

<b>Department of Health Long Term Services Division</b>  <b>POLICY</b>	<b>Policy Number:</b> <b>Supersedes:</b> Policy Governing Behavior Support Service Planning, 1/19/96 and LTSD Behavior Support Policy Revision 6/23/00
<b>Policy Title:</b> Psychotropic Medication Use	
<b>Effective Date:</b> May 15, 2003	
<b>Approved: Signature on File</b>	<b>Date:</b>

## I. PURPOSE

This policy defines the parameters for appropriate use of psychotropic medications within programs and services funded by the Long Term Services Division.

## II. APPLICABILITY

This policy applies to all individuals with developmental disabilities in services funded through any of the following programs:

1. Developmental Disabilities Waiver
2. LTSD State General Fund Programs
3. Intermediate Care Facilities for the Mentally Retarded with members of the Jackson Class Action Lawsuit.

## III. DEFINITIONS

*AVERSIVE INTERVENTION/STRATEGIES:* Any device or intervention, consequence or procedure intended to cause pain or unpleasant sensations. Examples are not limited to but include: electric shock, isolation, mechanical restraint, forced exercise; withholding of food, water or sleep, humiliation, and water mist; over-correction, and other cost responses.

*CRISIS PLAN:* When an individual's behavior has escalated to severity levels posing great risk of harm to the individual or others a Crisis Prevention/Intervention Plan may be necessary, as determined by the Interdisciplinary Team. Any use of physical intervention must only be recommended with a Crisis Plan and may never appear as a recommendation within a Behavior Support Plan. See also LTSD *Policy on Crisis Prevention/Intervention Plans.*

*CHEMICAL RESTRAINT:* The use of medication including psychotropic medications, as punishment as a substitute for a habilitation or in quantities that interfere with services or habilitation, or for the convenience of staff, or for unnecessarily restricting an individual's

freedom of movement, other than in an emergency where there is a substantial and imminent risk of serious physical harm to the individual or others.

*EMERGENCY:* A circumstance in which the health or safety of the individual client or other person is in imminent risk of harm and immediate action is necessary to prevent the harm.

*LEGALLY LICENSED PRESCRIBER:* An individual who is legally licensed to prescribe medications; this includes both physician and non-physician health care professionals authorized to prescribe medication.

*MEDICAL RESTRAINT:* Any apparatus prescribed by a physician, dentist, or medical practitioner acting within the scope of his or her license, as a health related means of protection that restricts an individual's movement during a specific medical, dental, or surgical procedure.

*MENTAL HEALTH THERAPIST:* A licensed practitioner or qualifying intern with at least a master's degree in a mental health allied field. Mental health therapists may offer services outside the Medicaid DD Waiver Program in private practice or as contractors, subcontractors or employees of other licensed providers or mental health agencies. The focus of services provided by a mental health therapist typically includes specific psychiatric conditions found in the current Diagnostic and Statistical Manual of the American Psychiatric Association (DSM-IV).

*PRN MEDICATION ORDER:* Pro re nata (PRN), or "as needed" medication. PRN orders are entered in advance by the prescriber and do not require a separate order for their administration. PRN orders will include the dosage, administration route (in our case, p.o. = by mouth), the maximum number of PRN's that can be given in a day and the associated maximum number of milligrams of the drug per day. The order should also specify the exact behavioral presentation for which the PRN medication is appropriate and intended.

*PSYCHOTROPIC MEDICATION:* Any chemical agent used for the effect it exerts upon the central nervous system in terms of altering thoughts, feelings, mental activities, mood or behavior. Medications, which are not usually described as psychotropic, are covered by this policy when they are prescribed for their psychotropic effects such as mood stabilization and impulse control. These medications may include anticonvulsants and beta-blockers and other chemicals when prescribed for their effects on behavior.

#### **IV. POLICY STATEMENT**

Psychotropic medications may aid in the amelioration of some symptoms of a behavioral nature, but are not sufficient for learning to effectively cope with life situations that may have predisposed him/her to exhibit maladaptive behaviors. Medications prescribed or administered to individuals when prescribed for a medical or dental condition or

treatment, e.g., anesthesia, antibiotics, seizure control, or other conditions not related to a mental health condition, are not subject to this policy.

#### A. USE OF MEDICATIONS AS CHEMICAL RESTRAINTS

The use of medications for the purpose of behavioral restraint, intervention or for substitution of meaningful support services and in the absence of a comprehensive treatment plan is prohibited.

#### B. USE OF PSYCHOTROPIC MEDICATIONS

This policy requires that any individual receiving psychotropic medications also concurrently receive behavior therapy or be referred for mental health or other specialized therapies as appropriate on the basis of his/her needs.

1. The use of chemical restraint as the sole means to manage or control behavior is prohibited. This does not preclude the use of psychotropic medication to address the symptoms of a diagnosed psychiatric disorder.
2. The use of psychotropic medication in the treatment of a diagnosed psychiatric condition should consider the following criteria:
  - a. Be in accordance with all applicable laws, regulations and standards of acceptable practice, including use only in response to a medication responsive condition.
  - b. Be included in the Individual Service Plan (Individual Service Plan) with the following specifications:
    - i. Current psychoactive medications used
    - ii. Medical actions needed and rationale for why the medication is being recommended
    - iii. Estimated timeline for the follow-up with the ISP recommendation
    - iv. Criteria for reviewing the impact of the medication, based on its effects or lack of effects in producing the desired outcomes
    - v. Identification of adverse side effects and contraindications.
  - c. Be reviewed at least every 180 days by the prescriber with information from the Case Manager or residential service provider, if applicable, with particular attention to adverse side effects and drug interactions.
  - d. Be administered in conjunction with a current Behavior Support Plan and behavior therapy or other mental health support outside the DD Waiver Program. An addendum to an otherwise current Behavior Support Plan is an acceptable means of documenting the use of psychotropic medications.
  - e. Not be the sole means of behavioral or mental health intervention.
  - f. Information should be available between the case manager, behavior therapist and those who interact most directly with the individual, regarding side effects and interactions with other drugs.
  - g. A variance to the requirement for behavior or mental health therapy for individuals receiving psychotropic medications may be requested

through the LTSD Office of Behavioral Services, which will provide notification of the approval or denial in writing.

#### D. AGENCY POLICIES ON USE OF PSYCHOTROPIC MEDICATION

Community agencies that administer or handle psychotropic medications on behalf of individuals served must develop written policies governing their use that are consistent with this policy and include the following:

- i. A requirement that prior to the use of psychotropic medications, the Interdisciplinary Team, behavior therapist, guardian and the individual must be informed of the policy.
- ii. A requirement that the Interdisciplinary Team will identify who is to obtain the informed consent of the individual or family member prior to use of the medication or any significant changes in medication (consent may be obtained by telephone if documented by the agency and followed up within one week with a signed written informed agreement). Agencies must keep the consent agreement on file.
- iii. A process by which the individual, Interdisciplinary Team members, or the Human Rights Committee may communicate concerns regarding medication to the prescriber.
- iv. A protocol and review format for emergency administration of psychotropic medication.
- v. A requirement to convene the Interdisciplinary Team within 48 hours of the use of emergency psychotropic medication to review current supports and address the need for changes in the comprehensive Individual Service Plan and Behavior Support Plan.
- vi. A requirement for documentation of:
  1. the specific symptoms and conditions under which the prn medication may be used as determined by the prescriber.
  2. identification of staff who may determine when to request permission and a written process for contacting staff authorized to endorse the use of the prn
  3. training specific to the prn medication by the identified staff responsible for requesting prn use.
  4. environmental, interpersonal, or social circumstances at the time the prn was requested.
  5. time and date permission was given to administer the prn by the authorized staff member.
  6. description of the person's response to the prn.

This documentation must be made available to therapists working with the individual, upon request.

#### **D. USE OF PRN PSYCHOTROPIC MEDICATIONS**

The use of *pro re nata* (prn), or “as needed” medication orders is allowed for clearly defined, short term administration. Prn orders will include specific medication, dose, including maximum daily, administration route (e.g., by mouth), and interval between doses. The order should also specify the exact behavioral presentation for which the prn is appropriate and intended. It is not necessary to contact the prescriber with each use of the prn unless specifically stated. Any psychotropic medication considered for emergency use without a prior prn requires consultation.

An example of the appropriate use of a prn is an individual who has an anxiety disorder with infrequent but severe panic attacks, it may be more appropriate to order anxiolytic medication on a prn basis rather than through a regular administration schedule. Prn orders for psychotropic medication must be monitored carefully to insure appropriate use. Frequent or escalating use must be reported to the prescriber and discussed by the Interdisciplinary Team for changes to the medication and overall support plan.

Prn orders, as with regularly prescribed psychotropic medication, must be included as part of a comprehensive Behavior Support Plan or a Crisis Plan and the Individual Service Plan. The plans must include a description of the behavior for which the prn is prescribed, the criteria for the decision to administer the prn, designation of the staff responsible for prn authorization, the necessary monitoring of the individual following administration, preparation of documentation and Interdisciplinary Team review protocol and notification schedule. An addendum to a current Behavior Support Plan is acceptable for documenting the inclusion of a prn.

#### **V. REFERENCE**

This policy is consistent with regulations for *Service Plans for Individuals with DD Living in the Community* [7 NMAC Chap. 26 Part 5 Eff. 1/15/97] and *Rights of Individuals with DD Living in the Community* [7 NMAC Chap. 26 Part 3, Eff. 1/15/97]. See also: LTSD Policy on *Crisis Prevention/Intervention Plans* (Eff. 3/1/03), LTSD Policy on *Aversive Intervention Prohibition* (Eff. 3/1/03); Policy on *Behavioral Support Service Provisions* (Eff. 3/1/03), and Policy on *Human Rights Committee Requirements* (Eff. 3/1/03).