



DIVISION OF DEVELOPMENTAL DISABILITIES
Olympia, Washington

TITLE: ADMINISTRATION OF PSYCHOACTIVE MEDICATIONS FOR BEHAVIOR SUPPORT OR TREATMENT OF MENTAL ILLNESS POLICY 9.02

Authority: Title 42 CFR 483.15A, 483.25, 483.450
[Chapter 71A RCW - Developmental Disabilities](#)
[Chapter 74.42 RCW - Nursing Homes](#)

Reference: DDD Policy 5.11, *Restraints*
DDD Policy 5.14, *Positive Behavior Support*
DDD Policy 5.15, *Use of Restrictive Procedures*
DDD Policy 7.03, *Informed Consent*

PURPOSE

Some individuals with developmental disabilities who exhibit mood or other psychiatric disorders may be appropriately treated by the administration of psychoactive drugs, which may act to enhance the person's health or inhibit illness, manage and improve persistent challenging behavior, and enhance the person's quality of life.

This policy ensures conformity with state and federal laws and regulations when administering psychoactive medications prescribed to treat a mental illness or assist in managing a person's behavior when such behavior poses a risk of harm to the person, others, or property.

SCOPE

This policy applies to Residential Habilitation Centers (RHCs) operated by the Division of Developmental Disabilities (DDD), and community Intermediate Care Facilities for Individuals with Developmental Disabilities (ICF/ID).

DEFINITIONS

Medication monitoring means to monitor a person's response to one or more prescribed medications. Monitoring includes observation of the person for side effects, correct dosage and intervals, and other medically approved best practice monitoring methods.

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

Psychoactive Medications means medications prescribed to improve or stabilize mood, mental status, or behavior. Psychoactive medications include antipsychotics/neuroleptics, atypical antipsychotics, antidepressants, stimulants, sedatives/hypnotics, and anti-mania and anti-anxiety drugs.

Tardive Dyskinesia means an abnormal condition characterized by involuntary, repetitious movements of the muscles of the face, tongue, neck, limbs, and the trunk. Dyskinesia can be an adverse effect of prolonged use of phenothiazine medications and most commonly affects older people or those with brain injuries. This condition may also result from medications such as metopromide and amoxepine.

POLICY

- A. Psychoactive drugs and other medications that are administered to manage a person's behavior or to treat a mental illness may only be prescribed by a psychiatrist, physician or Advance Registered Nurse Practitioner (ARNP), with the approval of an interdisciplinary team and in accordance with DDD Policy 7.03, *Informed Consent*.
- B. The use of such drugs and medications shall be in the best interest of the person to improve his/her quality of life. This policy does not authorize the use or threat of physical force for the administration of psychoactive medications.

PROCEDURES

- A. Prior to the administration of psychoactive medications, RHCs and community ICF/IDs shall ensure the following:
 - 1. For each person with a mental illness, there is an AXIS 1 diagnosis according to the Diagnostic and Statistical Manual of Mental Disorders (DSM IV-TR) given by a licensed psychologist, psychiatrist, or physician;
 - 2. The medical part of the person's Individual Habilitation Plan (IHP) or Individual Plan of Care (IPOC) includes:

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- a. A description of the behaviors for which the medication is prescribed or a mental health diagnosis, if available;
 - b. Justification for use of the medication(s), 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., what changes in behavior, mood, thought, or functioning are considered evidence that the medication is effective);
 - e. Plans to monitor medication side effects; and
 - f. Plans to simplify the number and types of medications and to reduce dosages and discontinue medications unless otherwise contraindicated.

Note: The information described above may be included in the person's Positive Behavior Support Plan (PBSP) if that is the facility's practice.

3. There is a written PBSP based upon a Functional Assessment (FA). The PBSP must describe the behaviors that indicate an emergency use of a psychoactive medication may be warranted. Refer to DDD Policy 5.14, *Positive Behavior Support*, and DDD Policy 5.15, *Use of Restrictive Procedures*, for additional information and requirements regarding FAs and PBSPs.
4. The facility's Human Rights Committee has reviewed and approved the person's treatment plan and PBSP;
5. Informed consent of the person and/or the person's legal representative or family member has been obtained for:
 - a. Administration of the medication(s); and
 - b. Implementation of the treatment plan/PBSP; and
6. Training and education has been provided to the person and the person's legal representative or family member regarding the risks and benefits of any prescribed medication as part of the informed consent process.

B. Psychoactive Medication Monitoring

1. The facility must monitor the person to help determine if the medication is being effective based on criteria identified in the treatment plan. If the medication appears not to have the desired effects, the facility staff must communicate this to the prescribing professional.
2. The facility staff must observe the person for any changes in behavior or health that might be side effects of the medication and inform the prescribing professional of any concerns.
3. Additionally, RHCs will use the Monitoring of Side Effects Scale (MOSES) and either the Abnormal Involuntary Movement Scale (AIMS) or Dyskinesia Identification System Condensed User Scale (DISCUS) for assessing psychoactive medication side effects. These tools will be used in accordance with their published guidelines.
4. At least every ninety (90) days:
 - a. A physician and a clinical pharmacist must review and document the status of the person for any adverse effects; and
 - b. A physician must document the presence or absence of tardive dyskinesia in the person's medical record.
5. Continued need for the medication must be assessed at least annually by the prescribing professional.

C. Emergency Use of Psychoactive Medications

Administration of psychoactive medications on an emergency basis must meet the requirements of DDD Policy 5.11, *Restraints*, regarding chemical restraints and DDD Policy 5.15, *Use of Restrictive Procedures*.

EXCEPTIONS

No exceptions to this policy may be authorized without the prior written approval of the Division Director.

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SUPERSESSSION

DDD Policy 9.02

Issued February 1, 2009

Approved: /s/ Linda Rolfe
Director, Division of Developmental Disabilities

Date: January 3, 2012