

DIVISION OF DEVELOPMENTAL DISABILITIES

Sent on Behalf of DES/DDD

QM NEWSLETTER - SEPTEMBER 2023

Target Audience - Qualified Vendors and Providers

Transmittal Date - 09/13/2023

Welcome to September! The Fall Equinox falls on the 23rd of this month, officially starting autumn. We Arizonans really should establish an AZ Fall Equinox, as we won't be able to break out the fall wardrobe yet.

This month's Quality Management (QM) Bulletin focuses on DDD policies on medical marijuana and CBD products as it pertains to the people we serve living in group homes or with care of those we serve entrusted to DDD employees outside of group homes. Also, we will discuss medical monitoring of adolescents taking antipsychotic medication and clarification on Article 9 information discussed last month.

Medical Marijuana and CBD Products

The QM team has recently seen a few incidents that relate to the use of medical marijuana among the individuals we serve who live in group homes. This issue can be slightly complex, as the Division understands some individuals are given medical marijuana cards and are able to purchase cannabidiol for use for medical or psychiatric conditions.

The Division is also bound by federal rules. Although currently there is an ever changing landscape on the subject of marijuana and marijuana products use, there is a current policy with the DDD for group homes. Please refer to DDD Medical Manual policy 320-M here.

As you refer to the policy, there are three main points:

- 1. First, medical marijuana and CBD products are not federally reimbursable, and the Division does not cover the two substances in any form. This includes the purchase of cannabidiol products or the office visit to determine the need for the products and issuance of the medical card.
- 2. Second, any person(s) who is employed by or volunteers for DES, as well as any staff of the Division's service providers, may not facilitate the administration of, storage of, or procurement of marijuana and CBD products. This is especially important in group homes where individuals who live there may have this as a daily substance they use. If they are to be consuming, buying or storing these products, this must be done by the member or their guardian. The group home staff cannot be involved or allow consumption of these products in the home. The vendors or staff in group homes would be out of compliance with Division policies and potentially lose contracts and credentialing from the DDD.
- 3. Third, of note, there are FDA-approved medications with cannabidiol ingredients that this policy does not apply to, which are mentioned in the policy. These medications are Epidiolex and Marinol. These are allowed secondary to their FDA approval and require a prescription. If you have questions about this policy or have issues regarding this in your group home, please reach out to the district teams.

Medical Management of Children and Adolescents on Antipsychotic Medications

Children and adolescents who take daily antipsychotic medications are at a higher risk of metabolic issues, which include increase in sugar and cholesterol levels in the body. Not monitoring these potential complications can result in diabetes and heart disease in many.

In order to watch for these complications, it is recommended that children and adolescents who are on two or more daily antipsychotic medications have at least yearly, or more frequent, laboratory screenings of their blood glucose and cholesterol levels.

Two obstacles that can cause missed testing is lack of knowledge of the need for these tests, either from caregivers or individuals' primary care providers, as well as the difficulty of getting fasting blood labs done with people who may not do well with fasting protocols or lab draws themselves. In terms of laboratory screenings, there are options for non-fasting lab tests. Although fasting glucose is ideal, one can do nonfasting glucose and/or also check hemoglobin A1c tests. This test is nonfasting and is a calculation of the average sugars over three months and appropriate for this kind of screening. There is also an option for nonfasting cholesterol testing (nonfasting lipids) called LDL-C. This will help alleviate some anxiety of the people we serve of fasting protocols and early morning testing. There are also options for at home lab draws that can reduce the fear associated with going to a lab draw station.

Note DDD is not directly affiliated with any specific laboratory company; the fliers are examples.

With these solutions, it would be important to remind guardians and PCPs of this need for frequent screening and evaluation to keep the individuals we serve as healthy as possible.

Clarification of Article 9 Information

In last month's bulletin, QM spoke on Article 9 violations and behavior plans. It has come to the attention that there needs to be some clarification on this topic.

As a reminder: Article 9 states that any physical management is considered an emergency measure. Yellow light techniques are never permitted to be used without prior approval from the Program Review Committee (PRC). DDD Qualified Vendors are permitted to use yellow light techniques in an emergency (response cost, restitution, rights infringements, protective devices). In the event an emergency measure is used two or more times in 30 days, the team must convene to determine if a behavior plan is necessary. Questions about this can be directed to the district PRC mailbox below:

- District East <u>DDDEastPRC@azdes.gov</u>
- District Central DDDCentralPRC@azdes.gov
- District South <u>DDDSouthPRC@azdes.gov</u>
- District North DDDNorthPRC@azdes.gov
- District West <u>DDDWestPRC@azdes.gov</u>

Thank you for continuing to care for the DDD community and for your continued collaboration.

If you have any questions, please reach out to one of the District emails below.

- District Central DDDCentralIR@azdes.gov
- District East DDDEastIR@azdes.gov
- District North DDDDistrictNorthIncidentReports@azdes.gov
- District South DDDD2IR@azdes.gov
- District West <u>DDDWestIR@azdes.gov</u>