

FREQUENTLY ASKED QUESTIONS (FAQs) RESTRICTIVE INTERVENTION APPLICATION (RIA)



RIA in IRMA

QUESTION: What is the ultimate expectation for the RIA data in IRMA?

ANSWER: IMS is creating reports for agencies to access in order to monitor, track and trend the use of restrictive physical/personal interventions and to analyze the correlation between the use of these interventions and the prevalence/nature of Part 624 incidents; especially those where the most egregious situations occur (serious reportable injuries and/or allegations of physical abuse). It is the intent that, upon analysis, agencies will have a better sense of where their vulnerabilities are in order to take proactive measures to remediate them. It is also the intent of the new PROMOTE curriculum to reduce the use of these interventions in the longer term.

QUESTION: If someone has RIA access only, does this mean the user will not have access to all of IRMA?

ANSWER: YES – if the user has RIA access only, they will not have full IRMA access.

QUESTION: When the RIA system notifies the user that a 147 form needs to be filed, is there a function to notify the "full" IRMA user to complete a 147?

ANSWER: Currently, there is no function within RIA to notify the user with full IRMA access to file a 147 form. For now, this will have to be done manually until more functionality can be added.

QUESTION: Will the RIA data automatically populate the incident data in IRMA? Will both numbers be included on the 147?

ANSWER: No, the IRMA date will populate the RIA data. Currently the 147 does not designate a space for the RIA number.

QUESTION: When completing incident information in IRMA, can RIA be accessed thus enabling the user to input data into RIA?

ANSWER: YES – the IRMA data will populate the RIA system relative to that incident.

QUESTION: Will the RIA incidents be part of the agency's incident history?

ANSWER: YES.

QUESTION: What is the period of time in which the user has to enter information into RIA? Will information entered be saved automatically before the session is timed-out?

ANSWER: Once the user logs into the RIA system, they will have 45 minutes to complete an action before being timed out. If the user clicks a link or a button the clock starts again; the clock restarts at every action. If the user is just typing information into the screen the clock is ticking. However, the information entered will NOT be saved until the *submit* button is pressed.





AVAILABILITY OF RIA REPORTS

QUESTION: *Will RIA have reports like IRMA to retrieve data? When will the RIA adhoc information be available?*

ANSWER: Not at this time, but OPWDD’s Information Management System (IMS) unit is working on creating adhoc reports for RIA. The information will not be available immediately, but we hope to have these reports available by mid-September.

RIA DATA FORM: SCIP-R LISTING; WHEN INJURIES REQUIRE a 147

QUESTION: *The RIA data form lists all the possible restrictive physical interventions to be input into RIA, including the “one-person takedown”. As a SCIP-R instructor, I am under the impression that a one person takedown has not been part of the SCIP curriculum for many years and staff are not trained in it nor should it be used.*

ANSWER: The “one-person takedown” has not been removed from the SCIP-R curriculum and, in fact, is still taught in many agencies and state-operated programs throughout the state. The one-person takedown to a prone lying wrap was banned from use in late 1997 and not included in the SCIP-Revised curriculum when it was issued to the field in 1998 under former Commissioner Maul.

QUESTION: *On the RIA paper form it indicates that the following injuries would result in a 147 incident form being filed: concussion, internal injuries, and loss of consciousness. However, they may not result in treatment that is more than first aid. Does this change the precedent set for incident reporting or do we still follow the 'care more than first aid' standard?*

ANSWER: The controlling requirement is that found in Part 624 under 624.4(b)(1). It is the severity of the injury and resulting care that determines whether the injury should be classified as a reportable incident. If an injury can be treated solely with first aid, it is not a reportable incident per Part 624, even if the first aid is provided by a nurse, physician or other health care professional. If a diagnostic procedure is performed; i.e., x-rays, and does not result in any additional positive findings for an injury or require more than first aid then filing a reportable or serious reportable incident is not required. However, this does not preclude the filing of an allegation of physical abuse if the circumstances suggest abuse may have occurred.

STAFF SCIP-R CERTIFICATION REQUIREMENTS

QUESTION: *Per the “review and reporting requirements for the use of SCIP-R techniques” it states that “agencies are required to ensure that staff members responsible for supporting and supervising an individual whose behavior support plan incorporates any use of a physical intervention technique have completed a positive approach training annually and certified in SCIP-R annually.” Would this mean that Medicaid Service Coordinators need to be certified in SCIP-R as well?*





ANSWER: NO – MSC’s are not required to be certified in SCIP-R as they are not the staff members who are typically involved in implementing a restrictive physical intervention.

QUESTION: *There doesn't appear to be any data box to show if staff have current SCIP certification. Could this be added to RIA?*

ANSWER: That is correct; there is no place to record the status of staff’s SCIP-R certification. This is a very good suggestion that will be considered as RIA is further developed.

RIA APPLICABILITY

QUESTION: Does RIA apply to summer camps, respite, recreation, etc.? *(New)*

ANSWER: RIA applies only to OPWDD certified residential and day program settings.

QUESTION: *Administrative Memorandum #2012-03 states the applicability is to "All OPWDD certified residential and day program settings", but it is believed that a previous memo mentions its applicability to Community Habilitation, as well. Please clarify the applicability of RIA in non-certified settings?*

ANSWER: RIA applies only to OPWDD *certified* residential and day program settings. It is not applicable to those receiving the waiver service of community habilitation.

ADMINISTRATIVE MEMO #2012-03: MANDATORY HEALTH CARE REVIEWS

QUESTION: *Is the documentation of the RN’s review of the clinical record required annually?*

ANSWER: All reviews completed by the RN must be documented in the individual’s clinical record and reviewed, at minimum, annually, however, it must be updated contingent upon significant changes in the person's medical condition. Any limitations on the use of certain techniques and/or any needed modifications to such techniques that arise from consideration of the individual’s medical condition, in consultation with the health care professional, must be clearly documented in the individual’s clinical record and reviewed by the individual’s program planning team.

QUESTION: *What happens if the RN finds that a technique is contraindicated and the team is in disagreement? If this should happen, would it be best to seek a physician’s opinion?*

ANSWER: If there is a conflict between the RN’s opinion and the other members of the ITT, the RN must refer this to another health care professional (physician, nurse practitioner, physician’s assistant, etc.) for further evaluation, to potentially issue a written order restricting the use of a particular technique(s). All of this must be documented in the medical record. The recommendations by the health care professional are considered by the team but any written orders must be followed.





QUESTION: *Should nursing and medical oversight of SCIP-R procedures be applied to any procedure that might impact on the health/safety of that particular individual?; e.g., from touch control that might be used to prevent a person with brittle osteoporosis from hitting themselves to the administration of a standing-wrap for a person who might have a history of broken ribs. It would seem that such attention needs to be given, even to the Core techniques, on a case-by-case basis, with consideration of age, and health status of the individual.*

ANSWER: While Administrative Memorandum #2012-03 specifically mandates the review and reporting requirements for restrictive physical intervention techniques by health care professionals, it in no way precludes implementing a health care review in those instances where any physical intervention used to control behavior may otherwise be contraindicated based upon the person’s health status as detailed in the 1998 policy document entitled “Guidelines for the use of SCIP-R”.

In addition, for individuals living in ICF/MRs, the 483 regulations [W285 - 483.450 (b)(2)] require that interventions to manage inappropriate client behavior must be employed with sufficient safeguards and supervision to ensure that the safety, welfare and civil and human rights of clients are adequately protected. The guidance for W285 goes further to say that “monitoring which is appropriate to the type of intervention being used is in place to assure that the individual does not suffer unfavorable effects from the intervention.” The regulation does not differentiate between Core and restrictive techniques. For individuals living in IRAs, the individual’s plan of protective oversight may also address this.

QUESTION: *In the Administrative Memorandum #2012-03, under the section for Mandatory Health Care Review of Possible Contraindications to SCIP-R Restrictive Personal/Physical Intervention there is a reference to health-care professional’s possible need to review training pictures from the SCIP-R curriculum to ensure that the procedure is not contraindicated. As a comment, we have always restricted these pictures to SCIP-R instructors, due to errors, misinterpretation of pictures, and the need for an instructor to demonstrate actual procedure for accuracy. Is this a problem?*

ANSWER: In the section referenced above, the administrative memorandum indicates that “Health care professionals are encouraged to become familiar with SCIP-R restrictive personal/physical intervention techniques.” It is only a suggestion to have them review training pictures from the SCIP-R curriculum. Viewing the pictures would be best accomplished in conjunction with a discussion and or demonstration by a SCIP-R Trainer.

QUESTION: *Is there a time frame for RN notification of the use of emergency SCIP-R?*

ANSWER: The RN should be notified of the use of an emergency SCIP-R technique as soon as possible, but no later than *within 48 hours* of the implementation of a restrictive physical intervention.





QUESTION: *Is there a time frame for which the documentation in the clinical record should be updated by the RN following an emergency SCIP-R Restrictive Physical intervention?*

ANSWER: This update to the clinical record must be documented in the clinical record by the RN as soon as possible, but no later than within 5 business days of the event.

QUESTION: *Regarding the “Role of the RN”, should the RN conducting the clinical record review be someone other than the “health care professional” who will evaluate the individual in person?*

ANSWER: YES.

THE USE OF PRN/STAT MEDICATIONS TO CONTROL BEHAVIOR WITHOUT IMPLEMENTING A PHYSICAL INTERVENTION

QUESTION: *If we administer a PRN medication only (meaning that we have not done any restrictive physical intervention technique) do we have to enter this information into RIA?*

ANSWER: If you administer a PRN only for behavioral control without implementing a restrictive physical intervention, you are not required to complete a RIA data entry form. We are only requiring that medications used to control behavior and the use of a TIME OUT room implemented in conjunction with a SCIP-R restrictive physical intervention as part of one behavioral event are recorded in RIA.

QUESTION: *If an individual’s behavior support plan requires that he/she is administered Xanax PRN for behavioral control, for example, and the individual’s behavior is such that he/she received 3 PRNs, is the RIA form completed 3 times?*

ANSWER: At this time, it is only required that the medications administered for behavioral control be entered into RIA if the meds are given in conjunction with a SCIP-R restrictive physical intervention. However, if the agency chooses to enter information into RIA regarding medications to control behavior *only*; that is, when not administered in conjunction with a physical intervention, then the form allows this to be recorded at least 3 times. Anything more than 3 times will require that another separate form be completed.

QUESTION: *Does RIA apply to Family Care providers (FCP)? FCPs do not use SCIP-R but may administer PRN meds.*

ANSWER: NO – not at this time. However, in future, if the behavior management regulations, Part 633.16, are promulgated as presently drafted, then, yes, this reporting requirement would apply with regard to PRN medications used to control behaviors. Currently, since FCPs do not use restrictive physical interventions, the RIA requirements do not apply.





QUESTION: *We don't use any of the SCIP-R restrictive physical interventions, just the Core techniques. However, we do serve a few individuals with PRN medications written as part of their behavior support plans. Are we required to report just the PRN use? Also - is there going to be a question pertaining to the effect of the PRN on the person?; e.g., a PRN is highly sedating and the individual falls asleep right away.*

ANSWER: The answer to your first question would be “NO”, at this time, you are not required to report just the PRN use, but you do have the option to enter this data as it will eventually become a requirement if the behavior management regulations (Part 633.16), as currently written, are promulgated.

The question regarding the effect of a PRN on the person is a good one. If the person becomes sedated to the point where it renders them unable to satisfactorily participate in programming, leisure or other activities, then it meets the Part 624.4(b)(4) definition of a *serious reportable incident*, and would, therefore, need to be filed as a 147. This data element may be considered for the RIA system in the future.

RECORDING MULTIPLE RESTRICTIVE INTERVENTIONS in SUCCESSION: WHAT CONSTITUTES A SINGLE vs. MULTIPLE BEHAVIORAL EVENT IN RIA?

QUESTION: *If a restrictive physical intervention technique is implemented twice with less than 5 minutes between each intervention, this would be considered one behavioral event. Would filing a 147 be required if both interventions, each lasting for 15 minutes, with less than 5 minutes break between each, total 30 minutes?*

ANSWER: NO – as long as there is a break between each restrictive physical intervention, RIA does not add each 15 minute physical intervention together so there is no need to file a 147.

QUESTION: *The RIA instructions are very clear about how one determines if the restrictive intervention should be documented as a single behavioral event or two separate events by applying the “5 minutes rule”. How would staff record the time if, for example, three restrictive physical interventions occur in succession and qualify as a single behavioral event but the total intervention time adds up to 25 minutes, since anything over 20 minutes would prompt RIA to instruct you to complete a 147 incident report. If the three time frames for the single event were 10 minutes, 10 minutes and 5 minutes; what would be the actual duration of the intervention?*

ANSWER: The paper version of RIA is limited in terms of the space to record physical interventions, whereas the RIA system in IRMA will allow the input for numerous successive interventions. The only way in which you can readily record the 3 interventions on paper without exceeding the 20 minute time frame is to record the first 2 interventions (10+10) on one RIA data form and the last 5 minute intervention on another RIA data form - demonstrating that there was a break between the first 20-minute intervention and the subsequent 5 minute intervention. While it will require that extra paper be completed, the actual RIA system will calculate that there is less-than-5-minutes between each intervention and know that it is all one behavioral event.





Otherwise, you may complete 3 RIA data forms for each intervention: recording the times as 10min - 10min - 5min; with less than 5 minutes between each intervention.

Again - based upon the time recorded between each intervention, the RIA system will

- a) recognize that it is one behavioral event,
- b) know that there are breaks between each event, and
- c) not sum the durations of the interventions such that, cumulatively, they exceed 20 minutes.

QUESTION: *Is there a time frame that must be met between the restrictive physical intervention and the administration of the PRN/STAT medication to be on the same form?*

ANSWER: NO – time frames may vary depending upon the parameters detailed in an individual’s behavior support plans. Agencies must make the determination of what constitutes a single behavioral event, which may include the use of a physical intervention, medications and/or a time out room, based on their knowledge of the individual.

QUESTION: *Does it matter whether or not the use of a PRN medication or a TIME OUT Room prior to a SCIP-R intervention would also warrant the completion of a RIA form?*

ANSWER: It is understood that a behavioral event may not necessarily start with a SCIP-R intervention, but rather may begin with the administration of a PRN (e.g., person may request it) or TIME OUT Room use, which wasn’t effective, and, therefore, requires the use of SCIP-R. Therefore, the order in which the restrictive interventions occur do not matter for purposes of RIA data input as long as they are all part of the same behavioral event.

