

NC Medicaid	Community Alternatives Program for Disabled Adults CAP/DA Waiver approval period: 11/01/2019-10/31/2024	Standard Operating Procedure (SOP)	Free from Seclusion, Restraint and Restrictive Intervention Policy
		Creation Date	11/1/2019
		Implementation Date	11/18/2019
Pages	2	Revision/Update Date	
SOP Owner	WRenia Bratts-Brown	SOP Co-Owner	Patricia Hill

Standard Operating Procedure

Policy reference: Community Alternatives Program for Disabled Adults, 3K-2; Section 6.0, pages 34 and 38; Section 7.4, page 51; Section 7.5, page 52 and Section 7.14.3, page 63

<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies>

Federal citation for the administration of a 1915(c) Home and Community-based Services Waiver:
42 CFR §441.302

1. Purpose – To ensure rights of privacy, dignity and respect and freedom from coercion and restraint for all CAP/DA waiver participants.
2. Scope – The prohibition of the use of seclusion, restraint and restrictive intervention with a CAP/DA waiver participant who is authorized to receive CAP/DA services, pursuant to 42 CFR §441.301 (C) (4) (iii).
3. Abbreviations of commonly used terms
 - CME – case management entity
 - CP – Care Plan
 - CIR – critical incident report
 - CFR – Code of Federal Regulation
 - DHSR – Department of Health Services Regulation
 - DSP – Direct service provider
 - HSW – Health, safety and well-being
 - IRA – Individual risk agreement
 - PCSP – Person-centered service plan
 - POC – Plan of care
 - SP – Service Plan
4. Definition of terms:
 - Restraint – defined as any physical, chemical or mechanical intervention that is used to control acute, episodic behavior that’s restricts the movement or function of the individual or a portion of the individual’s body.
 - Restrictive intervention – defined as an action or procedure that limits an individual’s movement, a person’s access to other individual, location or activities, or restricts participant rights. Restraints and seclusion are subsets of restrictive interventions.
 - Seclusion – defined as the involuntary confinement of an individual alone in a room or an area from which the individual is physically prevented from having contact with others or leaving.
5. Responsibilities – The assurance that home and community-based services offered through the CAP/DA waiver are provided in the least restrictive environment consistent with the person-centered service plan. All service providers must adhere to and attest that services to a CAP/DA waiver participant are provided in a seclusion, restraint, and restrictive free environment.

SOP: Seclusion, Restraint and Restrictive Intervention Free Policy

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While meeting the medical, physical, or behavioral needs of a CAP/DA waiver participant effective safeguard in the use of seclusion, restraint or restrictive intervention may be integral to assuring the health and welfare of the CAP/DA waiver participant. When that is the case, providers must follow guidance in # 7 below.

6. Measure – The assigned CAP/DA case manager will monitor unauthorized use of seclusion, restraint and restrictive intervention on a monthly basis. When an unauthorized seclusion, restraint or restrictive intervention is witnessed or reported, a critical incident report must be completed within 72 hours and a root cause analysis must be conducted to identify the reasons for the unauthorized seclusion, restraint or restrictive intervention.

7. Procedure – Service interventions are administered free from seclusion, restraint, and restrictive intervention. When effective safeguards are needed in the use of seclusion, restraint, restrictive intervention, pursuant to 42 CFR §441.301(C)(4)(vi)(F), it must be supported by a specific assessed need and justified in the person-centered service plan and care plan. When effective safeguards in the use of restraint, restrictive intervention or seclusion are needed all of the below listed documentation are required:
 - a. The positive interventions and supports used prior to any modification to the person-centered service plan.
 - b. The less intrusive methods of meeting the need that have been tried but did not work.
 - c. A clear description of the condition that is directly proportionated to the specific assessed need by addressing each of the following items:
 1. Medical, physical or behavioral reason for the use of the restraint, restrictive interventions or seclusion.
 2. An assurance statement that the needed seclusion, restraint or restrictive intervention will not cause harm to the individual.
 3. The type of restraint, restrictive intervention or seclusion
 4. Time of use for restraint, restrictive interventions or seclusion;
 5. How restraint, restrictive intervention or seclusion will be administered;
 6. Who will be responsible for monitoring the safety of the restraint, restrictive interventions or seclusion?
 7. The regular interval cycle of the collection and review of data to measure the ongoing effectiveness of the restraint, restrictive interventions or seclusion.
 - d. A signed consent from the CAP/DA beneficiary.