

DEVELOPMENTAL DISABILITIES ADMINISTRATION  
Olympia, Washington

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TITLE: PSYCHOTROPIC MEDICATIONS 5.16

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<p>Authority:</p>	<p><a href="#">Chapter 69.41 RCW</a> <a href="#">Title 71A RCW</a> <a href="#">Chapter 246-888 WAC</a> <a href="#">Chapter 388-101 WAC</a>  <a href="#">Chapter 388-101D WAC</a>  <a href="#">Chapter 388-825 WAC</a></p>	<p><i>Legend Drugs - Prescription Drugs</i> <i>Developmental Disabilities</i> <i>Medication Assistance</i> <i>Certified Community Residential Services and Supports</i> <i>Requirements for Providers of Residential Services and Supports</i> <i>Developmental Disabilities Services</i></p>
<p>Reference:</p>	<p><a href="#">DDA Policy 5.06</a> <a href="#">DDA Policy 5.14</a> <a href="#">DDA Policy 5.15</a> <a href="#">DDA Policy 5.21</a>  <a href="#">DDA Policy 5.22</a>  <a href="#">DDA Policy 6.19</a></p>	<p><i>Client Rights</i> <i>Positive Behavior Support Principles</i> <i>Restrictive Procedures: Community Functional Assessments and Positive Behavior Support Plans</i> <i>Restrictive Procedures: Residential Habilitation Center</i> <i>Residential Medication Management</i></p>

**BACKGROUND**

Clients have the right to a dignified existence, to self-determine, and communicate or associate with people of their choosing. To benefit from these rights, the client has the right to health care assessments and plans of care, right to participate in and direct health care 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*, and [DDA Policy 5.21](#), *Functional Assessments and Positive Behavior Support Plans*.

When a client's physical or behavioral health symptoms require medical intervention, psychotropic medications may be prescribed. Psychotropic medications 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 health and medical conditions are supported with the fewest number of medications at the lowest effective dose for the client in context of the client's entire drug and medication regimen and non-medication physical, behavioral health interventions.

### **PURPOSE**

The purpose of this policy is to assure a client's physical and behavioral health needs are routinely assessed and treatment options are generated for a client along with the client's legal representative to make informed medical, behavioral health decisions. This policy establishes guidelines for presenting accurate information about psychotropic medications, their side effects, how psychotropic medications are monitored, and how monitoring results are communicated to the prescriber for assessment.

### **SCOPE**

This policy applies to the following DDA contracted residential service programs for adults:

- Supported living (SL)
- Group homes (GH)
- Group training homes (GTH)
- Alternative living (AL)
- Companion homes (CH)
- State-operated living alternatives (SOLA)
- Crisis diversion bed and support services

### **DEFINITIONS**

**Behavior** means an action that can be observed and counted.

**Behavioral health condition** is the condition resulting from the combination of emotions, behaviors, and biology affecting a person's self-concept and ability to function in daily life. It may include diagnoses contained in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5).

**Medication administration** is the direct application of a prescribed medication whether by injection, inhalation, ingestion, or other means, to the body of the client by a person legally authorized to do so.

**Medication assistance** is assistance with self-administration of medication under [Chapter 69.41 RCW](#) and [Chapter 246-888 WAC](#) by a non-practitioner to a client receiving certified community residential services and supports.

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

**Psychotropic medications** means medications prescribed to treat a mental illness. Psychotropic medications include antipsychotics, neuroleptics, atypical antipsychotics, antidepressants, anticonvulsants, anti-mania drugs, medications to treat symptoms of dementia, as well as psychotropic medications such as stimulants, sedatives, hypnotics, and anti-anxiety drugs. Regardless of classification, any drug used to alter mood or behavior is considered a psychotropic medication for the purposes of this policy.

**Target behavior** means a behavior identified by the service provider that needs to be modified or replaced.

## **POLICY**

- A. Client with a developmental disability and behavioral health condition must have access to assessment and treatment options addressing physical health and non-medical behavioral health conditions, and information outlining the benefits and risks of psychotropic medications.
- B. For a client who has a behavioral health condition and is prescribed a psychotropic medication, the provider must have a Psychotropic Medication Treatment Plan.
- C. A client who takes psychotropic medication to treat a behavioral health condition only requires a FA and PBSP when:
  - 1. Required by [DDA Policy 5.21](#), *Functional Assessments and Positive Behavior Support Plans*;
  - 2. A psychotropic medication is prescribed on a PRN basis to manage or alter the client's target behavior.
- D. Adult residential service providers must not administer medications for a client or assist a client to self-administer medications if consent has not been given. For more information, see [DDA Policy 6.19](#), *Residential Medication Management*.

## **PROCEDURES**

- A. **Assessment**
  - 1. When a client's observed behavior or behavioral health symptoms change from their baseline significantly or persistently, the client's physical, medical and

dental conditions should be assessed for their impact on the changes in behavior.

2. If no medical or dental conditions are identified or contribute to persistent changes in baseline behavior, a behavioral health assessment including a psychiatric assessment, should be obtained.
3. Behavioral health, psychiatric assessments may be completed by a psychiatrist, a clinician (such as a psychologist), a physician's assistant, or an advanced registered nurse practitioner (ARNP). The treating professional should have experience in treating people with developmental disabilities with behavioral health conditions.
4. Prior to the behavioral health assessment, service provider staff will prepare a psychiatric referral summary and send or take this to the treatment professional conducting the assessment. The summary should briefly describe the frequency and severity of the client's symptoms or behaviors and what has been tried previously. [DSHS 13-851](#), *Psychiatric Referral Summary*, may be used for this purpose.
5. If a client prefers to visit their treatment professional independently, without the assistance of a residential service provider, respect the client's choice and:
  - a. Offer to send the service provider supporting information;
  - b. Document the client's choice in the client's record; and
  - c. Document in the client's record whether the client is assessed as capable of self-monitoring their medications or requires assistance.

**B. Psychotropic Medication Treatment Plan (PMTP)**

1. After the assessment, if the treatment professional recommends psychotropic medication for ongoing or PRN (*pro re nata: as needed*) use, the prescribing professional or service provider must document this in a Psychotropic Medication Treatment Plan. [DSHS 13-851A](#), *Psychotropic Medication Treatment Plan*, may be used for this purpose. The plan must include the following:
  - a. A description of the symptoms or conditions for which the medication is prescribed and the behavioral health diagnosis, if available;
  - b. The name, dosage, and frequency of the medication (subsequent changes in dosage may be documented in the client's medical record);
  - c. The length of time considered sufficient to determine if the medication is effective (i.e., treatment trial);

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- d. The behavioral criteria to determine whether the medication is effective (i.e., changes in observed behavior that will indicate changes in mood, thought, or functioning that are evidence the medication is effective); and
      - e. The anticipated schedule of visits with the prescribing professional.
    2. The prescriber or the service provider must update the PMTP if there is a change in medication type, including intraclass changes (e.g., Prozac to Paxil). Dose changes do not require an updated PMTP and may be documented on the client's medication sheet.
    3. The prescribing professional is responsible for obtaining informed consent when necessary from the client, the client's legal representative, or another person authorized to provide consent for healthcare on behalf of the client under [RCW 7.70.065](#).
      - a. Service providers must retain a copy of the signed consent form, if available, in the client's record.
      - b. If the client's legal representative refuses to give consent, the service provider must encourage the legal representative to meet with the treatment professional to discuss the medication issue.
      - c. If not resolved the service provider must report the matter to the client's Case Resource Manager, who must consult with the Field Services Administrator, and the Attorney General's Office if appropriate.
      - d. DDA will work with the service provider to develop a plan to address the situation.
    4. Service provider staff must review with the client and the client's legal representative the name, purpose, potential side effects and any known potential drug interactions of the medication.
      - a. Service provider staff should base such discussion on the written information supplied by the dispensing pharmacy whenever possible.
      - b. The *Information Regarding Psychotropic Medication* section of [DSHS 13-851A](#), *Psychotropic Medication Treatment Plan*, may be used to document the medication review.
    5. Service provider must have available electronically or in hard copy for staff and clients an information sheet for each psychotropic medication that is being used by clients served by the service provider. The information sheet must:
      - a. Describe potential side effects and potential adverse drug interactions associated with use of the medication; and

- b. If possible, be the information sheet provided by the dispensing pharmacy.
6. When clients require assistance with taking psychotropic medications, staff must follow the procedures in [DDA Policy 6.19](#), *Residential Medication Management*.
7. Non-pharmaceutical supports used to assist in the treatment, reduction, or elimination of the client's symptoms or behaviors must be documented in the client's positive behavior support plan or another written plan. For more information, see [DDA Policy 5.14](#), *Positive Behavior Support Principles*, and [DDA Policy 5.21](#), *Functional Assessments and Positive Behavior Support Plans*.

### C. **Monitoring Psychotropic Medications**

1. The service provider must monitor a client to help determine if the medication is effective based on criteria identified in the client's PMTP. If the medication does not appear to have the desired effects, the service provider must communicate this to the prescribing professional.
2. The service provider must observe the client for any changes in behavior or health that might be side effects of the medication and inform the prescribing professional of any concerns. This includes any observed changes, especially sudden changes, in mood, behaviors, thoughts, or feelings, or suicidal thoughts or actions. This is especially important when an antidepressant medicine is started or when the dose is changed.
3. The service provider should request that the prescribing professional see the client at least every three months unless the prescribing professional recommends a different schedule. The service provider must document the visitation schedule in the client's treatment plan.
4. Continued need for the medication and possible reduction should be assessed at least annually by the prescribing professional. [DSHS 13-851C](#), *Psychotropic Medication Treatment Plan: Annual Continuation of Medication*, may be used for this purpose.

### **EXCEPTIONS**

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

### **SUPERSESSON**

DDA Policy 5.16, *Use of Psychoactive Medications*  
Issued July 1, 2017

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

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