

DEVELOPMENTAL DISABILITIES ADMINISTRATION
Olympia, Washington

TITLE: PSYCHOTROPIC MEDICATIONS: ICF/IID AND STATE- OPERATED NURSING FACILITY POLICY 9.02

<p>Authority:</p>	<p>42 C.F.R. 483.10 42 C.F.R. 483.25 42 C.F.R. 483.40 42 C.F.R. 483.45 42 C.F.R. 483.420(a) 42 C.F.R. 483.430(b) 42 C.F.R. 483.450 42 C.F.R. 483.460 42 C.F.R. 483.460(j) Title 71A RCW Chapter 74.42 RCW</p>	<p><i>Resident Rights</i> <i>Quality of Care</i> <i>Physician Services</i> <i>Specialized Rehabilitative Services</i> <i>Condition of participation: Client Protections</i> <i>Condition of participation: Facility staffing</i> <i>Condition of participation: Client behavior and facility practices</i> <i>Condition of participation: Health care services</i> <i>Standard: Drug regimen review</i> <i>Developmental Disabilities</i> <i>Nursing Homes—Resident Care, Operating Standards</i></p>
<p>Reference:</p>	<p>DDA Policy 5.06 DDA Policy 5.10 DDA Policy 5.14 DDA Policy 5.21 DDA Policy 5.22 DDA Policy 7.03 DDA Policy 9.12</p>	<p><i>Client Rights</i> <i>Human Rights Committee</i> <i>Positive Behavior Support Principles</i> <i>Functional Assessments and Positive Behavior Support Plans</i> <i>Restrictive Procedures: Residential Habilitation Centers</i> <i>Informed Consent</i> <i>Sedation Administration and Management</i></p>

BACKGROUND

Clients have the right to a dignified existence, to self-determine, and communicate or associate with persons of their choosing. To benefit from these rights, the client has the right to healthcare assessments, right to healthcare, plans of care, as well as the right to participate in and direct healthcare services. The client has the right to be treated with the least intrusive, restrictive methods indicated by the client’s identified and documented symptoms of physical and

behavioral health conditions. The client has the right to be free of unnecessary medications and chemical restraints not required to treat the client's physical and behavioral health symptoms. DDA Policy 5.06, *Client Rights*, and WAC 388-823-1095 provide greater insight into the rights a client may exercise.

The Developmental Disabilities Administration (DDA) intends to provide services and supports to people with disabilities in the least restrictive and least intrusive manner possible. As a result, psychotropic medications are not necessarily the first or only treatment of choice for behavioral health issues. Positive behavior support may be equally or more effective. Treatment decisions must be made on an individual basis using data and the client's assessments. For more information see DDA Policy 5.14, *Positive Behavior Support Principles*, DDA Policy 5.21 *Functional Assessments and Positive Behavior Support Plans*, and DDA Policy 5.22, *Restrictive Procedures: Residential Habilitation Centers*.

When a client's physical or behavioral health symptoms require medical intervention, psychotropic medications may be prescribed. Psychotropic medications in addition to behavioral interventions have proven effective in treating many behavioral health conditions. As with other prescription medications, psychotropic medications have the potential for unwanted side effects. Regular assessment and monitoring for side effects is essential in maintaining the client's quality of life. Ongoing evaluation of medication effectiveness is essential in managing symptoms and assuring the client's behavioral and medical health are supported with effective treatment plans. Best practices emphasize minimizing the number and types of behavioral and medical interventions used and places onus on prescribers to assure symptoms are managed with the lowest effective dosages of medications while considering the context of the client's best interests and programming requirements.

PURPOSE

This policy establishes guidelines for administering psychotropic medications, presenting accurate information about psychotropic medications and their side effects, and it establishes guidelines for how psychotropic medications will be monitored and how monitoring results will be communicated to the prescriber.

SCOPE

This policy applies to Residential Habilitation Centers (RHCs), which include state-operated intermediate care facilities for individuals with intellectual disabilities (ICF/IIDs) and state-operated nursing facilities. This policy also applies to privately operated ICF/IIDs.

DEFINITIONS

Behavior means an action that can be observed and counted.

Behavioral health condition means a disorder defined by the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5).

Business day means Monday through Friday, excluding state and federal holidays.

Chemical restraint means a drug used for discipline or staff convenience and not standard treatment for medical symptoms. *Chemical restraint is prohibited.*

Emergency or **behavioral crisis** means an extreme hazard or unanticipated, unpredicted actions by the client or others placing the client or others' health and safety at immediate risk.

Medication monitoring means collecting and using data to monitor a client's response to one or more prescribed medications. Monitoring includes: collecting data on a medication's effects on identified symptoms (reduction in symptoms, no effect on symptoms, or increase in symptoms); observation of the client for side effects to make clinical judgements about correct dosage; dosing intervals; adjunct therapies; and other medically approved best practices.

Palliative care means "patient and family-centered care that optimizes quality of life by anticipating, preventing, and treating suffering. Palliative care throughout the continuum of illness involves addressing physical, intellectual, emotional, social, and spiritual needs and to facilitate patient autonomy, access to information, and choice" (42 C.F.R. §418.30).

Psychotropic means possessing the ability to alter mood, anxiety level, behavior, cognitive processes, or mental tension, usually applied to pharmacological agents.

Psychotropic medication means any drug used to alter mental processes, mood, or behavior regardless of classification. These drugs include: anti-psychotic; anti-depressant; anti-anxiety; and hypnotic agents. Other classifications used for psychotropic purposes include: anticonvulsants; anti-mania drugs; medications to treat symptoms of dementia; and psychostimulants.

Tardive Dyskinesia means abnormal, recurrent, involuntary movements that may be irreversible and typically present as lateral movements of the tongue or jaw, tongue thrusting, chewing, frequent blinking, brow arching, grimacing, and lip smacking, although the trunk or other parts of the body may also be affected.

Target behavior means a behavior that needs to be modified or replaced.

POLICY

- A. Psychotropic medications are prescribed to treat behavioral health conditions enabling the client to function better and improve their quality of life.

- B. Clients with developmental disabilities and behavioral health conditions must have appropriate access to assessment and treatment options addressing physical health, non-medical behavioral health conditions, and information outlining the benefits and risks of psychotropic medications.
- C. Psychotropic drugs and other medications must be prescribed by a licensed psychiatrist, physician, physician assistant, or advance registered nurse practitioner (ARNP).
- D. All treatment programs must be approved the client's interdisciplinary team.
- E. The client or client's guardian must provide signed informed consent in accordance with DDA Policy 7.03, *Informed Consent*.
- F. Approval by the RHC's Human Rights Committee or the privately operated ICF/IIDs equivalent committee.
- G. Physical health, palliative care, non-medical behavioral health, psychiatric, and psychotropic medication interventions must be in the client's best interest.
- H. Clients must be free from unnecessary medications, interventions, and coercion.
- I. Using a medication as a chemical restraint is prohibited.
- J. Threatening to use physical force in the administration of medications is prohibited.
- K. If a client is prescribed a drug intended to treat a behavioral health condition or alter mood or behavior (regardless of classification), the prescriber must document a psychotropic medication monitoring plan or palliative care plan in the client's record.
- L. A client who takes a psychotropic medication to treat a behavioral health condition only requires a functional assessment and positive behavior support plan if:
 - 1. Required by DDA Policy 5.21, *Functional Assessments and Positive Behavior Support Plans*, or DDA Policy 5.24, *Functional Assessments and Positive Behavior Support Plans: ICF/IIDs*; or
 - 2. Use of the psychotropic medication demonstrates a pattern of managing or altering a client's target behavior in response to a behavioral crisis.
- M. The RHC or privately operated ICF/IID must obtain a prescriber's order and current informed consent before an employee may administer a psychotropic medication or assist a client with taking a medication.

PROCEDURES

- A. Before routinely administering a psychotropic medication, the RHC or privately operated ICF/IID must:
1. When a client's observed behavior or behavioral health symptoms change from baseline significantly or persistently, physical, medical, or dental conditions are examined first for their contribution to significant or persistent changes in baseline behavior.
 - a. If a change in the client's health or medical condition indicates end of life care needs, the use of psychotropic medications may be necessary in providing comfort measures.
 - b. If no medical or dental conditions are identified or contribute to significant or persistent changes in baseline behavior, a psychological assessment must be completed.
 2. Ensure a licensed psychologist, psychiatrist, or medical provider documents a DSM-5 diagnosis or working diagnosis in the client's record;
 3. Ensure the client's individual habilitation plan (IHP), individual plan of care (IPOC), or individual program plan (IPP) documents the psychotropic medication monitoring plan or palliative care plan, which must include:
 - a. A description of the behavioral symptoms for which the medication is prescribed or behavioral health diagnosis;
 - b. Justification for using the medication, including the benefits and potential side effects;
 - c. The length of time considered sufficient to determine if the medication is effective (i.e., treatment trial);
 - d. The behavioral criteria to determine whether the medication is effective (i.e., changes in observed behavior that indicate change in mood, thought, or functioning that are evidence the medication is effective for behavioral health conditions or signs of ease and comfort or palliative care plan);
 - e. Plans to monitor medication side effects; and
 - f. A reduction plan, which must include criteria the prescriber will use to:
 - 1) Initiate simplifying the number and types of medications;

- 2) Reduce doses; and
 - 3) Discontinue medications (unless clinically contraindicated).
4. Write a positive behavior support plan if required under DDA Policy 5.21, *Functional Assessments and Positive Behavior Support Plans*, or DDA Policy 5.24, *Functional Assessments and Positive Behavior Support Plans: ICF/IIDs*;
 5. Obtain informed consent from the client or the client's legal representative or family member and place it in the client's file for administration of the medication and implementation of the IHP or IPP.
 6. Ensure the RHC's Human Rights Committee, or a privately operated ICF/IID's equivalent committee, has documented their review and whether or not the committee approves the client's IHP, IPOC or IPP.
- B. Standing orders are prohibited for psychotropic medications on an "as needed" or PRN basis in response to behavioral incidents.
- C. An order prescribing a psychotropic medication to a client in an RHC before an appointment or procedure must meet the requirements of DDA Policy 9.12, *Sedation Administration and Management*.
- D. Psychotropic Medications in Response to a Behavioral Crisis for an RHC Client
1. Use of a psychotropic medication in response to a behavioral crisis must:
 - a. Meet requirements of DDA Policy 5.22, *Restrictive Procedures: Residential Habilitation Centers*;
 - b. Be a single-use order;
 - c. Be ordered by a licensed physician, physician assistant, or ARNP who must ensure the following is documented in the client record:
 - 1) The reason for the medication;
 - 2) The medication and dose to be used;
 - 3) Nursing orders to monitor for possible side effects or interactions consistent with DDA Policy 9.12, *Sedation Administration and Management*;
 - 4) Level and frequency of monitoring to be used; and

- 5) Side effects or reactions to the medication; and
- d. Be administered by medical personnel who must document the administration in the client's medication administration record.
2. Informed consent received by phone and followed up with written consent authorizations must be documented consistent with DDA Policy 7.03, *Informed Consent*, and DDA Policy 5.22, *Restrictive Procedures: Residential Habilitation Centers*.
3. Use of a psychotropic medication in response to a behavioral crisis requires an incident report. The incident must be documented in an electronic incident report consistent with DDA Policy 12.01, *Incident Reporting and Management for DDA Employees*.
4. Before the end of the next business day after using a psychotropic medication in response to a behavioral crisis, the prescriber must document:
 - a. The interventions and client responses to interventions used prior to the request for single-use order for medication;
 - b. The justification presented for the use of the single-use order;
 - c. Who presented the justification for the order and the assessment results utilized to arrive at the justification;
 - d. The order, including:
 - 1) Medication and dose;
 - 2) Supervision requirements, including staffing level;
 - 3) Duration of supervision; and
 - 4) Signs and symptoms to be monitored after administering the medication;
 - e. Any nursing orders to follow-up on any potential medical issues identified;
 - f. Monitoring data collected and the client's response to the medication;

- g. Client's reaction to the medication;
 - h. The prescriber's reasoning whether or not changes to the client's medical or psychological treatment plans are indicated;
 - i. Orders for any consultations or evaluations; and
 - j. Recommendations to the IDT for adjusting the IHP, IPOC, IPP, or FA and PBSP.
5. Before the end of the next business day after using a psychotropic medication in response to a behavioral crisis, the IDT must document:
- a. Data indicating the factors leading to the crisis use of medication;
 - b. The interventions prescribed in the IHP, IPOC, IPP, or FA and PBSP;
 - c. The interventions used;
 - d. The client's response to each intervention;
 - e. The reasons why less restrictive interventions did not appear to work;
 - f. The client's willingness to take the psychotropic medication offered;
 - g. The client's response to the psychotropic medication; and
 - h. The number of times the client has required psychotropic medication single-use orders in response to a behavioral crisis, which will be used to determine:
 - 1) Pattern surrounding antecedents, interventions tried, client response to interventions, reactions to medications, etc.;
 - 2) Potential environmental modifications that may be required;
 - 3) Potential restrictive procedures that may be required; and
 - 4) Data that must be collected to aid in decision making;
6. If a psychotropic medication is administered with a single-use order three times in response to behavioral crises over the plan year, the IDT must:

- a. Assess the client's needs;
 - b. Make changes to the client's comprehensive functional assessment, IHP, IPOC, or IPP;
 - c. Initiate a functional assessment and generate a positive behavior support plan if they do not exist;
 - d. If a functional assessment and positive behavior support plan exists:
 - 1) The functional assessment must be re-examined and updated in light of the antecedents and behavior requiring the use of psychotropic medications with a single-use order in response to a behavioral crisis; and
 - 2) The positive behavior support plan must be updated based on the updated functional assessment.
 - e. Submit an exception to policy for the use of restrictive procedures request if required under DDA Policy 5.22, *Restrictive Procedures: Residential Habilitation Centers*.
7. The Superintendent or designee must document a review no more than three business days after the administration of a psychotropic medication with a single-use order in response to a behavioral crisis.
- E. Psychotropic Medication Monitoring
1. Psychotropic medication must be monitored for:
 - a. Side effects:
 - b. Effectiveness, ineffectiveness, or no effect on symptoms for which the medication is prescribed based on the behavioral criteria identified in the psychotropic medication treatment plan or the palliative care plan; and
 - c. Indications the medication regimen is optimized to balance symptoms, client functioning, and side effects.
 2. If data indicates the medication does not produce the desired changes in observable behavioral symptoms, RHC staff or staff at a privately operated ICF/IID must communicate this to the prescribing professional.

3. A physician must physically observe the client and complete the Abnormal Involuntary Movement Scale (AIMS):
 - a. At least annually;
 - b. Before starting a new psychotropic medication regimen; and
 - c. If the physician is notified of behaviors possibly indicating a medication side effect or change in health status.
4. A nurse must physically observe and complete the Monitoring of Side Effects Scale (MOSES):
 - a. Every six months;
 - b. Before the 90-day medication review so results are available during the meeting;
 - c. Before starting a new psychotropic medication regimen; and
 - d. If nursing is notified of a behavior possibly indicating a medication side effect.
5. When a psychotropic medication is administered under a single-use order, the prescriber must provide instruction regarding:
 - a. Signs or symptoms to be monitored during the medication's effects;
 - b. The level of supervision necessary and the supervision's duration; and
 - c. The data to be collected on the client's physical, emotional, and behavioral response to the medication.
6. At least quarterly:
 - a. A medical provider and a clinical pharmacist must review and document the status of the client for any adverse effects;
 - b. A prescriber must document the presence or absence of any side effects in the client's medical record; and

- c. The prescriber determines if a reduction in dose or simplification of medication regimen are indicated or contraindicated. The prescriber must document the medical reasoning in the client's record, accounting for:
- 1) Laboratory results;
 - 2) Behavioral data;
 - 3) Physical findings; and
 - 4) Data from other reports.
7. For a client with a comprehensive palliative care treatment plan using a psychotropic medication, the prescriber and clinical pharmacist must document review of the client's physical functioning changes and comfort needs to optimize continued use of psychotropic medications in palliate care plan effectiveness and document why continued use is necessary.
8. Continued need for the medication and dose must be assessed and clinically justified annually in the client's annual healthcare assessment by the medical provider or more frequently as the client's health needs change.

EXCEPTIONS

Any exception to this policy must have the prior written approval of the Deputy Assistant Secretary.

SUPERSESSSION

DDD Policy 9.02, *Administration of Psychoactive Medications for Behavior Support or Treatment of Mental Illness*
Issued January 3, 2012

Approved: /s/: Debbie Roberts
Deputy Assistant Secretary
Developmental Disabilities Administration

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