



**Pascua Yaqui T/RBHA
CENTERED SPIRIT PROGRAM
Policy and Procedure Manual**

Section 3.15 Psychotropic Medication: Prescribing and Monitoring

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I. STATEMENT OF PURPOSE

The use of psychotropic medications is often an integral part of treatment for persons receiving care for behavioral health conditions at CSP where both prescribing and dispensing of medications occurs. As such, the use of psychotropic medications must be monitored closely to help ensure that persons are treated safely and effectively. CSP follows all applicable local, state, and federal laws pertaining to medications and controlled substances, CARF standards for medication use, and ADHS/DBHS guidelines and protocols 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.

II. REFERENCES

The following PY/CSP Provider Manual Sections can serve as additional resources for this content area:

[Section 3.11, General and Informed Consent to Treatment](#)

[Section 3.2, Appointment Standards and Timeliness of Service](#)



[Section 3.20, Credentialing and Privileging](#)
[Section 7.4, Reporting of Incidents, Accidents and Deaths](#)
[Section 4.3, Coordination of Care with AHCCCS Health Plans and Primary Care Providers and Medicare Providers](#)
CARF 2013 Behavioral Health Standards Manual

The following citation can also serve as a resource for this content area:

[42 C.F.R. § 438.100](#)

[A.R.S. § 32-1901](#)

[R9-20-101](#)

[R9-20-303](#)

[R9-21-206.01](#)

[R9-21-207](#)

[A.R.S. § 32-1901](#)

- [Informed Consent for Psychotropic Medication Treatment Practice Protocol](#)
- [Polypharmacy Use: Assessment of Appropriateness and Importance of Documentation Practice Protocol](#)
- [Psychotropic Medication Use in Children, Adolescents, and Young Adults Clinical Practice Protocol](#)
- [General and Informed Consent to Treatment for Persons Under the Age of 18 Policy Clarification Memorandum](#)
- [The Arizona Medical Board's Guidelines For Physicians Who Incorporate Or Use Complementary Or Alternative Medicine In Their Practice](#)
- [National Coordinating Council for Medication Error Reporting and Prevention](#)

III. STANDARDS

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.

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

- 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.
- Opiate pain medications are never prescribed by CSP psychiatrists or nurse practitioners.
- 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.

IV. PROCEDURES

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.

Psychotropic medication will be prescribed by a psychiatrist who is a licensed physician, or a licensed nurse practitioner, licensed physician assistant, or physician trained or experienced in the use of psychotropic medication, who has seen the client and is familiar with the client's medical history or, in an emergency, is at least familiar with the client's medical history.

When a client on psychotropic medication receives a yearly physical examination, the results of the examination will be reviewed by the physician prescribing the medication. The physician will note any adverse effects of the continued use of the prescribed psychotropic medication in the client's record (See [Section 4.2, Behavioral Health Medical Record Standards](#)).



(See [Section 4.2, Behavioral Health Medical Record Standards](#)).

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 including co-existing medical conditions and common medical comorbidities;
- A mental status examination;
- A diagnosis;
- Target Symptoms;
- A review of possible medication allergies;
- A review of previously and currently prescribed medications including effectiveness, any noted side effects, and/or potential drug-drug interactions;
- Use of over-the-counter (OTC) medications;
- Use of vitamins and minerals, homeopathics or other supplements;
- Use of medications by women of childbearing age and use of medications during pregnancy;
- For sexually active females of childbearing age, a review of reproductive status (pregnancy); and
- For post-partum females, a review of breastfeeding status;
- Necessary laboratory studies, tests, or other procedures;
- Special dietary needs and restrictions associated with medication use.

Reassessments must ensure that the provider prescribing psychotropic medication notes in the client's record:

- The appropriateness of the current dosage;
- All medication being taken and the appropriateness of the mixture of the medications;
- Any side effects, abnormal and/or involuntary movements if treated with an anti-psychotic medication; and



- The reason for the use of the medication and the effectiveness of the medication.

C. Informed consent

- Informed consent must be obtained from the person and/or legal guardian for each psychotropic medication prescribed. Active involvement of the person served, when able, or their parent/guardians should be solicited in making decisions related to the use of medications. In 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](#). It is preferred that the prescribing clinician provide information forming the basis of an informed consent decision. In specific situations in which this is not possible or practicable, information may be provided by another credentialed behavioral health medical practitioner or registered nurse with at least one year of behavioral health experience.

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.

For more information regarding informed consent, please see [Section 3.11, General and Informed Consent to Treatment](#).

D. Psychotropic Medication Monitoring

Psychotropic medications must be monitored. While T/RBHAs may establish additional guidelines or timelines beyond ADHS/DBHS minimum requirements, at a minimum, these must include:

- Heart Rate and Blood Pressure
On initiation of any medication and at least every six months thereafter, or more frequently as clinically indicated
- Weight
On initiation of any medication and at least every six months thereafter, or more frequently as clinically indicated.
- Abdominal girth
For individuals at least 18 years old, on initiation of any medication and at least every six months thereafter, or more frequently as clinically indicated
- Body Mass Index (BMI)



On initiation of any medication and at least every six months thereafter, or more frequently as clinically indicated.

■ Abnormal Involuntary Movements (AIMS)

On initiation of any antipsychotic medication and at least every six months thereafter, or more frequently as clinically indicated.

■ Fasting glucose

On initiation of any medication affecting this parameter and at least annually thereafter or more frequently as clinically indicated.

■ Lipids

On initiation of any medication affecting this parameter and at least annually thereafter or more frequently as clinically indicated.

■ Complete Blood Count (CBC)

On initiation of any medication affecting this parameter and at least annually thereafter or more frequently as clinically indicated.

■ Liver function

On initiation of any medication affecting this parameter and at least annually thereafter or more frequently as clinically indicated.

■ Lithium level

Within one month of initiation of lithium or significant change in dose and at least annually thereafter or more frequently as clinically indicated.

■ Thyroid function

Within one month of initiation of lithium and at least annually thereafter or more frequently as clinically indicated.

■ Renal function

Within one month of initiation of lithium and at least annually thereafter or more frequently as clinically indicated.

■ Valproic acid level

Within one month of initiation of valproic acid or divalproex or significant change in dose and at least annually thereafter or more frequently as clinically indicated.

■ Carbamazepine level

Within one month of initiation of carbamazepine or significant change in dose and at least annually thereafter or more frequently as clinically indicated.

E. Polypharmacy:



- ADHS/DBHS recognizes two types of polypharmacy: intra-class polypharmacy and inter-class polypharmacy. (See [Polypharmacy Use: Assessment of Appropriateness and Importance of Documentation Practice Protocol](#)). 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. must contain documentation specifically describing the rationale and justification for the combined use.

F. Documentation requirements:

The Clinical Record for each prescribed person for whom medication is prescribed must be up-to-date and include all medications including nonprescription and nonpsychoactive medications and specify:

- The name of the medication
- The dosage
- The frequency
- Instructions for use, including the method/route of administration
- The prescribing professional

G. Reporting Requirements:

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

- Adverse drug reactions
- Adverse drug event
- Medication errors

The above referenced events must be identified, reported, tracked, reviewed and analyzed by the CSP Utilization Review Coordinator and the QM/UM Committee.

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.

H. CSP Medication Dispensing Procedures and Management:



Medications are dispensed through contract, tribal, local, or Indian Health Service pharmacies. Tucson Program:

The Centered Spirit Clinic is currently operating out of the Opioid Treatment Program, New Beginnings and is staffed by nurses.

- 1) The clinic receives and securely stores all medications received from contracted or other pharmacies. Medications are prepackaged and labeled appropriately at the pharmacies prior to arriving at CSP.
- 2) Medications that are expired (including samples) are collected and turned over to DEA for safe disposal periodically.
- 3) Samples:
 - a. The New Beginnings Clinic provides secure storage of all sample medication.
 - b. An inventory of sample medication is kept and updated by nursing staff.
 - c. When samples are dispensed, nursing staff label and package the medications appropriately.
- 4) Filling of Prescriptions
 - a. The CSP New Beginnings LPN Supervisor coordinates all activities with the pharmacy to ensure that CSP client's prescriptions are filled and delivered to the CSP clinic.

Guadalupe Program:

The Community Health Nursing staff receives and stores medications from contracted pharmacies.

1. Ready access is provided to the telephone number of a poison control center for staff members and persons served.
2. When psychotropic medications are prescribed by primary care physicians, the CSP consulting psychiatrist coordinates care.
3. The CSP consulting psychiatrist writes all new and continuing orders for medications some of which can be administered the Guadalupe CHN program.
4. Medications are only administered as they are prescribed by the consulting psychiatrist.
5. Any client seeking re-fills or changes in their medication must be directed to the psychiatrist. When off-site, the psychiatrist is available to respond to such inquiries by telephone. Under no circumstances should clients be steered to other primary care providers for psychotropic medications.
6. Upon notification of a medication recall from the manufacturer or the FDA, each Guadalupe client will be personally notified by nursing staff and arrangements for an alternate medication regimen will be developed with the treating program psychiatrist.



7. For 24/7 consultation regarding medications clients are instructed to contact the CSP crisis line.
8. Clients are instructed to contact 911 immediately if they experience any adverse medication reaction that is believed to be a medical emergency and are told to contact CSP to report any adverse or allergic reaction to their prescribed medication.
9. The use of medications is required to be integrated into the individual plan for each person served by the individual therapist coordinating services.

I. Medication Training:

General Medication training is provided to clients and/or their families if the psychiatrist has indicated the need in the psychiatric evaluation or Treatment Plan. Medication training for staff members shall be provided by a psychiatrist or within an Essential Learning Module. Training will address the following areas:

- 1) How the medication works.
- 2) Risks associated with each medication.
- 3) Intended benefits as related to the behavior or symptom targeted by this medication.
- 4) Side effects.
- 5) Contraindications.
- 6) Potential implications between medications and diet/exercise.
- 7) Risks associated with pregnancy
- 8) Importance of taking medications as prescribed, including when applicable the identification of potential obstacles to adherence.
- 9) The need for Laboratory monitoring.
- 10) The rationale for each medication.
- 11) Early signs of relapse related to medication efficacy.
- 12) Signs of non-adherence to medications prescriptions.
- 13) Potential drug reactions when combining prescription and non-prescription medications including alcohol, tobacco, caffeine, illicit drugs, and alternative medications.
- 14) Instructions on self-administration, when applicable.
- 15) Wellness management and recovery planning.
- 16) The availability of financial supports and resources to assist the clients with handling the costs associated with medications.

Medication Training for BHT's who assist in the self-administration of medication at the Guadalupe Outpatient Treatment Center includes:

- 1) is provided by a medical practitioner or a registered nurse or an individual trained by a medical practitioner or registered nurse; and
- 2) includes:



- a. A demonstration of the personnel member's skills and knowledge necessary to provide assistance in the self-administration of medication,
 - b. identification of medication errors and medical emergencies related to medication that require emergency medical intervention, and
 - c. process for notifying the appropriate entities when an emergency medical intervention is needed.
- 3) training above is completed before the BHT provides assistance in the self-administration of medications and
 - 4) training ensures that assistance with the self-administration of medication provided to a patient is in compliance with an order, and documented in the patient's medical record.

J. CSP Medication Utilization Monitoring:

CSP drug utilization monitoring includes a bi-annual peer reviews process conducted by psychiatry staff on a representative sample of records and assesses:

- 1) The Appropriateness of each medication as determined by:
 - a) the needs and preferences of the each person served.
 - b) the efficacy of the medication
- 2) To Determine if:
 - a) the presence of side effects, unusual effects, and contraindications were identified and addressed
 - b) Necessary Lab tests were conducted.
- 3) To identify:
 - a) The use of multiple simultaneous medications
 - b) Medication interactions.
- 4) Surveys are conducted with consumers on Medication Utilization and includes measures of:
 - a) effectiveness; and
 - b) Satisfaction.

taken at three months, 6 months, and 12 months, and annually thereafter.

Results of the peer reviews and consumer surveys are be documented and subject to Utilization review and Quality Management. Results are discussed during the quarterly QM/UM meeting and included in overall performance management.