Skilled Nursing Home Psychotropic Medication Regulations

Handout for Physicians with Nursing Home Patients
***Info in yellow=action item requiring a Physician's authorization**

Background

In 2025, Centers for Medicare & Medicaid Services (CMS) issued updated guidance under F605, enhancing its focus on the misuse of psychotropic medications as chemical restraints and reinforcing the importance of gradual dose reduction (GDR) as a clinical and regulatory safeguard. These updates have direct implications for nursing homes (as well as Physicians) in terms of how to prescribe, monitor, and reduce psychotropic drugs—especially when these medications are used to manage behaviors that could otherwise be addressed through individualized care and non-pharmacologic interventions.

Important Notice: North Dakota Ranks One of the Highest (negatively) in the U.S. for Antipsychotic Usage in nursing homes: 48th of 51

Federal Regulations

F605: Freedom from Chemical Restraints: Affirms a resident's right to be free from physical or chemical restraints imposed for convenience or discipline. "The use of psychotropic drugs to control behavior, interfere with daily functioning, or restrict movement—without a clearly documented medical indication—constitutes a chemical restraint."

Includes antipsychotics, anxiolytics, antidepressants, sedative-hypnotics, and other central nervous system agents when used outside of clinically necessary parameters.

Diagnoses alone do not necessarily warrant the use of psychotropics
Medications may be indicated if:

- Behavioral symptoms present a danger to the resident or others;
- Expressions or indications of distress that are significant distress to the resident;
- If not clinically contraindicated, multiple non-pharmacological approaches have been attempted, but did not relieve the medical symptoms which are presenting a danger or significant distress;
- And/or GDR was attempted, but clinical symptoms returned.

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Gradual Dose Reduction (GDR) Required or Physician's Note GDR is Contraindicated

A Gradual Dose Reduction (GDR) is a stepwise tapering of a medication dose to determine if:

- Symptoms can be managed at a lower dose.
- The medication can be discontinued safely.

Skilled Nursing Facilities **must** attempt and document GDRs for the following:

- For any resident who is receiving a psychotropic medication, unless contraindicated by the Physician
- New psychotropic orders: Attempt a GDR in two separate quarters within the first year, spaced at least one month apart
- Ongoing psychotropic use: Attempt a GDR annually after the first year
- Exceptions: Clearly document if GDR is contraindicated (e.g., worsening psychiatric symptoms, documented relapse

When a GDR is Contraindicated by the Physician

Physician documentation must include the clinical rationale for why an attempted dose reduction is inadvisable. The decision should be based on the fact that that tapering of the medication would not achieve the desired therapeutic effects and the current dose is necessary to maintain or improve the resident's function, well-being, safety, and quality of life.

PRN/As Needed Orders for Psychotropics

Physicians' orders for PRN anti-psychotic drugs must be limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication.

National Quality Measures & Antipsychotic Usage

Nursing Homes in the U.S. are tracked through their Quality Measures based on resident assessments completed by facilities which include antipsychotic usage.

*Only **3** exclusionary diagnoses are recognized by CMS when it comes to antipsychotics and the Quality Measures:* ***1) Schizophrenia, 2) Tourette's Syndrome, and 3) Huntington's Disease.***

If individuals have these diagnoses, they are not included in our quality measures pertaining to antipsychotics. **However,** even though these diagnoses are excluded from triggering negatively on the Quality Measures, **nursing homes still must follow the regulations regarding psychotropics for individuals with Schizophrenia, Tourette's, or Huntington's, including GDR attempts or documentation from the Physician that a GDR is contraindicated along with the rationale for the contraindication.**

Sources:
CMS - State Operations Manual – Appendix PP
Proactive LTC Consulting "F605 Gradual Dose Reduction Updates for Nursing Homes"
CMS's RAI Version 3.0 Manual

NDMA
NDLTCA
701-223-9475
701-222-0660
staff@ndmed.com
nikki@ndltca.org
1622 East Interstate Ave, Bismarck
1900 N 11th St, Bismarck