



# Eckerd CONNECTS™

## Psychotropic Medications

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## In this training we will discuss:

- ❖ What Is A Psychotropic Medication
- ❖ Side Effects of Psychotropic Medications
- ❖ Behavioral Health Services
- ❖ Children Entering Care on Medications
- ❖ 5339's – The Medical Report
- ❖ Administering Psychotropic Medications
  - Parental Consent and Court orders
  - Medication Consults
- ❖ Medication Monitoring
- ❖ ECA Audit Procedures
- ❖ FAQ'S Questions and Answers
- ❖ Additional Trainings



# What in the World are Psychotropic Medications?

**Any medication used to stabilize or improve mood, mental status, behavior, or mental illness is a psychotropic medication.**

Psychotropic Medications “Psychotropic Medication” means any medication prescribed with the intent to stabilize or improve mood, mental status, behavioral symptomatology, or mental illness and those substances, though prescribed with the intent to treat other medical conditions, have the effect of altering brain chemistry. They can involve any of the medications in the categories listed below. The medications include, without limitation, the following major categories:

- Antipsychotics
- Antidepressants
- Sedative Hypnotics
- Lithium
- Stimulants
- Non-stimulant Attention Deficit Hyperactivity Disorder medication
- Anti-dementia medications and cognition enhancers
- Anticonvulsants (Seizure Medications)



# What in the World are Psychotropic Medications?

**Commonly seen psychotropic medications prescribed to children in care, however not limited to, are listed below:**

## Stimulants:

- Concerta, Focalin, Metadate, Quillivant, Ritalin, Adderall, Methamphetamine, Vyvanse

## Non-Stimulants:

- Strattera, Intuniv, Clonidine

## Anti-psychotics

- Halodol, Abilify, Zyprexa, Risperdal, Seroquel, Geodon

## Mood Stabilizers:

- Depakote, Lithium, Lamictal, Trileptal, Trazadone



# Side Effects Of Psychotropic Meds

Psychotropic medications has several effects on children. They can even cause debilitating and/or life altering effects.

## Some common side effects are, but not limited to:

- Seizures
- Uncontrollable Movements such as tics/tremors
- Muscle Loss
- Muscle Spasms
- Sleep Issues, Restlessness, Drowsiness
- Personality Changes, Mood Swings
- Blood Pressure Fluctuations
- Dizziness
- Vomiting
- Blurred or Double Vision
- Itching, rash
- Swelling of the eyes, face, lips, tongue, throat, hands, feet, ankles, or lower legs.
- Damage to organs
- **Worst Case Scenario they could potential cause death due to misuse and/or from over prescribing medications.**

It is Vital that Agencies are monitoring for any side effects at home visits and through conversations with the caregivers. This must be documented and any issues reported to the prescribing physician



# Before Psychotropic Medications..

## **CMO must look into Behavioral Health Services to assist with modification of children's behaviors:**

- Behavioral health services shall be provided to children in out-of-home care once the need for such services is identified.
- Prior to prescribing a psychotropic medication, the practitioner must consider other treatment interventions that may include medical, mental health, behavioral, counseling, or other services. All decision-making shall be guided by the principle that it is important to comprehensively address all of the concerns in a child's life – family, legal, health, education, and social/emotional issues – as well as to provide behavioral supports and parent training, so that a child's behavioral and mental health issues can be addressed in the least restrictive setting and in a comprehensive treatment plan.
- The child's case manager shall ensure that all behavioral health services that are identified in behavioral health assessments or prescribed by a medical or mental health professional have been integrated into the child's case plan and are provided to the child.



# Before Psychotropic Medications..

- Prior to prescribing a psychotropic medication, the practitioner must consider the child's history for conditions that may indicate the presence of brain injury (for example, blows to head, fetal alcohol syndrome, loss of consciousness, head scars, fever above 104°) and document any follow-up assessments or referrals on the Medical Report.
- The administration of medication for the sole purpose of chemical restraint is strictly prohibited.
- Additional Intervention can consist of but are not limited to:
  - Counseling, therapy, mentors, meditation, positive thinking, exercise, physical activities, diet, and other age appropriate activities



# Children Entering Into OHC on Psychotropic Medications

**When a child protective investigator (CPI) takes a child into custody he or she must ascertain whether the child is taking psychotropic medications. If so, the CPI must determine the purpose of the medication, the name and phone number of the prescribing practitioner, the dosage, instructions regarding administration (e.g., timing, whether to administer with food), and any other relevant information.**

- The CPI must seek written authorization from the parent or legal guardian to continue administration of currently prescribed psychotropic medications. The authorization shall be documented on the “Emergency Intake” form. This authorization is good for the first 60 calendar days the child is in shelter status.

**In order for medication to be administered to a child, the medication must be a current prescription, in the original container, and clearly marked.**

- If the medication is not in the original container, is not clearly marked, or is not the child’s current prescription, the child shall not be continued on the medication unless the prescribing practitioner or the dispensing pharmacy confirms that the child is currently on the prescribed medication and provides a new prescription to be filled or refilled.

**If the CPI is informed that the child is currently taking prescribed psychotropic medication, however, the original container is unavailable or the label on the container provided is indiscernible, the child must be evaluated by a practitioner at the initial health screening to determine if the medication is needed and provided instruction on proper dosing.**





# Children Entering Into OHC on Psychotropic Medications

**If parental authorization is not obtained and the CPI receives a medical opinion that the child needs to continue taking the medication, the medical opinion must be in writing and provided to Children's Legal Services.**

- Children's Legal Services must file a motion requesting that continuation of the medication be determined at the shelter hearing. The motion must indicate the prescribing practitioner's reasons for wanting to continue the medication and provide the court with any other available information relevant to the request.

**Authorization in a shelter order to continue the medication is **only valid for 28 calendar days** following the date of removal or until the arraignment hearing on the petition for dependency, whichever occurs first.**

- Within 28 calendar days of removal, the child must be evaluated by a practitioner to determine whether it is appropriate to continue the medication.

**The CPI shall document in FSFN all actions in regards to the provision of the medication within three (3) business days of receipt of the parent or legal guardian authorization or court order approving the medication.**



# 5339– Medical Reports

- ▶ Serves as a Medical Report AND documents consent received from parents
- ▶ Needed for all children in out of home care (in foster homes, group homes or with relatives).
- ▶ Case manager is responsible for providing all medical history/ previous treatment information to the prescribing physician.
- ❖ **The only time this is not needed is for children who may have dependency involvement, but still reside with their parents- parents provide consent**



# 5339– Medical Reports

## **New 5339's must be completed when:**

- Psychotropic medication is being initially prescribed; regardless if the psychotropic medication is being prescribed for medical or mental health reasons
- There is a change in prescribing physician for any reason
- Change in medication dosage; unless it falls within previously prescribed dosage range
- Change in medication; unless it's being changed from brand to generic equivalent
- Change in administration instructions
- Change in child's legal status (in cases when parents have previously provided consent, but their parental rights are being terminated)



# 5339/Medical Report Walkthrough

The 5339/Medical Report Must Have All 6 Pages filled out and included to be a Valid Report.



Prescribing Psychotropic Medication  
Children in Out-of-Home Care  
**MEDICAL REPORT**

**OPTION FOR PHYSICIAN:**

YOU MAY SUBSTITUTE A MEDICAL REPORT PREPARED BY YOUR OFFICE AS LONG AS THE MEDICAL REPORT SUBSTITUTED ADDRESSES ALL ELEMENTS IN THIS REPORT. PLEASE NOTE THAT IF A COURT ORDER IS NEEDED TO ADMINISTER THIS MEDICATION, SOME JUDGES MAY ASK FOR ADDITIONAL INFORMATION.

Dear Physician:

The attached Medical Report has been developed to guide the treatment of children in the custody of the Florida Department of Children and Families who are prescribed a psychotropic medication. These children are not residing with their parent or legal guardian.

- Prior to prescribing a psychotropic medication, s. 39.407, F.S., requires the prescribing physician to attempt to obtain express and informed consent from the child's parent or legal guardian. This is required even when the medication is prescribed for medical reasons unrelated to behavioral healthcare.
- In the absence of the parent's express and informed consent or in emergency situations, the completed and signed Medical Report will be submitted to the court and admitted into evidence at a hearing. The information in the report will be used in lieu of a court appearance by the physician. Therefore, it is critical that all information contained in the report be complete and thorough.
- Express and informed consent may only be given by the child's parent or legal guardian. In no case may the dependency case manager, child protective investigator, or the child's caregivers provide express and informed consent for a child to be prescribed a psychotropic medication.

Florida Statute 39.407, F.S., requires physicians who prescribe psychotropic medications to children in out of home care to complete a medical report that includes the following information:

1. A statement indicating that the physician has reviewed all medical information which has been provided concerning the child.
2. A statement indicating that the psychotropic medication, at its prescribed dosage, is appropriate for treating the child's diagnosed medical condition, as well as the behaviors and symptoms the medication, at its prescribed dosage, is expected to address.
3. An explanation of the nature and purpose of the treatment; the recognized side effects, risks, and contraindications of the medication; drug-interaction precautions; the possible effects of stopping the medication; and how the treatment will be monitored, followed by a statement indicating that this explanation was provided to the child if age appropriate and to the child's caregiver.
4. Documentation addressing whether the psychotropic medication will replace or supplement any other currently prescribed medications or treatments; the length of time the child is expected to be taking the medication; and any additional medical, mental health, behavioral, counseling, or other services that the prescribing physician recommends.

Thank you for your work with children in the out of home care system.

An electronic version of this form can be downloaded from <http://www.dcf.state.fl.us/DCFForms/Search/DCFFormSearch.aspx>, and the form can be filled in on-line, saved, and then return by email.



# 5339/Medical Report Walkthrough

CM Must Fill Out this Page Prior to Appointment



Prescribing Psychotropic Medication  
Children in Out-of-Home Care  
**MEDICAL REPORT**

**THIS PAGE TO BE COMPLETED BY CASE MANAGER**

**SECTION 1: CHILD'S INFORMATION**

Name	
DOB	Gender
Case Manager's Name	Phone Number
Case Manager's Supervisor's Name	Phone Number
DCF Contracted Agency	FAX Number
Guardian Ad Litem	Phone Number
Child's Attorney	Phone Number
Primary Care Physician	Phone Number
Caregiver	Phone Number
<input type="checkbox"/> Foster Home <input type="checkbox"/> Group Care/Residential <input type="checkbox"/> Relative/Non-Relative Caregiver	
<input type="checkbox"/> Child's parents' rights are intact and the parents or legal guardian may sign consent for psychotropic medications.	
Mother's Name	Phone Number
Father's Name	Phone Number

Court order for psychotropic medications will be sought if: parents refuse to consent for psychotropic medications, parents are not available to consent for psychotropic medications, or the child is permanently committed to the Department.

The child has the following known medical conditions/diagnosis/chronic illness:

The child has the following known food/drug allergies:

**SECTION 2: INFORMATION PROVIDED TO PHYSICIAN**

Briefly list any persons consulted, tests performed, and documents reviewed in conjunction with this child's evaluation. (NOTE: The dependency case manager is responsible for providing all pertinent medical information known to the Department concerning the child.)

**Documents Provided: (check all that apply)**

<input type="checkbox"/> Medical Records
<input type="checkbox"/> Current health status, health services, medications (FSFN Medication Screen Print Outs)
<input type="checkbox"/> Current Health Physical Exam/Child Well Check-up
<input type="checkbox"/> School Records (Diagnostic; report card, IEP)
<input type="checkbox"/> Past Assessments: Psychological, Psychiatric, CBHA, Behavioral Health Assessments
<input type="checkbox"/> Other (list):

**Family/Child History of: (check all that apply) Family (Fm) Child (Cx)**

Substance abuse .....	<input type="checkbox"/> Fm	<input type="checkbox"/> Cx
Non-compliance with medications .....	<input type="checkbox"/> Fm	<input type="checkbox"/> Cx
History of/current psychiatric hospitalization...	<input type="checkbox"/> Fm	<input type="checkbox"/> Cx
Violence or threats to self or others .....	<input type="checkbox"/> Fm	<input type="checkbox"/> Cx
Depression .....	<input type="checkbox"/> Fm	<input type="checkbox"/> Cx
Social or Developmental Delays .....	<input type="checkbox"/> Fm	<input type="checkbox"/> Cx
Specific suicidal statements or actions .....	<input type="checkbox"/> Fm	<input type="checkbox"/> Cx
Psychiatric diagnoses .....	<input type="checkbox"/> Fm	<input type="checkbox"/> Cx
Current non-psychiatric medical condition .....	<input type="checkbox"/> Fm	<input type="checkbox"/> Cx
Recent change in mood or behavior .....	<input type="checkbox"/> Fm	<input type="checkbox"/> Cx
Mental health history .....	<input type="checkbox"/> Fm	<input type="checkbox"/> Cx
Academic or social difficulties .....	<input type="checkbox"/> Fm	<input type="checkbox"/> Cx
Running away .....	<input type="checkbox"/> Fm	<input type="checkbox"/> Cx
Domestic violence .....	<input type="checkbox"/> Fm	<input type="checkbox"/> Cx
Human trafficking .....	<input type="checkbox"/> Fm	<input type="checkbox"/> Cx
Traumatic experiences .....	<input type="checkbox"/> Fm	<input type="checkbox"/> Cx



# 5339/Medical Report Walkthrough

The Prescribing Doctor Must Fill Out All Areas Completely. (Must show appointment date, name, D.O.B, child's weight/height, each diagnosis, Medications with ranges, and each diagnosis per medication, side effects, when follow up should occur, and length of time to continue medication for.)



Prescribing Psychotropic Medication  
Children in Out-of-Home Care  
**MEDICAL REPORT**

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

**SECTION 3: MEDICAL INFORMATION (TO BE COMPLETED BY THE DOCTOR)**

Date of Appointment: \_\_\_\_\_ Child's Height: \_\_\_\_\_ Child's Weight: \_\_\_\_\_

ICD-10* Code	Diagnosis	Symptoms

\*ICD=International Classification of Diseases

**List all medications new and current (including OTC medications)**

Targeted ICD-10 Code(s)/Symptoms	Medication	Dosage	Titration	Dosage Range (max per day)	Indicate if: Continue, New or Dosage Change
					<input type="checkbox"/> Continue <input type="checkbox"/> New <input type="checkbox"/> Dose Change
					<input type="checkbox"/> Continue <input type="checkbox"/> New <input type="checkbox"/> Dose Change
					<input type="checkbox"/> Continue <input type="checkbox"/> New <input type="checkbox"/> Dose Change
					<input type="checkbox"/> Continue <input type="checkbox"/> New <input type="checkbox"/> Dose Change
					<input type="checkbox"/> Continue <input type="checkbox"/> New <input type="checkbox"/> Dose Change

Medication(s) being discontinued, tapered or temporarily suspended: (Describe medication plan. If medications are substituted, indicate what new medication is replacing.)

Side effects, precautions, contradictions, and risks of stopping medications for the caregiver to monitor: \_\_\_\_\_  Side effects to be attached

Follow up visit frequency:  Weekly    Monthly    2 Months    3 Months    4 Months    6 Months    Annually

The length of time the child is expected to be taking the medications is: \_\_\_\_\_



# 5339/Medical Report Walkthrough

The Prescribing Doctor Must Fill Out All Areas Completely. (Must show Name, DOB, Testing Need/Timeframe to complete, Medical Conditions, Persons Consulted. THIS IS WHERE IT MUST BE MARKED AND EXPLAINED WHY NEEDED; IF DEEMED AN EMERGENCY TO TAKE MEDICATIONS



Prescribing Psychotropic Medication  
Children in Out-of-Home Care  
**MEDICAL REPORT**

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Lab Monitoring / Other Tests needed: Check only those that apply .....  N/A, Labs not recommended

	Before start	Change in dose	Frequency		Before start	Change in dose	Frequency
<input type="checkbox"/> CBC <input type="checkbox"/> with differential, <input type="checkbox"/> w/o differential				<input type="checkbox"/> A.I.M.S.			
<input type="checkbox"/> Comprehensive metabolic panel				<input type="checkbox"/> Lithium level			
<input type="checkbox"/> Basic metabolic panel				<input type="checkbox"/> Electrocardiogram (ECG/EKG)			
<input type="checkbox"/> Urinalysis				<input type="checkbox"/> Depakote/Depakene level			
<input type="checkbox"/> Urine Toxicology Screen				<input type="checkbox"/> Neurological exam/assessment			
<input type="checkbox"/> Pregnancy test <input type="checkbox"/> urine <input type="checkbox"/> blood				<input type="checkbox"/> Lipid profile (HDL, LDL, Chol, Trig)			
<input type="checkbox"/> TSH				<input type="checkbox"/> Other Laboratory tests (specify):			

**Additional medical, mental health, behavioral, counseling, or other services recommended by the prescribing physician:**

Does child's medical history include conditions that may indicate the presence of brain injury?  Yes  No  Further assessment needed

Describe condition or assessment needed:

Other health conditions considered (list):

Persons Consulted or interviewed regarding the child's history:

Name of Person Consulted _____	Title/Relationship to Child _____
_____	_____
_____	_____

I have discussed with the child the reason for treatment; the proposed treatment; the purpose of the treatment to be provided; the common risks, benefits, and side effects of the treatment; the specific dosage range for the medication; alternative treatment options; the approximate length of care; the potential effects of stopping treatment; and how treatment will be monitored.

Child assents  Child does not assent  Child is not able to assent

Comments/reason for non-assent/inability to:

**\*CERTIFICATION OF SIGNIFICANT HARM.** This section must be completed when it is likely that the delay in taking the prescribed medication would cause significant harm to the child.

I hereby certify that delay in providing this prescribed psychotropic medication(s), \_\_\_\_\_, would more likely than not cause significant harm to the child for the following reasons:

\_\_\_\_\_

For these reasons, this medication should be provided in advance of the issuance of a court order pursuant to Section 39.407(3)(e)(1), F.S.

**\*If this section is not completed, there is no emergent need for this medication(s) and medication SHALL NOT be administered prior to court order or parental consent.**

This child is currently in a hospital, crisis stabilization unit, or psychiatric residential treatment center. I recognize that this finding statutorily pre-authorizes the Department to provide the proposed medication profile to the child immediately and prior to obtaining a court order. A court order must then be sought within three (3) business days.



# 5339/Medical Report Walkthrough

**THIS MEDICAL REPORT IS NOT VAILD AND DOES NOT ALLOW FOR START OF MEDICATIONS IF THERE IS NO SIGNATURE BY THE PRESCRIBING PHYSICAIN.**



Prescribing Psychotropic Medication  
Children in Out-of-Home Care  
**MEDICAL REPORT**

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

**SECTION 4: PHYSICIAN'S CERTIFICATION:** By completing and signing this report, I hereby certify the following to be true and accurate:

- An explanation of the nature and purpose of treatment; the recognized side effects, risks, and contraindications of the medication; drug-interaction precautions; the possible side effects of stopping the medication; and how the treatment will be monitored was provided to: the child, if age appropriate and individuals in attendance or consulted in relation to this appointment.
- A review has been conducted of all medical information concerning the child which has been provided.
- The psychotropic medication, at the prescribed dosage, is appropriate for treating the child's diagnosed medical condition, as well as the behaviors and symptoms the medication is expected to address.
- There is a need to prescribe psychotropic medication to the child based upon a diagnosed condition for which such medication is being prescribed.
- In the professional judgment of this prescribing practitioner, administering the above mentioned psychotropic medication(s) is in the best interest of the patient.

**\*If parental consent obtained:**

- I have discussed the information described above or attached regarding the prescribed psychotropic medication, the possible side effects, and potential medication interactions with the individual providing consent (biological parent, adoptive parent or legal guardian with documentation of Guardianship Order) and it is my clinical opinion that the person understands the information being provided. \*NOTE: Relative, Non-Relative, Foster Parents and other licensed caregivers cannot provide consent for psychotropic medications.
- I have discussed possible other treatments with the person providing informed consent (biological parent, adoptive parent or legal guardian with documentation).
- I have informed the person providing this consent he/she may withdraw consent orally or in writing, before or during treatment, by notifying the prescribing practitioner or nurse on duty.

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
License Number

\_\_\_\_\_  
Address

Child Psychiatrist    Psychiatrist    Pediatrician    Other: \_\_\_\_\_





# 5339/Medical Report Walkthrough

This page must be completed with all areas that apply filled out. This is where the case manager certifies that they understand the medication treatment and where Parent signs off for consents. Additionally this is where CM documents all attempts to gain consent from parent.



Prescribing Psychotropic Medication  
Children in Out-of-Home Care  
**MEDICAL REPORT**

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

**SECTION 5: PARENTAL CONSENT** – *Only parents, whose rights are still intact or individuals who have been granted legal or permanent guardianship by the court may consent to the administration of psychotropic medications.*

By signing this document I am certifying that I am a parent or legal guardian of the above-named child, that my child's treatment plan has been explained to me by a doctor, and that I understand the nature, purpose, benefits, and possible risks of this treatment plan. I understand that I have the right to object to my child taking the recommended medications and the right to have my objection heard by a judge. I understand that I may revoke my consent to the recommended medications at any time, and the Department will then be required to obtain a court order in order for my child to continue the medication(s).

- I attended the appointment in person on \_\_\_\_\_ (date) and spoke directly with the prescribing physician on that date.
- I attended the appointment by phone on \_\_\_\_\_ (date) and spoke directly with the prescribing physician on that date.
- I spoke with the physician in person or by phone on \_\_\_\_\_ (date) and spoke directly with the physician on that date.

Based on the information I have reviewed with the physician, I, \_\_\_\_\_  
Printed Name of Parent or Legal Guardian

- Consent** to the use of the psychotropic medication(s) listed on this form.  **Do not consent** to the use of the psychotropic medication(s) listed on this form.
- Consent to the use of the following medications (specify): \_\_\_\_\_

\_\_\_\_\_  
Parent or Legal Guardian's Signature                      Relationship to Child                      Date

**CASE MANAGER CERTIFICATION:** As the case manager I have reviewed the forgoing form and believe it to be complete. I understand the treatment plan for the child.

\_\_\_\_\_  
Case Manager (print)                      Case Manager (signature)                      Date

**\*\*Additionally if a parent or legal guardian has not consented, the Case Manager must complete the following:**

- I, \_\_\_\_\_ (print Case Manager's name), certify that I have taken the following steps necessary to facilitate the inclusion of a parent or guardian, whose parental/guardian rights are intact, in the child's consultation with the prescribing physician:
 

	Date	Time			Date	Time
<input type="checkbox"/> Provided appointment details .....	_____	_____	<input type="checkbox"/> Attempted to reach parent(s) .....	_____	_____	_____
<input type="checkbox"/> Attempted phone conference .....	_____	_____		_____	_____	_____
<input type="checkbox"/> Re-Scheduled Appointment .....	_____	_____		_____	_____	_____
<input type="checkbox"/> Offered transportation assistance .....	_____	_____		_____	_____	_____
<input type="checkbox"/> Other/Additional Comments: _____						





**Psychotropic medications cannot be administered without Parental Consent on a Valid 5339 or a Court Order in place with accurate medications and dosage ranges listed.**



# Administering Psychotropic Medications

## Important Facts about Consent Process:

- For children with parental rights still in place, **only the parent may provide consent** to administer psychotropic medications
- In the event that a parent is not available to consent or refuses to consent, medication cannot be administered without a valid court order in place **UNLESS the physician certifies clearly on the 5339 Medical Report that delay in providing the medication would more likely than not cause significant harm to the child until a court order is obtained:**
  - ❖ If a medication is prescribed as an emergency on the 5339 a motion must be filed within 3 days of gaining 5339 to receive a court order; **one cannot wait to see the parent and gain consents.**
  - ❖ In this case, the child may continue medications until the court hearing.
  - ❖ If parents sign consents within the 3 days a motion is not needed.



# Administering Psychotropic Medications

## Important Facts about Consent Process (Cont.) :

- A parent can consent to the medication any time prior to the court hearing even if a parent was initially unavailable or declined to provide consent. If this occurs then the court hearing may be canceled.
- Case manager is responsible to facilitate discussion between the prescribing physician and the parent, to include providing the physician with current contact numbers for the parents and offering to assist with transportation to the appointment
- Prescribing physician must inform the case manager within 1 business day if: a parent declines to provide consent OR if the physician determines that the parent lacks the ability to provide informed consent.



# Administering Psychotropic Medications

## **Important Facts about Consent Process (Cont.) :**

- Court orders must match the 5339; if the child's dosage range goes beyond what is established on the court order than a new order must be obtained.
- If the dosage range remains within the current dosage range allowed on the court order a new order is not needed.
- If the child has a new medication added that is not on the existing court order; then a new court order must be obtained with all current medications and dosage ranges listed.
- Best practice is to secure an updated court order for any ongoing medications at minimum on a yearly bases. This should coincident with the yearly 5339 updates if the child has continued medications.
- If Pre-consents are needed and/or received they must be filed with a valid 5339 for approval and final decision on medication is to be made by the judge.



# Administering Psychotropic Medications

## UF Pre-Consents for Children 0-17 years old:

Any child ages 0-17 on 2 or more psychotropic medications requires a University of Florida Pre-Consent Review to be completed *PRIOR* to starting the 2<sup>nd</sup> or subsequent psychotropic medication.

The only exception to the above rule are:

- When the prescribing physician determines that delay in providing the medication would more likely than not cause significant harm to the child and this is notated clearly on the 5339. (The CMO still must complete a consult even in this situation.)



# Administering Psychotropic Medications

## UF Pre-Consents (Cont.) :

- Case manager must complete the pre-consent review within 1 business day of 2<sup>nd</sup> or subsequent medication being prescribed.
- Consultant psychiatrist at UF will review the proposed treatment plan and make recommendations back to the case manager
- If the consultant does not concur with the treatment plan, the consultant will contact the prescribing physician to discuss treatment options.



# Administering Psychotropic Medications

UF Pre-Consents (Cont.) :

**The ultimate decision regarding the medication in case the consult does not concur will belong to the individual providing consent OR the judge.**

Therefore, if the pre-consents states that a child should not take a medication listed or have a dosage change this must be submitted to judge with 5339 and ruling made prior to start of medication.

The only exception to the above is if deemed an emergency then it would be filed with courts and final ruling be made at hearing to gain court order.





# Administering Psychotropic Medications

## Medication Consults:

The Med Consult line provides medical consultation by a board certified child and adolescent psychiatrist regarding psychotropic medication treatment decisions for children in out of home care. This line is available to any prescribing physician, parent, case manager or caregiver to discuss psychotropic medications.

This is a voluntary service and does not substitute for second opinion OR UF pre-consent requirement for children 0-11 on 2 or more psychotropic medications.



# Administering Psychotropic Medications

**Psychotropic medications will be administered only by the child's caregivers.**

Children who are age and developmentally appropriate must be given the choice to self administer medication under the supervision of the caregiver or school personnel.

**Children assessed as appropriate to self administer medication must be educated on the following:**

- The method of administering the medication;
- The recognized side effects, risks and contraindications of the medication;
- Drug-interaction precautions;
- Possible side effects of stopping the medication; and
- How medication administration will be supervised by the caregiver.

The dependency case manager or other designee will attend medication reviews as requested by the prescribing physician and/or agency.



# Monitoring Medications

**The monitoring of the use of psychotropic medication provided to children will be a joint responsibility among the prescribing physician, caregiver, dependency case manager or child protective investigator, and the supervisor.**

- The CM and/or CPI is responsible for implementing the medication plan developed by the prescribing physician.
- The CM and/or CPI will arrange for any additional medical evaluations and laboratory tests required. All information will be added to the child's Resource Record. Results of evaluations and tests will be reported to Children's Legal Services, all parties, and the prescribing physician.
- Any person with information that calls into question the child's health and safety, including but not limited to the signs or symptoms of side effects or adverse reactions to the medication, shall immediately bring that information to the attention of the prescribing physician and child protective investigator's or dependency case manager's supervisor, and emergency services arranged as appropriate to protect the child's safety and well being.
- Any issues reported regarding psychotropic medications must be provided to Children's Legal Services, the court, and all parties within three business days of the reported concerns.
- The CM and/or CPI, The Supervisor, and The Caregiver have joint responsibility to assure the physician's directions and intent as documented in the completed Medical Report and Medication Treatment Plan are implemented.



# Monitoring Medications

- The CMO and/or CPI must use the approved Medication logs to ensure appropriate tracking of medications by caregivers is implemented to address any issues with side effects or any adverse effects as well as administration of medication tracking.
- CMO Supervisors and CPI Supervisors shall provide on-going review and oversight of children prescribed psychotropic medications.
- The Department may address the efficacy of psychotropic medication through requirements in lead agency contracts, including but not limited to the utilization of pre-consent reviews or second opinions by child psychiatrists.
- Lead agencies shall develop and implement protocols which ensure collaboration among those responsible for a child's care, specifically addressing the use of psychotropic medication and the need to share all relevant information with all parties involved in the child's care.



# Monthly Audits

**Monthly audits are completed by ECA to ensure all ensuring all items discussed are completed, documented, and/or uploaded in FSFN.**

In the past, every child on psychotropic medications was reviewed once a year to ensure compliance. This created many issues, however, as a child could have been prescribed and/or discontinued medications in several instances over that course of time.

Even more difficult, was trying to obtain 5339's that were done months and months prior.

Eckerd Connects Hillsborough has revamped the way Eckerd performs psychotropic medication audits beginning in September of 2018. Moving forward a “running” review will be completed monthly. This means that Eckerd will be identifying every child that has been prescribed a new medication since the last review, and they are then reviewed in the next audit.

This new process ensures that Eckerd is always current on auditing needs, and that when agencies are missing documentation, they can obtain them in a time manner. This is why you may see the same child being reviewed repeatedly. Due to Baker Acts, or other changes in medication, they will be reviewed every time a new med is added.



# Monthly Audits

## Monthly Audits:

- If a child appears on the monthly audit list then the child with the listed corresponding med tab date will be reviewed for accuracy.
- No medication tab is reviewed more than once.
- Each month, new med tabs that have been added to the FSFN system are reviewed per date of creation
- Each Month, regardless if a child was audited for a medication in the past, a new audit form/must be submitted to the Utilization Management Specialist. This is due to packets with all documentation are no longer required to be sent to ECA for review
- The audit form has been modified to save time for the CMO's and make process easier



# Monthly Audits

## Monthly Audits (Cont.):

- The audit selections are not made based on the child. They are based on when prescription start dates occur (the date med tab is created in FSFN system). This means that a child could be audited more than once (maybe two months in a row or more) if a new med tab was created during the timeframe being reviewed.
- A prior month's form will not be accepted if the child was audited in the past for a different start date, as each month different prescription start dates are audited. This could result in new information for that tab such as a new 5339 was implemented, new court order, updates to parental involvement, etc.
- The audit selections are not made based on the child. They are based on when prescription start dates occur (aka the date med tab is created in FSFN system). This means that a child could be audited more than once (maybe two months in a row or more) if a new med tab was created during the timeframe being reviewed.



# Monthly Audits

The Audit System works this way so that every med tab that is created is reviewed for compliance. This will ensure that there are no outstanding issues with medication tabs moving forward.

All supporting documentation and items regarding psychotropic medication need to be uploaded in the child's FSFN Medication Tab.





# Monthly Audits

## **Additional Items reviewed in audit are listed below:**

- Was a signed medical report completed by the prescribing physician?
- Did the dependency case manager make minimum efforts to enable the prescribing physician to obtain express and informed consent from the child's parent or legal guardian/ did cm make attempts to engage the parent for consents timely?
- If express and informed consent was not obtained immediately, did the dependency case manager obtain a completed copy of the medical report and provide it to children's legal services in time for a motion to be filed within 3 business days of beginning the medication?
- If the prescribing physician certifies that delay in providing the prescribed psychotropic medication would more likely than not cause significant harm to the child, was this certification in writing on the Medical Report form?
- If the parent or legal guardian did not attend the medical appointment, did the case manager provide the parent with a copy of the Medical Report?
- Is there a court order on file authorizing consent for psychotropic medications?



# Monthly Audits

## Additional Items reviewed in audit are listed below:

- Was court authorization obtained before the psychotropic medication was administered? Note: For emergency administration, this is marked N/A
- Is the CF-FSP 5339 Medical Report form fully completed? Meaning all pages of 5339 uploaded/readable, appt. date listed, doctor signature found and matching appt. date, all medications along with diagnosis associated found, etc.)
- Did the dependency case manager implement the medication plan developed by the prescribing physician on 5339?
- Was a pre-consent review by a consultant child psychiatrist obtained prior to administration of two or more psychotropic medications for any child under the age of 11 who is in the custody of the Department in out-of-home care?
- Does information on the 5339/medical report match what is documented in FSFN med tab?
- Is the valid 5339/medical report uploaded into FSFN Med Tab?



# Monthly Audits

## Additional Items reviewed in audit are listed below:

- Were the following correctly addressed in Medication tab:
  - ❖ ...Dosage
  - ❖ ...Frequency
  - ❖ ...Side effects
  - ❖ ...Prescribing physician
  - ❖ ...Disability tab
  - ❖ ...Rx quantity
  - ❖ ...# of refills
  - ❖ ... CBHA information
  - ❖ ...Administration route. If marked no represents med tab errors (ex. Script overlaps, incorrect consent date boxes, psychotropic med box unchecked. Med quantity to much/shortage, etc.)



# Frequently Asked Questions

**Q: What if a child is TPR'D and prior parental consents were on File?**

A: CMO should ask at time of TPR the courts to allow a 30 consent for medications to be added on the Order to allow for continuation of medications until a new 5339 is received. CMO then must obtain a new 5339 reflecting TPS occurred.

**Q: I see in audits that medical testing is asked to be documented if completed , where do I find what medical testing must be completed?**

A: This is found on the 5339 Medical Report, page 4. It will list what type of testing and/or services the prescribing physician is requesting to be in place and what timeframe testing must occur in (ex. every 6 months, every month, every year). CMO must ensure that testing is completed and documented in FSFN that it was done.

**Q: How often must a new 5339 be received if the child is taking the same medication with same dosage?**

A: ECA asks that a new 5339 is received yearly, this is best practice as the child should be having medications reviewed at minimal on an annual basis. If there has not been a new 5339 populated by the year mark a new 5339 must be requested.

**Q: What if a case is transferred to me and the child is on psychotropic medications but the prior agency did not complete or upload accurate documentation and no valid 5339 and/or court order is in place.**

A: The agency must request an emergency court order to allow continuation of medication until valid 5339 can be achieved. The agency must reach out to prior agency to obtain any documentation. All efforts to ensure medication compliance must be entered in FSFN.



# Frequently Asked Questions

**Q: What if the prescribing physician does not sign the 5339.?**

A: The CMO must make all efforts, documenting in FSFN, attempts to gain the signature. The CMO cannot provide medication without the doctor authorizing the need for medication. A 5339 is not valid without a signature from the doctor.

**Q: When do I need to create a med tab in FSFN reflecting medications taken?**

A: Within 24 hours of the child starting the medications. The starting date must reflect the first day a child takes the medication.

**Q: How often do medication tabs need to be updated in FSFN .**

A: Whenever the child runs out of refills, a new medication is started, a medication is no longer prescribed, or a new prescribing doctor is now issuing the medications.

**Q: If the prescribing physician changes, is a new 5339 needed; even if the doctor says they want to continue on the same medication?**

A: Yes. A 5339 is always required to be completed whenever there is a change in medication or change in physician.

**Q: Who do I contact about questions with Psych Medications when we are unsure of what to do?**

A: Each Agency has a Point of Contact Assigned to assist with Psych Medications. First contact these individuals, then if questions still remain you may contact the ECA Utilization Management Specialist for any additional guidance needed.

**Q: What is the coding to use in FSFN Med Tab if it is issued an emergency need until a court order is received?**

A: 01/01/1900; Also, it must be documented in the comment section of the initial med tab it was deemed an emergency on 5339.



# Additional Training Resources

## Handouts provided:

- ❖ Walk through of Medication Tab
- ❖ Common List of Psychotropic Medication
- ❖ Psychotropic Medication Protocol Tool
- ❖ Psychotropic Medication Audit Form.

## Useful websites and numbers:

- ❖ The Center for Child Welfare At USF Psychotropic Medication Resource Page with additional trainings:  
<http://centerforchildwelfare.fmhi.usf.edu/PsychotropicResources.shtml>
- ❖ UF Pre-Consent Website: <http://dcf.psychiatry.ufl.edu/>
- ❖ Med Consult Number : [1.866.453.2266](tel:18664532266)
- ❖ **Florida Administrative Code for Psychotropic medications:**  
<https://www.flrules.org/gateway/ChapterHome.asp?Chapter=65C-35>



# References Used

- The Center For Child Welfare at USF  
<http://centerforchildwelfare.fmhi.usf.edu/PsychotropicResources.shtml>
- Florida Administrative Code; 65C-35.001 through 65C-35.013
- ECA Psychotropic Medication Policies and Procedures
- Chapter 39, 39.407



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