program Review Committee, and DDS I.E.PR.006 Human Rights Committee.

B. Applicability

This policy applies to all individuals placed or treated under the direction of the Commissioner. This includes individuals receiving services in or from DDS operated, funded and/or licensed facilities, including ICF/MR, CLA, CTH, Day Services and DDS Individualized Home Supports provided in any setting and/or any DDS funded service regardless of where the individual lives. It applies to individuals receiving any HCBS Waiver Services where paid staff are required to carry out a behavioral intervention that utilizes an aversive, physical, or other restraint procedure and/or staff funded by the DDS who are required to pass/give a behavior modifying medication, regardless of where the individual lives. This policy applies to individuals receiving services from the DDS Voluntary Services program if they are placed in an in-state DDS operated, funded and/or licensed facility. It also applies to any individuals who receive ongoing, planned psychiatric supports where behavior modifying medication is prescribed by the Psychiatrist regardless of where the individuals live and whether or not they are receiving DDS Waiver Services.

This policy does not apply to those receiving DDS Respite Services only, those exempt from Program Review Committee/Human Rights Committee, (PRC/HRC) review and those who reside in long-term care facilities licensed, funded and/or overseen by other state agencies.

C. Definitions

See Procedure I.E.PR.003 Behavior Modifying Medications, revised May 2008

D. References

CT General Statute 17a-210

CT General Statute 17a-238

CT General Statute 19a-4649

CT General Statute 45a-677

CT General Statute 45a-677(e)

CT General Statute 46a-11 et seq.

ICF/MR Federal Regulations 483-420, "Condition of Participation: Client Protections"

ICF/MR Federal Regulations 483-440, "Condition of Participation, Active Treatment Services"

ICF/MR Federal Regulations 483-450, "Condition of Participation: Client Behavior and Facility Practices"

DDS I.F.PO.001, Abuse and Neglect Prevention

DDS I.F.PR.001, Abuse and Neglect Prevention, Reporting, Notification, Investigation, Resolution and Follow-up

DDS, I.E.PO.004, Program Review Committee

DDS, I.E.PR.004, Program Review Committee

DDS, I.E.PO.002, Behavior Support Plans

DDS, I.E.PR.002, Behavior Support Plans

DDS I.E.PO.006, Human Rights Committee

DDS Policy 7, Programmatic Administrative Review

DDS Policy 13, Advocates

DDS I.C.001-004, Policies and Procedures for Case Management