



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

201 W. Preston Street • Baltimore, Maryland 21201

Robert L. Ehrlich, Jr., Governor – Nelson J. Sabatini, Secretary

EDUCATIONAL ALERT !!!

TO: All DDA Service Providers

FROM: Diane K. Coughlin, Director 
Developmental Disabilities Administration

Carol Benner, Director 
Office of Health Care Quality

SUBJECT: Evaluating the use of antipsychotic medications and closely monitoring the medication side effects.

DATE: June 10, 2003

The Mortality Review Committee (MRC) was established by the Department of Health and Mental Hygiene (DHMH) through legislation effective October 2001. The MRC evaluates causes or factors contributing to deaths of individuals in programs or facilities operated or licensed by the Developmental Disabilities Administration (DDA) and the Mental Hygiene Administration (MHA).

The Mortality Review Committee (MRC) in their current annual report has identified the use of high dosages of multiple antipsychotic medications as well as other central nervous system (CNS) medications in addition to lack of monitoring as possible contributing factor to medical complications among individuals we serve. Therefore we are requesting your immediate attention to the issue and your prompt consideration of the attached COMAR regulations:

- 10.22.10.05 - Behavior Plan
- 10.22.10.06 - Use of Restrictive Techniques
- 10.22.10.07 - Use of Medications to Modify Challenging Behavior.

Please ensure that this information is shared with appropriate staff. Working together we can reduce avoidable medical complications when using antipsychotic medications and other medications. Thank you for your attention to this important issue.

COMAR REGULATIONS 10.22.10.05 BEHAVIOR PLAN (BP)

A. A licensee shall ensure that a BP is developed for each individual for whom it is required.

B. The licensee shall ensure the BP:

(1) Is developed, in conjunction with the team, by a licensed psychologist, psychology associate under the supervision of a licensed psychologist, licensed physician, licensed certified social worker, or licensed or certified professional counselor, who shall have training and experience in applied behavior analysis;

(2) Is based on and includes a functional analysis or assessment of each challenging behavior as identified in the IP;

(3) Specifies the behavioral objectives for the individual, and includes:

(a) A description of the hypothesized function of current behaviors including their frequency and severity, and

(b) Criteria for determining achievement of the objectives established;

(4) Takes into account the medical condition of the individual;

(5) Describes the treatment techniques and when the techniques are to be used;

(6) Specifies the emergency procedures to be implemented for the individual with a history of exhibiting behaviors that present a danger to self or serious bodily harm to others;

(7) Includes a description of the adaptive skills to be learned by the individual that serve as functional alternatives to the challenging behavior or behaviors to be decreased;

(8) Identifies the person or persons responsible for monitoring the BP;

(9) Specifies the data to be collected to assess progress towards meeting the BP's objectives; and

(10) Describes and documents each use of mechanical and physical restraint, the reason for its use, and the length of time used.

C. Before implementation, the licensee shall ensure that each behavior plan which includes the use of restrictive techniques is:

(1) Approved by the standing committee as specified in COMAR 10.22.02.14E(1)(d); and

(2) Includes written informed consent of the:

(a) Individual,

(b) Individual's legal guardian, or

(c) Surrogate decision maker as defined in Health-General Article, §5-605, Annotated Code of Maryland.

D. Before a licensee discontinues a behavior plan, the team and an individual appropriately licensed under Health Occupations Article with training and experience in applied behavior analysis shall recommend that the individual no longer needs a behavior plan.

COMAR REGULATION 10.22.10.06 – USE OF RESTRICTIVE TECHNIQUES

A. The licensee shall ensure that the use of restrictive techniques in any BP:

- (1) Represents the least restrictive, effective alternative, or the lowest effective dose of a medication; and
- (2) Is only implemented after other methods have been:
 - (a) Systematically tried, and
 - (b) Objectively determined to be ineffective.

B. The licensee shall collect and present objective data to the authorizing licensed health care practitioner to indicate whether the restrictive technique being used is effective in reducing the individual's challenging behavior.

C. The licensee shall:

- (1) Convene the team within 5 calendar days after an emergency use of a restrictive technique to review the situation and action taken;
- (2) Determine subsequent action include whether the development or modification of a BP is necessary; and
- (3) Document that the requirements of this regulation have been met.

D. The licensee shall ensure that staff do not use:

- (1) Any method or technique prohibited by law, including aversive techniques;
- (2) Any method or technique which deprives an individual of any basic right specified in Health-General Article, 7-1002-----7-1004, Annotated Code of Maryland, except as permitted in COMAR 10.22.04.03A;
- (3) Seclusion;
- (4) A room from which egress is prevented; or
- (5) A program which results in a nutritionally inadequate diet.

E. Staff may not use a restrictive technique:

- (1) As a substitute for a treatment plan;
- (2) As punishment; or
- (3) For convenience.

COMAR REGULATIONS 10.22.10.07 - Use of Medications to Modify Challenging Behavior.

A. In addition to the requirements in Regulations .05 and .06 of this chapter, the licensee shall ensure that a BP which includes the use of medication includes:

- (1) The specific medications that have been prescribed;
- (2) The rationale for prescribing each medication;
- (3) Any alternate methods of management being used to bring challenging behavior under control; and
- (4) Objective data collected by staff and presented to the licensed health care practitioner to indicate that the medication being used is effective in reducing the individual's challenging behavior.

B. The licensee shall ensure that a licensed health care practitioner documents that:

- (1) Any potential side effect from the medication outweighs the behavior that will occur without the use of the medication; and
- (2) Attempts are being made to gradually decrease the dosage or discontinue the medication when clinically indicated.

C. A licensed health care practitioner shall review any medication that has been prescribed to modify behavior at a minimum of every 90 days.

D. PRN orders for medications to modify behavior are prohibited.

E. Medications to modify behavior may not be used in quantities that interfere with an individual's ability to participate in daily living activities.