Section 3.15 Psychotropic Medication: Prescribing and Monitoring

3.15.1 Introduction

The use of psychotropic medications is often an integral part of treatment for persons receiving care for behavioral health conditions. As such, the use of psychotropic medications must be monitored closely to help ensure that persons are treated safely and effectively. ADHS/DBHS developed guidelines and minimum requirements designed to:

- Ensure the safety of persons taking psychotropic medications;
- Reduce or prevent the occurrence of adverse side effects; and
- Help persons who are taking psychotropic medications restore and maintain optimal levels of functioning and achieve positive clinical outcomes.

3.15.2 References

The following citations can serve as additional resources for this content area:

R9-20-101

R9-20-303

R9-21-206.01

R9-21-207

Section 3.2, Appointment Standards and Timeliness of Service

Section 3.11, General and Informed Consent to Treatment

Section 3.20, Credentialing and Privileging

Section 4.3, Coordination of Care With AHCCCS Health Plans and Primary Care Providers

Section 7.4, Reporting of Incidents, Accidents and Deaths

Informed Consent for Psychotropic Medication Treatment Clinical and Recovery Practice Protocol

Polypharmacy Use: Assessment of Appropriateness and Importance of Documentation Clinical and Recovery Practice Protocol

Psychotropic Medication Use in Children, Adolescents, and Young Adults Clinical and Recovery Practice Protocol

General and Informed Consent to Treatment for Persons Under the Age of 18 Policy Clarification Memorandum

White Mountain Apache Tribal RBHA /USPHS Indian Hospital Whiteriver Medical Services MOU

3.15.3 Scope

To whom does this apply?

All T/RBHA and subcontracted providers utilizing behavioral health medical practitioners to prescribe psychotropic medications to the following populations:

- All Title XIX/XXI eligible persons;
- All non-Title XIX/XXI persons determined to have a Serious Mental Illness; and
- All other persons, based on available funding.

3.15.4 Did you know…?

- A person's target symptoms and clinical responses to treatment must be identified for each medication prescribed and documented in the person's comprehensive clinical record. Also, the use of psychotropic medication must always be referenced and incorporated into the person's individual treatment plan.
- Education regarding all prescribed medications must be routinely provided to persons, family members, guardians, or designated representatives in a culturally competent, language appropriate manner.
- Psychotropic medications that are not clinically effective after reasonable trials should be discontinued, unless the rationale for continuation can be supported and is documented in the person's comprehensive clinical record.
- Behavioral health medical practitioners must coordinate with primary care providers (PCPs) or other health care providers to minimize the potential for adverse clinical outcomes when prescribing psychotropic medications. See Section 4.3, Coordination of Care with AHCCCS Health Plans and Primary Care Providers and Medicare Providers regarding expectations for coordination of care with PCPs and other health care providers.

3.15.5 Definitions

Adverse Drug Reaction
Behavioral Health Medical Practitioner
Cross-tapering
Medication Error

3.15.6 Objectives

To ensure that psychotropic medications prescribed for persons are prescribed and monitored in a manner that provides for safe and effective use.

3.15.7 Procedures

3.15.7-A. Basic requirements

Medications may only be prescribed by T/RBHA credentialed and licensed physicians, physician assistants, or nurse practitioners. See Section 3.20, Credentialing and Privileging for more information regarding credentialing requirements.

Apache Behavioral Health Services is contracted under IHS as a "638" provider to provide "non-medical" mental health services. IHS Whiteriver Service Unit has a Memorandum of Understanding (MOU) with White Mountain Apache Tribal RBHA to provide all medical services (which include psychotropic medication -prescribing and monitoring) to all Registered Members of the White Mountain Apache Tribe and other non-enrolled persons residing on the Fort Apache Reservation in crisis situations. The psychiatrist at the Whiteriver IHS is the Medical Director for WMATRBHA and as such oversees the medication needs of all persons enrolled with the White Mountain Apache Tribal RBHA. ABHS staff and WMATRBHA Contracted Providers work collaboratively with the IHS Psychiatrist and/or other IHS Medical Staff (licensed physicians, physician assistants and/or nurse practitioners) to assure all medication prescribing and monitoring services are provided in accordance with ADHS/DBHS, AHCCCS and Federal mandates, standards and policies. If a person enrolled with WMATRBHA prefers to receive these services with a provider other than IHS, WMATRBHA establishes a contract with an alternate provider. In addition persons enrolled in WMATRBHA receiving services off reservation may need to receive medication prescribing and monitoring services with providers other than Whiteriver IHS to ensure timely access to services.

3.15.7-B. Assessments

Reasonable clinical judgment, supported by available assessment information, must guide the prescription of psychotropic medications. To the extent possible, candidates for psychotropic medications must be assessed prior to prescribing and providing psychotropic medications.

Psychotropic medication assessments must be documented in the person's comprehensive clinical record and must be scheduled in a timely manner consistent with Section 3.2, Appointment Standards and Timeliness of Service. Behavioral health medical practitioners can use assessment information that has already been collected by other sources and are not required to document existing assessment information that is part of the person's comprehensive clinical record. At a minimum, assessments for psychotropic medications must include:

- An adequately detailed medical and behavioral health history;
- A mental status examination;
- A diagnosis;
- Target Symptoms;
- A review of possible medication allergies; and

- A review of previously and currently prescribed medications including any noted side effects and/or potential drug-drug interactions.

Reassessments must be completed on an ongoing basis to ensure medication compliance and to substantiate that the prescribed psychotropic medication(s) are the most effective treatment for the person.

3.15.7-C. Informed consent

Informed consent must be obtained from the person and/or legal guardian for each psychotropic medication prescribed. When obtaining informed consent, behavioral health medical practitioners must communicate in a manner that the person and/or legal guardian can understand and comprehend. The comprehensive clinical record must include documentation of the essential elements for obtaining informed consent. Essential elements for obtaining informed consent for medication are contained within PM Form 3.15.1, Informed Consent for Psychotropic Medication Treatment.

The use of PM Form 3.15.1 is recommended as a tool to document informed consent for psychotropic medications. If PM Form 3.15.1 is not used to document informed consent, the essential elements for obtaining informed consent must be documented in the person's individual comprehensive clinical record in an alternative fashion. White Mountain Apache Tribal RBHA utilizes PM Form 3.15.1 for all enrolled clients receiving medication services with providers other than Whiteriver IHS (Whiteriver IHS utilizes federally required forms). For more information regarding informed consent, please see Section 3.11, General and Informed Consent to Treatment.

3.15.7-D. High-risk medications

Psychotropic medications must be monitored adequately to avoid, diminish, or relieve side effects and adverse outcomes. The behavioral health medical practitioner must develop and implement safe and effective prescribing and monitoring practices to ensure that high-risk medications are adequately monitored to promote safe and effective use. At a minimum, this must include:

Type of Medication	Monitoring Action
Antipsychotic Medications	Administer the Abnormal Involuntary Movement Scale (AIMS) and document results. At a minimum, the AIMS must be completed and recorded upon the initiation of a new anti-psychotic medication, at least annually, or more frequently as indicated on an individual basis, or according to additional timeframes established by the T/RBHA Medical Director. Personal/family history, weight, BMI, waist circumference, fasting glucose and fasting lipid profiles must be monitored at least annually, or more frequently as indicated on an individual basis, or according to additional timeframes established by the T/RBHA Medical Director.
Lithium Carbonate	For each person who is prescribed Lithium Carbonate or any related formulations of Lithium, obtain Lithium levels, thyroid function tests, and renal function test at least annually or more frequently as indicated on an individual basis, or according to additional timeframes established by the T/RBHA Medical Director.

Anticonvulsant medications used for mood stabilization	For each person who is prescribed anti-convulsant medications for mood stabilization or related treatment purposes, as indicated, obtain blood levels and liver function tests, CBC or other lab tests at least annually, or more frequently as indicated on an individual basis, or according to additional timeframes established by the T/RBHA Medical Director.
For persons on medications that are known to affect health parameters	For persons on medications that are known to affect health parameters, such as height, weight, heart rate, and blood pressure, assessments will be made of the person's height, weight, heart rate, and blood pressure as indicated on an individual basis, or according to timeframes established by the T/RBHA Medical Director.

3.15.7-E. Polypharmacy

ADHS/DBHS recognizes two types of polypharmacy: intra-class polypharmacy and inter-class polypharmacy. Below are ADHS/DBHS expectations regarding prescribing multiple psychotropic medications to a person being treated for a behavioral health condition:

Intra-class Polypharmacy: Defined as more than two medications prescribed at the same time within the same class, other than for cross-tapering purposes. The person's medical record must contain documentation specifically describing the rationale and justification for the combined use.

Inter-class Polypharmacy: Defined as more than three medications prescribed at the same time from different classes of medications for the overall treatment of behavioral health disorders. The medical record must contain documentation specifically describing the rationale and justification for the combined use.

3.15.7-F. Reporting requirements

ADHS/DBHS requires that T/RBHAs establish a system for monitoring the following:

- Adverse drug reactions
- Medication errors

The above referenced events must be identified, reported, tracked, reviewed and analyzed by the T/RBHA. IHS maintains these requirements under Federal Mandates. WMATRBHA will monitor any clients receiving medication services with contracted providers other than IHS.

An incident report must be completed for any medication error and/or adverse drug reaction that results in emergency medical intervention. See Section 7.4, Reporting of Incidents, Accidents and Deaths for more information.