

DEVELOPMENTAL DISABILITIES ADMINISTRATION
Olympia, Washington

TITLE: PSYCHOTROPIC MEDICATIONS 5.16

<p>Authority:</p>	<p>42 C.F.R. 441.301(c)(4) Title 71A RCW Chapter 71A.26 RCW Chapter 69.41 RCW Title 71A RCW Chapter 246-888 WAC Chapter 388-101 WAC Chapter 388-101D WAC Chapter 388-825 WAC Chapter 388-826 WAC</p>	<p><i>Home and Community-Based Settings</i> <i>Developmental Disabilities</i> <i>Client Rights</i> <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> <i>Out-of-Home Services</i></p>
<p>Reference:</p>	<p>DDA Policy 5.06 DDA Policy 5.14 DDA Policy 5.15 DDA Policy 5.19 DDA Policy 5.20 DDA Policy 5.21 DDA Policy 5.22 DDA Policy 6.19</p>	<p><i>Client Rights</i> <i>Positive Behavior Support Principles</i> <i>Restrictive Procedures: Community</i> <i>Functional Assessment and Positive Behavior</i> <i>Support Planning for Youth in Staffed Residential Settings</i> <i>Restrictive Procedures and Physical Intervention with Children and Youth</i> <i>Functional Assessments and Habilitative 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 Habilitative Behavior Support Plans*, [DDA Policy 5.19](#), *Positive Behavior Support for Children and Youth*, or [DDA Policy 5.20](#), *Restrictive Procedures and Physical Interventions with Children and Youth*.

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 by the client's prescriber 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:

- Supported living
- Group homes
- Group training homes
- Alternative living
- Companion homes

- Stabilization, assessment, and intervention facility
- Crisis diversion bed and support services
- State-operated living alternatives for adults and children
- Children’s staffed residential homes

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.

Prescriber, for the purposes of this policy, means the medical professional with prescribing authority.

Provider, for the purposes of this policy, means the residential habilitation provider in the scope of this policy.

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

Psychotropic medication means medication 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 provider that needs to be modified or replaced.

POLICY

- A. 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 is prescribed a psychotropic medication to treat a behavioral health condition, the provider must document in the client's record:
1. Dates the client meets with the prescriber;
 2. Medical or behavioral information provided to the prescriber;
 3. A drug information sheet for the medication obtained from the prescriber, pharmacy, or a nationally recognized source for prescription drug information;
 4. When the client's legal representative requests copies of the drug information sheets, the provider must document the dates the sheets were sent;
 5. Whether the client attended the appointment independently, with the provider, or with a third party;
 6. Whether the provider was present when the prescriber examined the client; and
 7. Reports made to the prescriber:
 - a. When the medication does not appear to have the prescriber's intended effect; or
 - b. Changes in behavior or health might indicate an adverse side effect of the medication.
- C. A client who takes psychotropic medication to treat a behavioral health condition only requires an FA and PBSP if:
1. Required by [DDA Policy 5.21](#) or [DDA Policy 5.19](#); or
 2. A psychotropic medication is prescribed on a PRN basis to manage or alter the client's target behavior.

- D. A provider supporting an adult client must not administer medications for the client or assist the 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 should be assessed for any physical, medical or dental changes that could potentially impact 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 or 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. Before the behavioral health assessment, provider staff will prepare a psychiatric referral summary and provide it for 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 an adult client prefers to visit their treatment professional independently, without the assistance of a residential provider, respect the client's choice and:
 - a. Offer to send the 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. Supporting Clients with Psychotropic Medications

1. The provider must have an information sheet for each psychotropic medication used by each client served by the provider. The information sheet must:

- a. Describe potential side effects and potential adverse drug interactions associated with use of the medication;
 - b. If possible, be the information sheet provided by the dispensing pharmacy; and
 - c. Be available electronically or in hard copy for staff and clients.
2. When clients require assistance with taking psychotropic medications, staff must follow the procedures in [DDA Policy 6.19](#), *Residential Medication Management*.
 3. 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 habilitative behavior support plan or another written plan. For more information, see [DDA Policy 5.14](#), [DDA Policy 5.21](#), and [DDA Policy 5.19](#).

C. **Monitoring Psychotropic Medications**

1. The provider must monitor a client to help determine if the medication is effective based on the prescriber's instructions. If the medication does not appear to have the desired effects, the provider must communicate this to the prescribing professional.
2. The 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, feelings, suicidal thoughts or actions, or symptoms of neuroleptic malignant syndrome or serotonin syndrome. This is especially important when an antidepressant medicine is started or when the dose is changed.
3. The provider should request that the prescribing professional see the client at least every three months unless the prescribing professional recommends a different schedule. The provider must document the visitation schedule in the client's record.

EXCEPTIONS

Any exception to this policy must have the prior written approval of the deputy assistant secretary or designee.

TITLE:

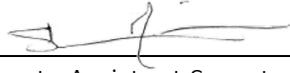
PSYCHOTROPIC MEDICATIONS

5.16

SUPERSESSION

DDA Policy 5.16, *Use of Psychoactive Medications*
Issued May 1, 2022

Approved:



Deputy Assistant Secretary
Developmental Disabilities Administration

Date: July 1, 2023