

CPSA Guidelines for Behavioral Health Medical Professionals Community Partnership of Southern Arizona (CPSA)

The content of this document includes CPSA and ADHS/DBHS requirements that specifically apply to Behavioral Health Medical Professionals (BHMPs).

I 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 medication. Psychotropic medication assessments must be documented in the member's clinical record.

At a minimum, assessments for psychotropic medications must include:

- a) An adequately detailed medical and behavioral health history
- b) A mental status examination
- c) A diagnosis
- d) Target Symptoms for each medication
- e) A review of possible medication allergies
- f) A review of previously and currently prescribed medications, including any noted side effects and/or potential drug interactions

Assessment Requirements for Children and Adolescents

A comprehensive psychiatric evaluation of a child or adolescent should include a synthesis of the following:

- a) Biological, psychological, social, environmental and personal factors influencing diagnosis and treatment
- b) Birth and developmental history
- c) Estimated intelligence and cognitive functioning
- d) Social and interpersonal skills
- e) Medical History and results of any physical examinations, laboratory, radiology, or other tests, if available
- f) Psychiatric history including the prior use of psychiatric medications and the effects of those medications. Include all current medications including those prescribed over the counter (OTC), and /or herbal preparations
- g) Education and special needs
- h) Safety in the community
- i) Family circumstances and social history
- j) Substance use
- k) Legal issues
- l) Mental status examination
- m) Strengths

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II Coordination of Care with Primary Care Physicians (PCPs)

BHMPs must be aware of the coordination of care requirements for Behavioral Health Providers including disclosure of relevant behavioral health information pertaining to Title XIX/Title XXI eligible persons to the assigned PCP as needed to support quality medical management and prevent duplication of services.

In some instances the BHMP may complete the required form and have it sent. In other instances, the BHMP may provide certain pieces of information to another person who completes the required form or otherwise assures the communication takes place. **It is the responsibility of the BHMP to provide any and all information that would generally emanate from the BHMP (e.g., diagnoses, medications, requests for laboratory or ancillary studies, etc). In some instances, the BHMP will decide that the communication must take place and must initiate the communication. It is best to document any and all communication and coordination of care.**

This will include, but should not be limited to, adverse drug reactions, significant changes in clinical status, drug seeking behavior that may lead to duplicative prescribing, changes in living environment or economic status that may impact health, and symptoms that may reflect an evolving change in health status.

1. At a minimum for all members referred by their PCP, or who have been determined to have a serious mental illness, the following information must be provided to the assigned PCP:
 - a) Diagnosis
 - b) Current prescribed medications (including strength and dosage)
 - This information must be provided annually and/or when there is a significant change in the members diagnosis and/or prescribed medications.
2. At a minimum for all Title XIX/Title XXI members behavioral health providers are required to:
 - a) Notify the assigned PCP of the results of PCP initiated behavioral health referrals.
 - b) Provide a final disposition to the health plan Behavioral Health Coordinator in response to PCP initiated referrals.
 - c) Coordinate placement of members in out-of-state treatment settings by contacting the persons AHCCCS Health Plan Behavioral Health Coordinator or care provider. A plan for the provision of any necessary non-emergent medical care must be established and is included in the comprehensive clinical record.
 - d) Notify, consult, or disclose information to the assigned PCP for persons with Pervasive Development Disorders and Developmental Disability, such as the initial assessment and treatment plan and care consultation between specialists.
 - e) Provide a copy to the PCP of an executed advanced directive, or documents of refusal to sign an advanced directive, for inclusion in the behavioral health recipient's medical record.

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- f) Notify, consult with or disclose other events requiring medical consultation with the member's PCP.
3. Upon request by the PCP, information for any enrolled member must be provided to the PCP.

PM Form/Communication Document 4.3.1 must be utilized for coordinating care with the AHCCCS Health Plan PCP.

Disclosure of information obtained in the referral, diagnosis and treatment of alcohol or drug abuse or communicable diseases requires specific written authorization documented on the release of information form.

III Informed Consent

Informed consent must be obtained from the person, parent, or legal guardian before receiving behavioral health services, except in an emergency situation, to prevent immediate harm to self or others or pursuant to a court order before the provision of a specific treatment that has associated risks and benefits. Informed consent is required prior to the provision of the following services and procedures:

- Psychotropic medications
- Complimentary and Alternative Treatment
- Electro-convulsive therapy (ECT)
- Use of tele-medicine
- Application for voluntary evaluation
- Research
- Admission for medical detoxification, an inpatient facility or residential program (for persons determined to have a serious mental illness)
- Procedures or services with known substantial risks or side effects

Prior to obtaining informed consent, an appropriate behavioral health representative must present the facts necessary for a person to make an informed decision regarding whether to agree to the specific treatment and/or procedures. Documentation that the required information was given and that the person agrees to the specific treatment must be included in the comprehensive clinical record, as well as the person's signature when required.

1. Informed Consent for Psychotropic and Complimentary and Alternative Medications

Informed Consent for Psychotropic and Complimentary and Alternative Medications must be obtained by a credentialed BHMP or a registered nurse (RN) with at least one year of behavioral health experience. It is preferred that the prescribing clinician provide information forming the basis of an informed consent decision. In specific situations in which that is not possible or practical, information may be provided by another credentialed BHMP or RN with at least one year of behavioral health experience. 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. The use of PM Form 3.15.1 is highly recommended as a tool to document informed consent for psychotropic medications and complimentary and alternative medicine. If this form is not used, the essential elements for obtaining

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informed consent must be documented in the person's comprehensive clinical record in an alternative fashion. The essential elements include the following, and must be documented for each medication:

- The diagnosis and target symptoms for the medication recommended
- The possible benefits/intended outcome of treatment, and as applicable, all available procedures involved in the proposed treatment
- The possible risks and side effects
- The possible alternatives
- The possible results of not taking the recommended medication
- The possibility that the medication dose may need to be adjusted over time, in consultation with the behavioral health medical practitioner
- The member's right to actively participate in treatment by discussing medication concerns or questions with the behavioral health medical practitioner
- The member's right to withdraw voluntary consent for medication at any time (unless the use of medications in the treatment is required in a Court Order or in a Special Treatment Plan)

Documentation must also include the member/legal guardian's name and signature and the BHMP's or RN's name and signature. In addition, the member/legal guardian and the BHMP or RN must initial and date consent for each psychotropic and complimentary and alternative medication. (Ditto marks are not an acceptable alternative to signatures/initials.)

IV Specific Requirements for Psychotropic Medications Prescribing and Monitoring

1. Adverse reactions or side effects

The following must be documented:

- a) All adverse reactions or side effects
- b) Follow-up actions to address adverse reaction or side effects

2. Polypharmacy

- Intra-class polypharmacy: More than two (2) medications in the same class at the same time, other than when cross-tapering.
 - Inter-class polypharmacy: More than 3 medications from different classes at the same time.
- a) For both intra-class and inter-class polypharmacy, the following must be documented:
 - Rationale addressing why combination is felt to be necessary.
 - Any additional likely side effects based on the combination of medication.

3. Health Parameters

- a) For members taking medications that are known to affect health parameters such as:
 - Height
 - Weight

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- Heart Rate
 - Blood Pressure
- b) These parameters must be obtained and documented in the member record as indicated on an individual basis or a specified below.
- c) For children and adolescents:
- Health Parameters such as:
 - Height
 - Weight
 - Blood pressure
- (a) Must be collected as a part of a baseline assessment, and as appropriate, periodically monitored and recorded in the members' medical record.
- (b) *See below for specific requirements for stimulants.
4. Laboratory tests
- a) For members taking medications that require laboratory monitoring such as complete blood counts, liver function tests, lipid panels, glucose, electrolytes, blood levels, etc., these results must be obtained as clinically indicated and recorded in the member record.
- *See below for specific requirements for antipsychotic medication, lithium carbonate, and anticonvulsant medication.
5. Antipsychotic medication
- For all members prescribed antipsychotic medication, at a minimum the following must be completed and documented in the clinical record:
- a) Abnormal Involuntary Movement Scale (AIMS)
- Upon initiation of new antipsychotic medication, a baseline AIMS assessment must be conducted within 30 days following the prescription of the medication.
 - Annually or more frequently as indicated on an individual basis.
 - Inclusion of AIMS Scales or AIMS findings in the clinical record are both acceptable.
- b) Metabolic parameters must be obtained at least annually, or more frequently as indicated on an individual basis including the following:
- Weight
 - BMI
 - Waist circumference
 - Fasting blood glucose
 - Fasting Lipid profiles
6. Lithium Carbonate
- a) For all members prescribed lithium carbonate or related formulations of lithium, the following must be completed:

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- b) Lithium levels must be obtained and documented at least annually.
 - Evidence must be found in the clinical record that the results were reviewed.
 - If blood levels were found to be abnormal, there is evidence in the clinical record that results were addressed in a timely manner.
- c) Thyroid function tests at least annually
- d) Renal function tests at least annually

7. Anticonvulsant medications

- a) For all members prescribed anticonvulsant medications, the following must be completed:
 - b) Liver function tests at least annually
 - c) Complete blood count at least annually
 - d) For valproic acid (Depakote or Depakene) and carbamazepine (Tegretol, Epitol, and others), blood levels must be obtained at least annually

8. Stimulants

- a) For adults receiving stimulant medications or other psychotropics known to affect cardiovascular function, the following must be evaluated and documented:
 - Pretreatment: Weight, blood pressure, and pulse must be obtained prior to initiation of medication.
 - Ongoing Treatment: At a minimum weight, blood pressure, and pulse must be obtained quarterly.
- b) For children and adolescents receiving stimulant medication, the following must be evaluated and documented:
 - Pretreatment: Height, weight, blood pressure, and pulse must be obtained prior to initiation of stimulant medication.
 - Ongoing Treatment: At a minimum height, weight, blood pressure, and pulse must be obtained annually.

9. Antidepressants – Guidelines for children and adolescents only:

- a) Prior to initiating treatment with any antidepressants, a comprehensive psychiatric evaluation must be completed.
- b) The psychiatric evaluation must be completed by a licensed psychiatrist, nurse practitioner or physician's assistant for members between 5-18 years of age. The evaluation must be completed by a child and adolescent psychiatrist for children below the age of five.
- c) Current DSM-IV criteria must be met and documented in the clinical record.
- d) Children/adolescents being treated with these medications must be closely monitored for clinical worsening, suicidality and changes in behavior especially during the initial few months of treatment. Monitoring should include at a minimum the following general requirements:
 - During the first four weeks of treatment weekly face-to-face or telephonic contact with the member and legal guardian or caregiver.

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- During weeks 5-8 of treatment face-to-face or telephonic contact every two weeks with the member and legal guardian or caregiver.
- During weeks 9-12 of treatment one face-to-face contact with the member and legal guardian or caregiver; thereafter as specified.
- When certain clinical symptoms present that may increase risk for suicidal or dangerous behavior including, but not limited to, anxiety, panic, hostility, akathisia, hypomania, mania, worsening of depression, suicidal impulses/behaviors and substance abuse, visits must be scheduled more frequently.
- When clinical symptoms present during telephonic contact that may demonstrate increased risk for suicidal or dangerous behavior, a face-to-face contact must be scheduled for further evaluation.

In implementation of the above general requirements, the prescribing clinician must have a face-to-face contact with the member and legal guardian or caregiver at a minimum one time during the first four weeks of treatment, one time during weeks five through eight and again one time during weeks nine-twelve. If the prescribing clinician, legal guardian or caregiver requests additional face-to-face monitoring visits these must be made available. Nurses, psychologists or masters level therapists may meet with members and legal guardians or caregivers either face-to-face or telephonically for the other required monitoring visits.

- e) The individual's crisis plan must include a telephone number which the member, legal guardian or caregiver should call in the event of need to report a change in behavior that may signify the onset or worsening of suicidal ideation, behavior or depressive symptoms.

* For utilization of Trazodone HCl for the treatment of insomnia in doses less than 100mg or Tricyclic antidepressants such as Imipramine HCl or Pamoate, Desipramine HCL, Amitriptyline HCL or Nortriptyline HCL utilized for the treatment of enuresis in doses less than 100mg these guidelines do not need to be implemented. In the above situations monitoring should be determined by the prescribing clinician.

V Coordination with Child and Family Teams (CFT)

BHMPs must coordinate care with the CFT using one or more of the following methods:

- Direct Participation in the CFT
- Direct Communication with the Clinical Liaison
- Direct Communication with the family

BHMPs are responsible to impart knowledge of best practices, present clinical options for use in the service planning, and educate CFT members about diagnostic and clinical issues.

Coordination of Care with Inpatient BHMPs for Children and Adolescents: Prior to all referrals to inpatient facilities, or immediately upon becoming aware of an inpatient admission, the treating BHMP or designee must contact the inpatient attending BHMP for all known members to review the following information at a minimum:

- Reason for admission

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- Anticipated therapeutic goals of inpatient stay and desired medication changes, or requests not to change medications, if appropriate
- Current and past medication history and response to medication trials
- Name of the CFT facilitator
- Any other relevant data

VI Consultation with Child and Adolescent Psychiatrists

At a minimum, if the prescribing clinician is not a Child and Adolescent Psychiatrist, or if the clinician who started the medication was not a Child and Adolescent Psychiatrist, an Arizona-licensed Child and Adolescent Psychiatrist should review in the following situations:

- Children under the age of three on psychotropic medications for more than 2 months: complete a chart review
- Children less than the age of 12 years prescribed >3 psychotropic medications for more than 3 months: complete a chart review
- Children less than the age of 12 years prescribed >4 psychotropic medications for more than 3 months: complete a face-to-face assessment

References Include the Following:

- 1) ADHS/DBHS PP – *Psychotropic Medication Use in Children and Adolescents, and Young Adults*
- 2) ADHS/DBHS PP – *Attention Deficit Hyperactivity Disorder*
- 3) ADHS/DBHS PP – *Informed Consent for Psychotropic Medication Treatment*
- 4) ADHS/DBHS Provider Manual, CPSA Edition, Section 3.11 – *General and Informed Consent to Treatment*
- 5) ADHS/DBHS Provider Manual, CPSA Edition, Section 3.15 – *Psychotropic Medication: Prescribing and Monitoring*
- 6) ADHS/DBHS Provider Manual, CPSA Edition, Section 4.3.6 – *Sharing Information with the PCP*
- 7) CPSA Guidelines for the Utilization of Antidepressants for Children and Adolescents
- 8) ADHS/DBHS Provider Manual, CPSA Edition, Section 4.1 – *Disclosure of Behavioral Health Information*
- 9) ADHS/DBHS PP – *Poly Pharmacy Use: Assessment of Appropriateness and Importance of Documentation*
- 10) ADHS/DBHS Provider Manual, CPSA Edition, Section 10.17 – *CPSA Guidelines for BHMP Involvement and Best Practice Recommendations Into the CFT Process*