



What can states learn from state and national NCI results about *people who take medications for behavior challenges who don't have a behavior plan*?

Data in the 2016-2017 National Core Indicators™ Adult Consumer Survey (ACS) indicate that **35% of the respondents reporting taking medications for behavioral challenges did not have a behavior plan.** Among states participating in the 2016-17 ACS,

the proportion of individuals taking medication for behavior challenges who had a behavior plan ranged from 7% to 96%. In addition, the data show that 19% of individuals taking medication for behavior challenges are taking 3-4 medications and 4% are taking from 5 to 10 medications. ¹

Why does it matter? In the Home and Community Based Services (HCBS) Technical Guide, use of medication (chemical restraint) is considered a restrictive intervention. Best practices in policy and regulation dictate that if there is professional judgment that a restrictive intervention is needed for an individual, a comprehensive behavior intervention plan should be required. It should be based on comprehensive and multi-disciplinary assessments that address why such interventions are necessary and how positive behavior supports will be employed prior to the use of such restrictions.

Questions to ask: How does your state regulate the use of restrictive interventions including chemical restraints? Are there policies in place to educate providers on the development of behavior plans? Are there human rights committees to review and approve behavior plans? Is there a credentialing program for people administering restrictive procedures? Do policies on restrictive procedures include a statement of philosophy and an affirmation of individual rights? Does the incident management system include reporting on injuries that result from restrictive procedures? Is there outreach to local physicians regarding prescription protocols for people with intellectual and developmental disabilities? Are there guidelines for prescription of psychotropic medications in the absence of a mental health diagnosis?

If you want to know more:

- NASDDDS, *State Policies on the Use of Restrictive Procedures*, <https://nasdds.org/resource-library/behavioral-challenges/state-policies-on-the-use-of-restrictive-procedures/>
- Centers for Medicare and Medicaid Services (2015, January). *Application for a §1915(c) Home and Community-Based Waiver [Version 3.5]: Instructions, Technical Guide and Review Criteria* (pp. 229-237).
- Association for Behavior Analysis International (2010). *Statement on Restraint and Seclusion* <https://www.abainternational.org/about-us/policies-and-positions/restraint-and-seclusion,-2010.aspx>
- Joint Position Statement of AAIDD and The Arc (2010). *Behavior Support*. <https://aaid.org/news-policy/policy/position-statements/behavioral-supports>
- NASDDDS, *State Policies on the Prescription of Psychotropic Medications*, <https://www.nasdds.org/resource-library/search/search&keywords=medications/>

¹In this case, medications for behavior challenges are defined as any drug prescribed for a behavior modification purpose (e.g., stimulant, sedative, or beta-blocker to treat ADHD, aggression, self-injurious behavior, etc.).