

Region V Services

**Program Ethics
Committee**

Guidelines

REGION V SERVICES

Program Ethic Committee (PEC) Guidelines

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I. Rights and the Role of Program Ethics Committee

Purpose/Focus of Region V Services Program Ethics Committee (PEC)

Organizations providing DD services in Nebraska establish a Rights Review Committee, because **it is required by law**. ICF/MR's (Title XIX – W262-264) and Community-Based Developmental Disabilities Service Providers (205 NAC) are required by regulation to have a Rights Review Committee to review, approve, and monitor restrictive behavior management practices. At Region V Services this committee is known as the Program Ethics Committee (PEC).

The primary purpose and focus of PEC is to **fulfill an advocacy role unencumbered by conflict of interest** to ensure the organization promotes and protects the rights of the people it serves.

Region V Services has **no legal or moral authority** over the individuals receiving services. However, we have a great deal of responsibility to protect the individuals receiving services. This responsibility often places us in the position of limiting or restricting individual rights, as many interventions and procedures intended for protection are in fact restrictive. Having a PEC that functions outside of the agency's authority ensures a level of protection to individuals served in the event that rights are limited or restricted.

PEC serves as a mechanism to promote and protect individual rights.

The rights review committee must conduct a thorough review, including requesting additional information as needed to make recommendations to the provider as appropriate regarding the following types of situations:

1. Review provider practices, supports, programs, and policies and procedures as they relate to protection of rights and safety;
2. Review the use of restrictive measures and psychotropic medication;
3. Review all situations that utilized emergency safety interventions; and
4. Review all reports and investigations of alleged or suspected abuse, neglect, mistreatment, and exploitation.
5. Meets no less than semi-annually.

Membership of PEC

The membership of the Program Ethics Committee will include persons with a knowledge of rights issues and a commitment to Region V Services philosophy. They should understand their duties (including confidentiality) and be willing to challenge current practices.

PEC members are recruited from sources outside of Region V Services. The Committee must have within its membership the expertise to effectively evaluate case referrals.

There is a value in members who have different perspectives.

Committee membership may include but not limited to persons:

- With rights experience, such as clergy, attorneys or judges
- With clinical training, such as pharmacists, psychologists, nurses, or social workers
- With a disability
- Who are involved family members
- Who are members of advocacy organizations, such as People First or The Arc
- Who are administrators
- Who are community members with a particular interest in rights

The committee members must be persons free from conflict of interest and who will ensure the confidentiality of information related to individuals served. The person responsible for approving the individual's program and any staff who provides direct services to the individual cannot participate as decision makers. At least half of the committee members must be individuals, family, or other interested persons who are not provider staff.

About Rights

A Right is a power or privilege to which one is entitled. There are several types of rights: Rights continue to evolve as advocacy groups, and the state and federal branches of the government, pass laws, establish codes and administrative rules.

People with developmental disabilities have the same basic statutory, constitutional and human rights as other citizens.

Statutory Rights, also known as **civil** and **legal** rights, are established through the legislature.

Constitutional Rights – life, liberty, etc. were established through the Constitution of the United States.

Human Rights were established through the Universal Declaration of Human Rights. Rights granted by an agency or organizations are often referred to as **Consumer** Rights.

- Each person determines which rights are most important to them. The exercising of rights is a function of personal choice.
- People need to be educated about their rights.
- One of the most important responsibilities Region V Services has is to assist, guide, and educate individuals in the expression and exercise of rights. To carry out this responsibility people need opportunities and support to:

- Make decisions and choices
- Express and set goals
- Increase their personal possessions
- Maintain personal relationships
- Increase involvement in the community
- Increase privacy

RVS will ensure that:

- Rights and responsibilities are specified and this specification does not conflict with State regulations;
- Each individual supported, parent if a minor, or legal representative is informed of the individual's rights and responsibilities;
 - The information must be given at the time of entry to services, annually thereafter, and when significant changes occur; and
 - The information must be provided in a manner that is easily understood, given verbally and in writing, in the native language of the individual, or through other modes of communication necessary for understanding.
- The provision of supports to individuals receiving services in exercising their rights;

- Rights must not be treated as privileges; and
- Prohibit retaliation against individuals' services and supports due to the individual, family members, or legal representatives advocating on behalf of the individual supported. This includes initiating a complaint with outside agencies.

About Restrictions

A restriction is defined as any externally imposed limitation of rights.

RIGHTS SHOULD ONLY BE RESTRICTED TO ENSURE:

- Individual Protection
- Protection of others, and property
- Health and Safety

No one in our society has total freedom to act or live as they choose. Limitations occur as a result of laws, community norms, and involvement with other people. Region V Services has a responsibility to ensure a level of protection to persons served that may result in the need for a person's rights to be limited or restricted. When there is a need for a limitation or a restriction, it should be implemented impartially and fairly.

Due process is essential in the event that rights are limited or restricted. Due process includes consent, review and approval by Program Ethics Committee, access to a grievance procedure and, in some cases, legal representation. Region V Services must apply due process procedures in all situations where rights are limited and/or restricted.

The primary purpose and focus of a Program Ethics Committee should be to **fulfill an advocacy role unencumbered by conflict of interest** to ensure the organization promotes and protects the rights of the people it serves.

Deciding how much protection is too much or too little is not an easy job. Too much supervision/control limits the person's opportunities to learn and restricts unnecessarily. Too little supervision or support/intervention may put the person at risk or in danger.

Rights might be restricted if...

Appropriate restrictions exist and are a necessary element of the services provided. The use of psychotropic medications, physical restraint, and the denial of food or possessions, are all easily recognized restrictions. But, due to a variety of reasons, persons served are subjected to a variety of less obvious restrictions. Everyone needs to be diligent in assessing the services and supports to determine if restrictions or limitations are imposed.

Determine if restrictions or limitations are imposed. A person's rights might be restricted if...

- The person has to ask and get permission to be alone.
- Staff enter a person's room without permission.
- Staff go through the person's purse, pockets, drawers, etc.
- The person does not or is not allowed to make their own decisions.
- The person is not allowed or has guidelines imposed on things (e.g. smoke, eat junk food, carry money, diet).
- The person has to ask (or believes they have to ask) for a snack.
- Staff impose an action that could not be imposed on a neighbor.
- Foods the person prefers are not purchased.
- The person's body language/communication attempts to remove protective gear aren't supported (e.g. helmets, belts, pads, etc.).
- The person is not allowed or assisted to answer their phone or doorbell.
- Junk mail is removed from the person's mail before they see it.
- The person does not have free access to his/her possessions (e.g. toothpaste, razor, sharps).
- The person's schedule is not individualized or agreed to (e.g. set time for bed, bath, personal time, visiting or having friends over).
- The person asks permission to go anywhere in their own home (e.g. locked doors, cupboards, refrigerator, gates).
- The power is turned off of any supportive device such as a communication board or electric wheelchair to punish or control the individual.

IMPORTANT NOTES REGARDING RESTRICTIONS

- Restrictions, when necessary, are not bad.
- The more mobile and independent people are, the more likely we are to impose unnecessary supports.
- Restrictions must be individualized.
- All staff need to constantly evaluate the impact that facility policies and practices have on people's lives, and update those policies and practices if they conflict with people's rights.
- Do not rely on a definitive list to identify restrictions. Consider the "neighbor test" – If you cannot do it to your neighbor, it is probably restrictive.
- What is restrictive for one individual may not be restrictive for another.
- What is the least restrictive for one individual may be too intrusive for another.
- The person's opinion about the restriction is important.
- Re-evaluate often to reinstate rights.
- There is never just one solution to a rights issue.

Restrictive Measures: To the fullest extent possible, an individual's rights may not be suspended or restricted. In the event where a restrictive measure is considered:

- The restrictive measure determined necessary for one individual must not affect other individuals who receive services in that setting;
- The restrictive measure must not be used as punishment, for the convenience of staff, due to shortage of staff, as a substitute for habilitation, or as an element of a positive behavior support plan;
- The restrictive measure must be the least restrictive and intrusive possible;
- There must be a goal of reducing and eliminating the restrictive measure;
- Prior to proposing a restrictive measure, there must be documented evidence that other less restrictive methods have been regularly applied by trained staff and failed;
- The individual or their legal representative, if applicable, must give consent to the restrictive measure;
- The restrictive measure must be safe for the individual, and
- The restrictive measure and these considerations must be documented in the IPP.

Review and approval of Restrictive Measure: Prior to implementation of a restrictive measure, RVS will ensure review and approval by the IPP team and rights review committee.

Psychotropic Medication: Psychotropic medications taken by the person due to diagnosed mental illness (a dual diagnosis of a severe and persistent mental illness in conjunction with a developmental disability) must:

- Only be given as prescribed by a physician who has authority in his/her scope of practice to determine the diagnosis. PRN (as needed) psychotropic medications are prohibited;
- Be reviewed by the IPP team to determine if the benefits outweigh the risks and potential side effects;
- Be supported by evidence that a less restrictive and more positive technique had been systematically tried and shown to be ineffective;
- Be reviewed by the Program Ethics Committee. There must be an annual review by the prescribing physician and a semi-annual review by the IPP team of all psychotropic medications utilized. There must be clear and convincing evidence that the individual has a person-centered plan demonstrated by data and outcome measures;
- Not be used as a way to deal with under-staffing; ineffective, inappropriate or other nonfunctional programs or environments;
- Also have a supports plan established and in place to address if symptoms reappear and the possibility that the use of medication is no longer effective; and
- Be monitored and documented on an ongoing basis by the provider to provide the IPP team and physician sufficient information regarding:
 - The effectiveness of and any side effects experienced from the medication;
 - Frequency and severity of symptoms; and
 - The effectiveness of the positive behavioral supports plan.

Psychotropic medications used solely for the purpose of modifying behaviors may only be used if:

- There is a plan to reduce and eliminate the medication; and
- The drug is used in conjunction with a positive behavioral supports plan.

A positive behavioral supports plan is not required when an individual is prescribed a medication that has the effect of behavior modification, but is prescribed for other reasons, as documented by a physician.

An emergency safety intervention utilized pursuant to a safety plan is allowed to respond to an emergency safety situation. This is different than physical restraint because it is not used as a behavioral consequence. In instances where the individual must be kept from harm (i.e., running into traffic, leaving a moving car or other serious, unusual life-

threatening actions by the individual), RVS must use reasonable and best judgment to intervene to keep the individual from injuring him/herself or others. This may include hands-on guidance to safely protect the individuals and others from immediate jeopardy or physical harm.

These situations are not predictable, are unusual, and are usually not reoccurring. In any instances other than these, there must be a positive behavioral supports program in place to work with the individual on alternative displays of behavior that are incompatible with other negative behaviors.

All such incidents must be documented and reviewed by the individual's IPP team and rights review committee to ensure that the emergency safety intervention was appropriate rather than an instance of mechanical or physical restraint.

Prohibited Methods: RVS will prohibit the use of mechanical or physical restraints (except as noted above), aversive stimuli, corporal punishment, seclusion, verbal abuse, physical abuse, emotional abuse, denial of basic needs, discipline, or implementation of an intervention of an individual in services by another individual in services, or other means of intervention with the behavior that result in, or is likely to result in injury to the individual.

Rights Should Not Be Restricted Just Because...

A guardian says so...teams need to determine the appropriateness of the agency imposing any restriction regardless of having consent/direction to do so. The team has a responsibility to evaluate the need for a restriction, and to use the least restrictive alternative. While guardians must consent to restrictions, they do not have authority over the agency or the services provided by the agency, nor does consent from a guardian override agency responsibilities, philosophy, policy and or procedure.

A doctor makes a recommendation...teams must consider the restriction and determine what action is to be taken. The decision to impose a restriction should be based on the risk involved, irreversible impact, intrusiveness, and the individual's ability to make an informed decision. People have the right to get a second opinion. Just think, if we all acted on every doctor's recommendation, there would be no smokers, no drinkers, and everyone would be the perfect weight.

House rules/staff convenience...Anyone sharing a facility or living with another must abide by some rules or agreed upon routines. However, when a rule is imposed on a person against their will, it must be considered a restriction. Individuals should be involved in the development of the rules and routines in order to learn to live with others, share facilities, respect others, and exercise control over their lives.

It will work or has always been done that way...teams are to determine the least restrictive level and type of support needed on an individual basis. There should be a rationale for the restriction and it should be clear that the restriction imposed meets the needs of the individual without being more intrusive than need be.

The team proposed it...Despite the best of intentions; a team may not have proposed the most appropriate plan. PEC serves as a safety net to ensure that rights are not unjustly or excessively restricted. In order to make such determinations, the Committee must question and evaluate team decisions.

The person "would win"...A win/lose solution is not an option when providing supports. Just think, if we don't support and teach a person to make their own decisions and have some control over their life, will they ever gain the skills and competencies needed to be independent of the agency's services?

Least Restrictive Alternative

Least restrictive alternative is defined as the level of intervention determined to be the least intrusive, least disruptive and represents the least departure from normal patterns of living that can be effective in meeting the individual's developmental needs.

Region V Services Program Ethics Committee should ensure that services and supports are as minimally restrictive to an individual's personal liberty as possible. Evaluating whether or not teams have examined options and have chosen based on the least restrictive alternative is an important step in promoting and protecting an individual's rights.

There are numerous interventions that a team can choose from when an individual's behavior is such that the team must intervene. In order for a PEC member to make a determination as to whether or not a proposed intervention is the least restrictive alternative, questions have to be asked.

The following questions should be asked to determine if the restriction is the least restrictive alternative:

1. What right is being infringed upon?
2. What less intrusive/restrictive options have been tried?
3. Does it appear the team has discussed/exhausted less restrictive options?
4. Does the level and method of restriction seem appropriate?

Question #1: What right is being infringed upon?

The plan presented to the PEC should clearly outline all rights restricted or infringed upon. More than one right can be restricted or infringed upon at the same time. For example:

Imposing a diet may result in several rights restriction such as:

- Limited access to food
- Limited or no choice of food selections
- Limited or no access to money that may be used to obtain food
- Limited or no free community access

Question #2: What less intrusive/restrictive options have been tried?

In order for a PEC member to answer this question, he/she must mentally imagine options that the team has considered.

For example: Moving someone into a residence with 24-hour supervision and limited access to food is a very restrictive intervention that might be selected to address overeating. What less restrictive options might have been tried to address this behavior?

Possible options to addressing overeating:

- | | |
|------------------------------------|-----------------------------|
| Training in nutrition | Increasing exercise |
| No training/intervention | Decreased access to food |
| Join a weight/diet organization | Menu planning |
| Grocery shopping assistance | Alternate interests |
| Assist with meal/snack preparation | Diet food options available |

Question #3: Does it appear the team has discussed and exhausted less restrictive options?

Through documentation or agency staff presentation, is it clear what has been previously tried? Does it appear the team has tried other less restrictive options? Have other sound options been evaluated and tried?

Question #4: Does the level and method of restriction seem to be the least restrictive alternative?

Each PEC member should determine if the restriction (s) proposed seem appropriate based on the answers to the previous questions. More questions may need to be asked to provide understanding and clarification.

Committee members should feel free to ask questions and feel comfortable withholding their approval if the proposed restriction does not appear to be appropriate.

Positive Training

Positive Behavioral Supports: RVS will emphasize positive approaches directed towards maximizing the growth and development of each individual. RVS will ensure the following behavior supports and emergency safety interventions for emergency safety situations are in place:

1. The assessment must define the communicative function of the behavior for the individual;
2. The assessment must focus on what purpose the identified behavior serves in the individual's life;
3. A review of the individual's day supports, residential supports, and other relevant data must be incorporated in the assessment process;
4. A plan for the individual must be developed that emphasizes positive meaningful activities and options that are consistent with the behavior targeted for change;
5. There must be a combination of a planned meaningful day and individualized day and individualized supports for the individual;
6. The plan must include a description of potential stressors and triggers that may lead to the individual experiencing a crisis. Once identified, there must be a comprehensive safety plan developed and implemented; and
7. There must be meaningful and individualized data collection and data analysis that track the progress of the individual. The data must be presented in a useful manner and collected through a range of methods that are valid and meaningful for planning and evaluation efforts.

Example: If a right is restricted, the agency should provide formal training and supports designed to enable the person to acquire the necessary skills to decrease or eliminate the restriction.

The following examples provide a list of possible training subjects, should a restriction in community access be required.

Restriction	Reason	Possible Training Approach
Community/ Social Access	Lack of expressive communication and vulnerability	Sharing personal information Assertiveness training Travel/safety skills Communication Knowledge of rights Money management Recognition of abuse Reporting of abuse Recognition of danger Ability to secure belongings

Restriction	Reason	Possible Training Approach
Community/ Social Access	Aggression	Methods for dealing with others Laws and consequences Respect of others and property Social interaction skills Communication Relationships Problem solving Anger management Manages own routine

II. The Case Referral

Prior to the Referral:

Implementation of any rights restriction enforced by Region V Services must be identified as such and the person served must be accorded due process. Restrictions may include, but are not limited to, behavior modifying drugs, physical intervention and limited community access. PEC is a part of the due process mechanism.

Prior to PEC review, the Individual Program Plan (IPP) team must review the restriction. The IPP team must agree that:

1. Agency providing residential services is responsible for the referral.
2. All RVS (day and residential) area programs providing supports will be notified and provide the required information/data for the referral.
3. There is a valid need for the restriction, i.e. it's necessary for the safety of the person, others, and/or property.
4. Less restrictive alternatives to the restriction have been tried **and documentation data is available to prove they have been ineffective.**
5. For medications, there is data (not just staff opinion) to support the need for a behavior modifying medication being prescribed.
6. Invite the individual supported and/or guardian to the PEC meeting.

Following the Referral:

1. There is a tracking system to identify the frequency of those behaviors that the restriction is intended to eliminate.
2. There is a positive teaching program with data collection to assist the individual in learning skills that will help to eventually lessen or eliminate the restriction.

Referral Hard Copy Rules

1. The need for PEC review will be communicated to the designated representative of PEC.
2. The case will be confidential. All committee members will have signed a confidentiality agreement prior to sitting on this committee.
3. The referral must be typed.
4. The Functional Behavioral Assessment must be included with teaching strategies to address.
5. All behavioral programs and targeted behaviors must be included in the packet with current data summarized monthly.

6. The safety plan must be included in the packet when there is a restriction other than medication in place.

PEC and Persons New to Services

The following must occur when a person is new to services and has a restriction:

1. A letter must be sent to the Program Ethics Committee notifying them that a person has entered RVS with a list of all restrictions with rationale, and a brief history.
2. The PEC will acknowledge the receipt of the letter.
3. Within the next 30 days of intake, an IPP meeting will be held and programs written and implemented.
4. After programs are developed a full referral must be sent to the Committee.

REGION V SERVICES
Program Ethics Committee: Agency Referral

Name: _____ Date: _____ Age: _____ Sex: _____

Circle: New 1 Year Other

Services provided by Region V Services:

Services provided by other DD providers:

What right is being restricted or infringed upon?

<u>Restriction(s)</u>	<u>Start Date</u>	<u>Rationale for restriction</u>
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Attachment Checklist

- | | |
|---|---|
| <input type="checkbox"/> Functional Behavioral Assessment | <input type="checkbox"/> Data Summary |
| <input type="checkbox"/> Behavior Support Plan | <input type="checkbox"/> IPP Medication Page(s) |
| <input type="checkbox"/> Safety Plan | <input type="checkbox"/> IPP Restrictions Page(s) |
| <input type="checkbox"/> Data Collection Sheet (clean) | <input type="checkbox"/> IPP Signature Page |

Preparer Name: _____

Preparer Signature: _____ Date: _____

Referral Cover Sheet Instructions

1. Circle : New – If the person has never been reviewed by PEC before.
: 1 Year – If case has gone entire period without review
: Other – If case is having major adjustment requiring full review
2. Name
3. Date referred to PEC: Put month/year of case review
Example: February 2003
4. Age of person referred:
5. Sex: Male or Female
6. Services provided by Region V Services: A **brief** description of all services with number of intervention hours.
Examples:
 - 24-hour residential supports in 3 person group home (124 hours per month)
 - 2 hours of residential support in her apartment, 3 days/week for bill paying, shopping, and budgeting
 - Extended Family Home (EFH) contract (130 hours per month)
 - Day Services (78 hours per month)
7. Services provided by other DD providers: Same as above
8. Restrictions with start date and rationale for restrictions. (Start date means when did the restriction first take place; when was the medication first prescribed.)
Examples:

<u>Restriction(s)</u>	<u>Start Date</u>	<u>Rationale for Restriction</u>
• Zyprexa 5mg QHS	7/13/10	Self harm, biting and hitting self
• Physical Escort	1/1/09	Protection of self and others
• Paroxetine 30mg	3/10/10	Depression, isolates self
9. Attachment Checklist
 - Functional Behavioral Assessment (s)
 - Behavior support plan (BSP) from all Region V Services areas
 - Safety Plan
 - Data Collection Sheet (clean) – for BSP
 - Data Summaries – BSP data, targeted behaviors and positive teaching data
 - IPP Medication Page(s) – Identifying all behavior modifying medications, include all changes that have occurred in the past year.
Describe anticipated/observed side effects of each medication
 - IPP Restrictions Page(s) – Identifying all restrictions, rationale for those restrictions, and other less restrictive methods tried
 - IPP Signature Page – Documenting informed consent
10. Signatures: The appropriate Coordinator must sign and date.

Referral Presentation

All information is considered confidential. The Committee needs an “open presentation of the person’s history and pertinent issues. Additionally, PEC is looking to gain some trust that agency personnel know what they’re doing and know the person they’re referring. Presenter must be able to answer simple programmatic questions.

- Designate a spokesperson to introduce the case, which should be a description of the person, relevant medical appointments/diagnosis, any relevant history, behaviors, restrictions, and changes since last review.
- Know what your data says. Too often staff say, “he’s doing really well”, and the data says something entirely different. Be prepared to explain the discrepancy.
- Be clear, concise, and honest. If you don’t know the answer, say that. Speculation can become very confusing. Stick with what you know. If you have other people with you, ask them for assistance in answering.
- Again, medications require a diagnoses and behaviors to be tracked. You **must** do this.
- Please translate medical terms. Some referrals have exotic syndromes. Explain what they are.
- Proofread!! Understand that the referral packet is sent to Committee members as is.
- Know what you are tracking, behaviors must be specific.
 - “Appropriate/inappropriate behavior” is a poor use of words, the committee needs specific descriptions of the behaviors.
 - “Follows request” is too vague unless the program design specifies the actual request and ties it to the specific situations.

REGION V SERVICES
PEC – Interim Medication Referral

1. Area Program: _____ 2. Referral Date: _____

3. Full Name: _____

4. Medication Change
From (previous meds/dose) _____ To (current meds/dose) _____

5. Please describe the rationale for the change. Summarize any relevant data.

6. I understand and agree to the medication change listed above.

Person Served

Guardian (If applicable)

Witness (If person signature illegible)

7. If signatures are not present, what is the plan for obtaining approval for the change?

8. Date IPP Team addressed this change: _____

9. Person submitting this to PEC

Signature/Title

Date

PEC Signature

Date

Interim Medication Referral Instructions

Changes to existing psychotropic medications must be referred to PEC when the change:

- Is an increase, or
- Introduces a new psychotropic

The interim medication referral form is to be completed and sent to a representative of the PEC committee immediately following the change. The representative will provide temporary acknowledgment and will submit for full review at the next PEC meeting.

When completing the Interim Medication Referral Form:

1. List in item #4 all the psychotropic medications, not just the ones changing.
2. PEC must have a clear understanding of why changes occurred. Provide the written rationale in item #5. Attach supporting documentation, such as the physician contact form and the data/information provided to the doctor.
3. Psychotropic medication change requires individual/guardian approval and IPP team and PEC notification. Make sure this is addressed in items 6, 7, 8, and 9.

Directing and Monitoring Restrictive Medication

Persons living with parents or other family members may be prescribed a psychotropic medication. The parents, guardians or caretakers may assume total responsibility for an individual's health and release Region V Services from responsibility for Doctors appointments, the administration of medication and the monitoring of the effectiveness of the medications.

When a medication is prescribed for the purpose of modifying the person's behavior a report must be made to the PEC. The "PEC Notification of Medication Restriction when Someone Other than Region V Services is Directing and Monitoring Medication Administration" form is completed and submitted to the PEC. A signed "Caretaker Responsibility for Medical Care" or "Individual Responsibility for Medical Care" form acknowledging that another person is accepting responsibility must be attached.

The report notifies the PEC that someone's rights are being restricted, but that RVS is not responsible for that restriction. If an identified behavior occurs at a RVS facility, the entire form must be completed and submitted to PEC.

Abuse and Neglect

All reports of abuse and neglect, including staff to persons supported and between persons supported, will be screened. Those cases viewed as valid will be forwarded to APS/CPS. In addition they will be reviewed by the PEC.

Incident Reports will be used to report abuse and neglect. The IR's must have a statement of action taken or planned. These reports will be provided to the PEC for their review. Review by the PEC will be documented by name, date and Committee recommendation. This will be placed in the PEC's general file.

Internal Investigations

For any investigations conducted by agency personnel for allegations of abuse/neglect by staff toward persons served, a report will be submitted to the Director of Organizational Supports or designee that includes:

- The allegation
- Who was interviewed
- Responses
- Conclusion

The report will be submitted to the Central Office PEC at the next meeting. The Committee's decision regarding the report will be conveyed by letter to:

1. The individual allegedly abused
2. Parent/Guardian, if applicable
3. HHS Service Coordination
4. Area Director

Notification will occur no later than five days after the meeting.

RVS will follow the requirements/requests/guidelines of any external investigating agency so as not to jeopardize their investigation.

The Case Decision

PEC will make a decision regarding the case during executive session at the meeting after hearing the presentation.

The Program Ethics Committee review form will provide the written documentation of the Committee's decision and will be sent to the responsible agency representative.

Generally speaking, there are three types of decisions PEC makes.

1. Approval (possible Update)

This is full approval of the program submitted. This will be good for 1 year if the program does not become more restrictive in the future.

PEC may also give full approval, but ask for an update later on to monitor the case.

2. Provisional Approval/Return

This decision indicates PEC is pretty comfortable with much of the plan, but concerns prohibit a full approval. Date for return will be established.

When the return has been approved, that date will be used as the start of the 1-year time period.

3. Not Approved/Return

Significant problems exist with the referral. Recommendations will be made and a return date will be established. Total rewrite of the plan may be necessary.

When returning, a full referral packet may be required.

III. Attachments

REGION V SERVICES

PEC NOTIFICATION OF MEDICATION RESTRICTION WHEN SOMEONE OTHER THAN REGION V SERVICES IS DIRECTING AND MONITORING MEDICATIONS ADMINISTRATION

Name: _____ Date: _____ Agency: _____

Description of individual's circumstances: _____

Person Responsible for the direction and monitoring of medication and relationship to the individual supported: _____
(Attach a signed statement from the person who is responsible with this document.)

Medication Restriction: _____

Behaviors that the medication is prescribed for: _____

Are the behaviors that the medication is prescribed for exhibited while the person is within the environment of Region V Services support? _____ YES _____ NO (If YES, complete the rest of this form and send to PEC. If NO, stop here and send to PEC.)

How is the agency addressing these behaviors (programs, supports, monitoring, etc.):

How is information shared with the person who is directing and monitoring the administration of the medication? _____

Comments/Recommendations/Other information from the PEC: _____

PEC Representative Signature: _____ Date: ____/____/____

Region V Services
Caretaker Responsibility for Medical Care

I, _____, assume responsibility for the direction and monitoring of medications and additional activities for _____ (name of person) while being supported by Region V Services employees. I also authorize Region V Services to administer medications by Certified Medication Aides in their employment. I acknowledge and accept that these Medication Aides have been deemed competent to perform this task by a Licensed Health Care Professional and that the competency assessment has been completed on my behalf.

Signature

Date

Printed Name

Region V Services
Individual Responsibility for Medical Care

I, _____, assume responsibility for the direction and monitoring of medications and additional activities for myself while being supported by Region V Services employees.

Signature

Date

Printed Name

REGION V SERVICES
PROGRAM ETHICS COMMITTEE REVIEW

Name: _____ Date: _____

Members Present: _____

Rights restrictions being addressed (list):

Has the team discussed and exhausted less restrictive options? Yes No

Is the level and method of restriction the least restrictive alternative? Yes No

Is there Positive Behavioral Training in place? Yes No

Approved Provisional Approval/Return Not Approved/Return

Discussion/Recommendation:

Signature of PEC Representative Date

Region V Services
Program Ethics Committee
CONFIDENTIALITY AGREEMENT

THIS AGREEMENT, made this _____ day of _____, _____, between Region V Services (hereinafter referred to as Region V), and _____ (hereinafter referred to as the Consultant).

WHEREAS, it is in the best interests of Region V to obtain the assistance of the above named individual to provide non-paid consulting services for the purpose of serving on the Region 's Program Ethics Committee.

NOW, THEREFORE, in consideration of the mutual benefits of this agreement, it has been agreed by and between the parties as follows:

1. The terms of this agreement shall commence on the _____ day of _____, _____, and will continue indefinitely.
2. The Consultant agrees to adhere in all respects to the Region V Administrative Policies and Procedures Manual section titled, "The Right to Confidentiality" concerning confidentiality of information for people served.
3. The Consultant acknowledges that he/she has received, read, and understands the Confidentiality policy.

REGION V SERVICES

By _____

Title _____

Date _____

By _____

Title Non-paid Consultant

Date _____