

Partners Planned Restrictive Intervention (PRI)

10A NCAC 27E .0104

SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT AND PROTECTIVE DEVICES USED FOR BEHAVIORAL CONTROL

(b) The use of restrictive interventions shall be limited to:

- (1) emergency situations, in order to terminate a behavior or action in which a client is in imminent danger of abuse or injury to self or other persons or when property damage is occurring that poses imminent risk of danger of injury or harm to self or others; or
- (2) as a planned measure of therapeutic treatment as specified in Paragraph (f) of this Rule.

(f) The restrictive intervention shall be considered a planned intervention and shall be included in the client's treatment/habilitation plan whenever it is used:

- (1) more than four times, or for more than 40 hours, in a calendar month;
- (2) in a single episode in which the original order is renewed for up to a total of 24 hours in accordance with the limit specified in Item (E) of Subparagraph (e)(10) of this Rule; or
- (3) as a measure of therapeutic treatment designed to reduce dangerous, aggressive, self-injurious or undesirable behaviors to a level which will allow the use of less restrictive treatment or habilitation procedures...

(g) When a restrictive intervention is used as a planned intervention, facility policy shall specify:

- (1) 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;
- (2) prior to the initiation or continued use of any planned intervention, the following written notifications, consents and approvals shall be obtained and documented in the client record:
 - (A) approval of the plan by the responsible professional and the treatment and habilitation team, if applicable, shall be based on an assessment of the client and a review of the documentation required by Subparagraph (e)(9) and (e)(14) of this Rule if applicable;
 - (B) consent of the client or legally responsible person, after participation in treatment planning and after the specific intervention and the reason for it have been explained in accordance with 10A NCAC 27D .0201;
 - (C) notification of an advocate/client rights representative that the specific intervention has been planned for the client and the rationale for utilization of the intervention; and ++
 - (D) physician approval, after an initial medical examination, when the plan includes a specific intervention with reasonably foreseeable physical consequences. In such cases, periodic planned monitoring by a physician shall be incorporated into the plan.
- (3) within 30 days of initiation of the use of a planned intervention, the Intervention Advisory Committee established in accordance with Rule .0106 of this Section, by majority vote, may recommend approval or disapproval of the plan or may abstain from making a recommendation;
- (4) within any time during the use of a planned intervention, if requested, the Intervention Advisory Committee shall be given the opportunity to review the treatment/habilitation plan;
- (5) if any of the persons or committees specified in Subparagraphs (h)(2) or (h)(3) of this Rule do not approve the initial use or continued use of a planned intervention, the intervention shall not be initiated or continued. Appeals regarding the resolution of any disagreement over the use of the planned intervention shall be handled in accordance with governing body policy; and
- (6) documentation in the client record regarding the use of a planned intervention shall indicate:
 - (A) description and frequency of debriefing with the client, legally responsible person, if applicable, and staff if determined to be clinically necessary. Debriefing shall be conducted as to the level of cognitive functioning of the client;
 - (B) bi-monthly evaluation of the planned by the responsible professional who approved the planned intervention; and
 - (C) review, at least monthly, by the treatment/habilitation team that approved the planned intervention.



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Member Information

Name:	Date of Birth:	Medicaid ID Number:	LME/MCO Number:

Provider Information

Provider Agency Name:	Services Provided:

Planning Details

Date of PRI Planning Meeting:
PRI Update Due Date (Plan is valid for no more than 6 months):

Planning Meeting Participants

Name:	Role/Title/Position:

Reasons for PRI

Behaviors/Concerns Prompting the PRI:
Member behavior poses risk to: ☐ Self ☐ Others ☐ Property

Restrictive Intervention History

History of Less Restrictive Interventions (Describe prior methods used to reduce behavior):
Total # of Restrictive Interventions within 30-day period:
List Restrictive Intervention dates for that 30-day period (If more than 1 RI occurred on a specific day, please specify how many occurred that day):

Plan of Restrictive Intervention

Type of Restrictive Intervention	☐ Physical restraint (Specify):	☐ Right restrictions (Specify):	☐ Other (Specify):
Behaviors/Situations Leading to Use:			
Progression of Interventions (List stepwise from least to most restrictive):			
Maximum Duration Per Incident:			
Release Criteria:			
Maximum Number of Attempts:			
Next Steps of Unsuccessful or if Unsafe Behavior Persists:			
Environment(s) Where Plan May Be Implemented:			
Persons Responsible for Implementation:			
Persons Responsible for Monitoring:			

Debriefing Process

For Member:
For Guardian:
If Member Refuses/Declines Debriefing:
Monitoring and Review Responsibilities:

Risk Assessment

Disability/Medical Conditions Increasing Risk:
Possible Risks of Restrictive Interventions:
Risk Mitigation Strategies by Staff:

Signatures

[illegible]



Partners Planned Restrictive Intervention (PRI)

Plan Review Dates (PRIs are valid for 6 months from implementation and must be reviewed every 6 months).

Name:	Date of Birth:	Medicaid ID Number:	LME/MCO Number:

Review One		Review Date:
Role/Title/Position:	Signature:	Date Approved:

Review Two		Review Date:
Role/Title/Position:	Signature:	Date Approved:

Additional pages may be added as needed for signatures or future reviews.