Scott Walker
Governor

Dennis G. Smith
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State of Wisconsin
Department of Health Services

DIVISION OF LONG TERM CARE

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Date: April 6, 2012

To: Division of Long Term Care County CIP/BIW Waiver Contacts
Division of Long Term Care Managed Care Organizations
Division of Long Term Care IRIS Consultant Agency
Division of Long Term Care County CLTS Waiver Contacts

Re: Frequently Asked Questions regarding the Division of Long Term Care's Guidelines and Requirements for the Use of Restrictive Measures

On March 19, 2012 Governor Walker signed Senate Bill 353 (web link: SB 353) into law. This relates to the use of seclusion and physical restraint on pupils in public schools. The law, 2011 Wisconsin Act 125, takes effect on September 1, 2012.

The Division of Long Term Care (DLTC) has long-standing policy guidance related to community-based services and the use of restraints, seclusion, protective equipment and medical restraints for people whose services through the Medicaid Home and Community-Based Services (HCBS) Waivers.

Given the recent legislation, DLTC has received questions about restrictive measures. The DLTC limitations and specific structures for approval and oversight of restrictive measures apply to many people who have long term supports funded through the Medicaid HCBS Waiver programs.

This includes people who have Intellectual/Developmental Disabilities (ID/DD) enrolled in:

- Family Care;
- PACE;
- Partnership;
- IRIS;
- Community Integration Program (CIP 1); or
- Brain Injury Waiver (BIW).

This also applies to all children, those with ID/DD, physical disabilities or mental health needs, participating in the Children's Long Term Supports (CLTS) waivers.

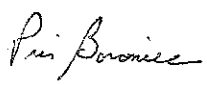
Attached is a Frequently Asked Questions (FAQ) document that highlights key areas of the existing DLTC Guidelines and Requirements for the Use of Restrictive Measures. Please share the attached FAQ document with all staff who may be involved with the restrictive measures application process and

with your provider network. The DLTC has also shared this document with other Divisions or Departments who provide services to children and adults with long term support needs.

These Guidelines and FAQs apply to people receiving supports from DLTC-funded programs, as specified above. Other Divisions in the Department of Health Services or in the Department of Children and Families may have additional requirements, but those policies are not managed by nor monitored by DLTC.

If you have any questions on this matter, please contact Julie Shew, the DLTC Restrictive Measures Lead by e-mail. Julie also manages all applications for the proposed use of restrictive measures in the Medicaid waiver programs operated by DLTC and cited above. Julie's e-mail is: Julie.Shew@wisconsin.gov.

Sincerely,



Pris Boroniec, Administrator
Division of Long Term Care

Cc: Julie Shew, DLTC Restrictive Measures Lead
Joyce Allen, Bureau Director DHS/Division of Mental Health and Substance Abuse Services
Fredi Bove, Bureau Director, Department of Children and Families
Ted Bunck, Bureau Director, DHS/Bureau of Center Operations
Margaret Kristan, Director, DHS/Office of Family Care Expansion
Gail Propsom, Bureau Director, DHS/Bureau of Long Term Support
Otis Woods, Administrator, Division of Quality Assurance
Beth Wroblewski, Deputy Administrator, DHS/DLTC

Division of Long Term Care
Frequently Asked Questions Regarding
Guidelines and Requirements for the Use of Restrictive Measures

Can restrictive measures be used in community-based settings to respond to dangerous/challenging behaviors in order to protect individuals, their peers and support staff?

The Division of Long Term Care (DLTC) has provided policy guidance to community-based stakeholders in the document entitled *Guidelines and Requirements for the Use of Restrictive Measures* (http://www.dhs.wisconsin.gov/bdds/waivermanual/app_r.pdf). This document provides guidance regarding the use of restraints, isolation, protective equipment and medical restraints for certain individuals covered by specific waivers managed by DLTC.

The DLTC requirement of "least restrictiveness" means that restraints are a method of last resort to assure safety. Restraints are very temporary strategies to address situations where imminent risk is present. The use of physical interventions to control a person or in response to aggressive behavior is not treatment, nor is it considered therapeutic. This is especially important because many people with dangerous or challenging behaviors have experienced trauma and the use of restrictive measures further traumatizes an individual.

Physical interventions are to be avoided whenever possible and all other feasible alternatives, including de-escalation techniques, are to be exhausted prior to using a physical intervention. When required, physical interventions may be used only for the shortest time possible in the individual circumstance and must be in a manner that causes the least possible physical or emotional discomfort, harm or pain to the person.

What types of restrictive measures practices have been and continue to be prohibited? Why are these particular practices prohibited by DLTC Guidelines on the use of restrictive measures?

In addition to the DLTC Guidelines referenced earlier, several memos provide more specificity and further clarifications. The March 2009 and September 2010 memo releases noted below indicated that the following categories of practices or procedures have been, and continue to be, prohibited:

- Any maneuver or technique that does not give adequate attention and care to protection of the head;
- Any maneuver or technique that places pressure or weight on the chest, lungs, sternum, diaphragm, back, or abdomen;
- Any maneuver or technique that places pressure, weight, or leverage on the neck or throat, on any artery, or on the back of the head or neck, or that otherwise obstructs or restricts the circulation of blood or obstructs an airway, for example straddling or sitting on the torso;
- Any type of choke hold;

- Any maneuver or technique that involves pushing on or into an individual's mouth, nose, or eyes, or covering the face with anything, including soft objects such as pillows or washcloths, blankets, bedding, etc. (However, the finger may be used in a vibrating motion to stimulate the person's upper lip when they are biting themselves or other persons (to create a "parasympathetic response" that causes the mouth to open) and staff may "lean into" a bite with the least amount of force necessary to open the jaw);
- Any maneuver or technique that utilizes pain to obtain compliance or control, including punching, hitting, hyperextension of joints, or extended use of pressure points; and
- Any maneuver or technique that forcibly takes an individual face- forward from a standing position to a prone position.

The intent of the above prohibitions within the Guidelines and from 2009 and 2010 correspondence are intended to eliminate practices that present an *inherent risk of serious injury or death.* As part of the Division of Long Term Care's approach to Quality Improvement in this area, DLTC staff continued to review the literature regarding the use of restraints. As a result of continuous review and clarification in the use of restraints, the DLTC has concluded that many of the risks associated with the prohibitions outlined above, also apply to the practices of takedown-to-supine restraints and blanket wrap devices.

This means that the DLTC Guidelines on Restrictive Measures apply to the practices or procedures of any type of a takedown to a horizontal position, any type of supine hold on the floor or other surface, and any use of blanket wrap devices including the Human Restraint Humane Blanket Wrap. The prohibition applies because these are maneuvers or techniques that risk placing pressure or weight on the chest, lungs, sternum, diaphragm, back, or abdomen.

What is a Humane Restraint Blanket Wrap and why is its use prohibited?

The Human Restraint Humane Blanket Wrap is a device designed to transport a person in a horizontal position by using the handles on the sides of the wrap. The wrap is to go around the limbs and body of an individual to prevent flailing of the limbs for individual and staff safety. It is not to be used for prolonged periods of time and improper adjustment may prohibit proper circulation. Use of this device is prohibited because its use poses the same risks of other takedown to horizontal holds- potential for restricted circulation, pressure on an individual's body restricting proper breathing, and possible aspiration as outlined in the categories and descriptions of prohibitions contained in the DLTC Guidelines and the 2009 and 2110 correspondence referenced earlier.

What does it mean that a restrictive measure is prohibited?

A prohibited restrictive measure is not to be used in any circumstance.

What additional guidance has been issued on prohibited practices beyond the Division of Long Term Care's Restrictive Measures Guidelines?

As noted earlier, memos from March, 2009 and September, 2010, from the Department of Children and Family Services and the Department of Health Services continue to compliment the Guidelines. These memos can be found at the following web links: http://dcf.wisconsin.gov/memos/num_memos/DSP/2009/2009-05.pdf; and http://www.dhs.wisconsin.gov/dsl_info/shared/cy2010/memo201006.htm. These memos highlighted a prohibition of certain practices that are not to be used at any time to control a person nor as a response to violent or aggressive behaviors.

Who is covered by these prohibitions and is it for all individuals no matter who serves them or who funds them?

These prohibitions apply to all adults with intellectual/developmental disabilities receiving long term care services through Family Care, PACE, Partnership, IRIS, the Community Integration Program (CIP) and the Brain Injury Waiver (BIW) program. All children with intellectual/developmental disabilities, severe emotional disturbances and physical disabilities receiving Children's Long Term Supports (CLTS) waivers are covered as well.

What if there is an emergency and we need to use one of these practices?

The prohibited practices may not be used in any circumstance, including an emergency. If you anticipate that a person using Medicaid home and community-based services waiver supports may present challenges to those providing long term care services, then be proactive and contact Julie Shew, the DLTC Lead Staff on Restrictive Measures who will be able to help you directly, or work with you and others.

If you have questions, need technical assistance around minimizing restraints or training on alternatives, etc. contact Julie Shew, DLTC Restrictive Measures Lead at: (920) 303-3026 or julie.shew@dhs.wisconsin.gov.