

Questions	Answers
What is a Planned Restrictive Intervention (PRI)?	A PRI is a proactive, structured plan developed by the treatment team when a member experiences four or more Restrictive Interventions (RIs) within a 30-day period. PRIs are required under 10A NCAC 27E .0104.
Are providers required to complete a PRI?	Yes. If a member meets the criteria, providers are required to develop a PRI to remain in compliance with the North Carolina administrative code.
Is there a template providers can use?	Yes. A sample Planned Restrictive Intervention Plan (PRIP) template is available. Use of this template is optional , but it follows best practice guidelines and may assist with meeting documentation standards.
How often must a PRI be reviewed?	The treatment team must review the PRI monthly to ensure it remains appropriate and effective.
Where should PRIs be submitted?	Attach the initial PRI to the Incident Response Improvement System (IRIS) incident report in the attachments section.
What if a provider does not complete a PRI?	Failure to complete or review a PRI may result in escalation and technical assistance from Partners to support provider compliance.
Is a PRI required for each restrictive intervention?	No. A PRI is only required when a member experiences four or more restrictive interventions within a 30-day timeframe.
Who is responsible for submitting the Incident Response Improvement System (IRIS) incident report?	Providers are responsible for submitting IRIS incident reports for all restrictive interventions.
When does a PRI become active?	A PRI is considered active once it is reviewed and signed by all members of the treatment team.
Who should providers contact with questions about the PRI process?	Direct all questions to IRIS@PartnersBHM.org .
If a restrictive intervention is documented in the member's Person-Centered Plan (PCP), is an IRIS report still required?	According to 10A NCAC 27E .0104, an IRIS report is not required if the restrictive intervention meets all the following criteria: • It is planned in advance • It is clearly outlined in the member's PCP

	- It is implemented without incident, meaning there is no injury, misuse or deviation from the plan However, an IRIS report is required in the following situations: - The intervention results in injury - The intervention is not documented in the PCP - There is misuse or a deviation from the planned approach - The member experiences four or more restrictive interventions within a 30-day period—which also triggers the need for a PRIP.
What happens after 6 months if a PRI is still needed?	Per 10A NCAC 27E .0104(g), "Facility policy shall specify the requirement that a consent or approval shall be considered valid for no more than six months, and that the decision to continue the specific intervention shall be based on clear and recent behavioral evidence that the intervention is having a positive impact and continues to be needed." If the treatment team determines that the PRI is still necessary, the PRIP must be updated based on current behavioral data and signed by all team members to ensure it reflects the ongoing need and effectiveness of the intervention.
What is the difference between a PRI, a Crisis Plan and a Behavior Plan?	A Planned Restrictive Intervention (PRI) is a pre-approved use of restrictive methods (e.g., physical restraint or seclusion) documented in the PCP and implemented to prevent imminent harm, as part of a team-developed strategy. A Crisis Plan is a reactive plan that outlines how to ensure safety during a behavioral or psychiatric crisis when there is a risk to the individual or others. A Behavior Plan is a proactive approach designed to prevent challenging behaviors by teaching alternatives and skill-building strategies.