700 BEHAVIOR-MODIFYING MEDICATIONS, MONITORING BEHAVIOR-MODIFYING MEDICATIONS AND TREATMENT PLANS

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Behavior-modifying medications are drugs prescribed, administered, and directed specifically toward the reduction and eventual elimination of specific behaviors. Herbal remedies will be included among medications due to their psychoactive and potentially behavior modifying properties.

Behavior-modifying medications are only to be prescribed and used:

A. As part of the member's behavior treatment plan included in the Individual Service Plan (ISP); and,

When in the opinion of a licensed physician, they are deemed to be effective in producing an increase in appropriate behaviors or a decrease in inappropriate behaviors.

B. When it can be justified by the prescribing physician that the harmful effects of the behavior clearly outweigh the potential negative effects of the medication. Two examples of when the risks and benefits of the medications need to be reviewed with members with developmental disabilities, their families, and/or their guardians:

1. The older antipsychotic medications such as Thorazine (chlorpromazine), Mellaril (thioridazine), Haldol (haloperidol) and Navane (thiothixene) may cause such as tardive dyskinesia, a permanent muscular side effect. Tardive dyskinesia is characterized by slow rhythmic, automatic movements, either generalized or in single muscle groups.

2. The new antipsychotic medications such as Risperdal (risperidone), Zyprexa(olanzapine), Seroquel (quietapine), Abilify (aripiprazole) and Geodon(ziprasidone) are much less likely to cause tardive dyskinesia. However, these medications carry a high risk of significant weight gain. One study found 18 pounds average weight gain in three months. Such significant weight gain can result in the development of a metabolic syndrome, which is defined as three or more of the following:

a. Increased waist circumference;

b. Elevated triglycerides;

c. Reduced HDL (good) cholesterol;

d. Elevated blood pressure; and,

e. Elevated fasting glucose.

These factors lead to a much higher risk of heart disease and diabetes.

The use of behavior-modifying medications requires the Division to make available the services of a consulting psychiatrist to review medical records and make recommendations to the prescribing physician, which ensures the prescribed medication is the most appropriate in type/dosage to meet the needs of the individual.

The Division must provide monitoring of all behavior treatment plans that include the use of behavior-modifying medications to:

A. Ensure that data collected regarding a member's response to the medication is evaluated at least quarterly at a medication review by the physician and a member of the ISP team, other than the direct care staff responsible for implementing the approved behavior treatment plan; and:

B. Ensure that each member receiving a behavior modifying medication is screened for side effects and tardive dyskinesia as needed, and that the results of such screening are:

   1. Documented in the individual's central case record;

   2. Provided immediately to the physician, individual/responsible person, and ISP team for appropriate action in the event of positive screening results for side effects/tardive dyskinesia; and,

   3. Provided to the Program Review Committee (PRC) and the Independent Oversight Committee (IOC), and the Division's Medical Director within 15 working days for review of the positive screening results.

The member/responsible person must give informed, written consent before behavior-modifying medications can be administered. Non-scheduled or as-needed sleep preparations are not allowed, whether prescribed or over-the-counter. Aromatherapy does not require a behavior treatment plan but must be done with the consent of the member or his/her legal guardian.

See the Division Operations Manual for more detailed information regarding informed consent and the related forms.

Monitoring Behavior-modifying medications/Treatment Plans

For all behavior treatment plans that include the use of behavior-modifying medications, the Division must:

A. Provide second level reviews by a consulting psychiatrist to provider recommendations to the prescribing physician, which ensure that the prescribed medication is the most appropriate in type and dosage to meet the member's needs;

B. Ensure that data collected regarding an individual's response to the medication is evaluated at least quarterly by the physician; and the member of the Individual Service Planning Team (Planning Team) designated pursuant to A.A.C. R6-6-905, and other members of the Planning Team as needed; and,

C. Ensure that each individual receiving a behavior modifying medication is screened for side effects, and tardive dyskinesia as needed, and that the results of such screening

are:

1. Documented in the member's case record;

2. Provided immediately to the physician, member, responsible person, and Planning Team for appropriate action in the event of positive screening results; and,

3. Provided to the Program Review Committee (PRC) and the Independent Oversight Committee (IOC) within 15 working days for review of positive screening results.

In the event of an emergency, a physician's order for a behavior modifying medication may, if appropriate, be requested for a specific one-time emergency use. The person administering the medication shall immediately report it to the Support Coordinator, the responsible person, and any applicable Division designee. The responsible person shall immediately be notified of any changes in medication type or dosage.

Paper Reviews

The following guidelines have been designed to provide an option to both the Planning Team and the PRC to meet minimum requirements for annual review of an established behavior treatment plan through a paper review process. This option is limited solely to situations where the individual is on psychotropic medications, and during the annual review by the PRC the presented information and data clearly demonstrate that the member's behavior has been stable for one year.

Applicability

Paper reviews are considered appropriate when the member's behavior treatment plan involves the use of psychotropic medications, including the use of over-the-counter and herbal medications when used to modify behavior, but does not involve the utilization of more restrictive approaches and/or strategies.

Note: The use of psychotropic medications is prohibited if they are administered on an as-needed, or PRN, basis, they are in dosages which interfere with the individual's daily living activities (as determined by the Planning Team), or they are used in the absence of a behavior treatment plan.

If the member's Behavior Treatment Plan includes any of the following techniques and/or strategies, the plan is not eligible for the PRC's paper review process:

A. Techniques that require the use of force;

B. Programs involving the use of response cost;

C. Programs that might infringe upon the rights of the consumers pursuant to applicable federal and state laws, including A.R.S. § 36-551.01; and,

D. Protective devices used to prevent a person from sustaining injury as a result of the person's self-injurious behavior.

For members living in an Intermediate Care Facility for Individuals with an Intellectual Disability

(ICF/IID), federal rules and regulations will take precedence over these guidelines for paper review.

Eligibility

A member's behavior treatment plan may be monitored by the PRC's annual paper review process, if the following criteria are met:

A. The member participated in their program, activities of daily living and chosen leisure/community activities without any significant behavioral disturbances for the previous 12 months. Significant behavioral disturbance is defined as any physical aggression, or pattern of verbal aggression, or other actions that are not typical for the member (such as significant deterioration in personal hygiene or social withdrawal);

B. There were no behavioral incidents requiring the use of emergency measures during the previous 12 months; emergency measures are defined as the use of physical management techniques or psychotropic medications in an emergency to manage a sudden, intense or out-of-control behavior;

C. During the previous 12 months, there were no changes in the member's prescribed psychotropic medications; the exception to this criterion is when the member required an increase in an antidepressant medication and it was in the absence of any behavioral disturbances; and,

D. Through a review of all incident or serious incident reports for the member during the previous 12 months, there were no situations noted where the member's behavior resulted in police involvement, psychiatric hospitalization, or crisis intervention through the behavioral health system.

Initial Consideration of Paper Reviews

For the PRC to consider annual reviews using the paper review process, the Planning Team must provide the following:

A. A copy of the member's current Planning Document;

B. A copy of the member's current behavior treatment plan, with data and information that meets the criteria set forth in the "Eligibility" section above;

C. Documentation that there is on-going medical monitoring, quarterly medication reviews, and laboratory testing as needed; and,

D. Copying of the Reassessment of the Planning Document for the previous 12 months.

Subsequent Annual Paper Reviews

For the PRC to complete subsequent paper reviews of a member's behavior treatment plan, the Planning Team must provide at a minimum:

A. A copy of member's current Planning Document;

B. A copy of the member's current behavior treatment plan, with information or data indicating the individual's continuous stable behavior;

C. Copies of on-going medical monitoring reports, quarterly medication reviews and any required laboratory testing, for the previous 12 months;

D. Copy of the Reassessment of the Planning Document for the previous 12 months; and,

E. Any other information requested by the PRC.

Responsibilities of the Program Review Committee

Upon receipt from the Planning Team of the required information detailed in the sections above, the PRC chairperson will:

A. Schedule a review of the submitted information by the entire membership of the PRC;

B. Request further information, and/or schedule a face-to-face review if during the paper review process, it is determined that further information is needed; and,

C. Forward a disposition report to the Planning Team. The disposition report will indicate approval, any recommendations made, and the date of the next scheduled review.

Loss of Eligibility for Paper Review

If any of the following situations occur, the Planning Team must notify the PRC chairperson in writing within 30 days of the occurrence. The Planning Team must also reconvene and, if the behavior treatment plan was amended, forward a copy to the PRC within 90 days. This includes situations where:

A. The member cannot participate in their program, activities of daily living and/or leisure activities of their choice, due to any significant behavioral disturbance;

B. An emergency measure intervention was utilized (physical and/or chemical restraint):

C. Any change or increase in the member's psychotropic medications was made;

D. The only exception to this criterion is when the member requires an increase in an antidepressant medication and it is in the absence of any behavioral disturbances; and,

E. The member's negative behavior results in law enforcement involvement, psychiatric hospitalization, crisis intervention by the behavioral health system, or injury to oneself or others.

Upon receipt of the member's behavior treatment plan from the Planning Team, the PRC will schedule a formal review of the plan. Subsequent PRC reviews of the behavior treatment plan will be conducted face-to-face until the member has been stable on their psychotropic medications for one year.

Exit Criteria

For a member's behavior treatment plan to exit from the PRC's required annual review the following criteria must be met:

A. Discontinuation of psychotropic medications as part of the behavior treatment plan strategy;

B. Psychotropic medication is clearly prescribed for a non-behavior modifying purpose:

1. Rationale for the medication is clearly documented by the prescribing physician as being medical in nature (e.g., migraine, seizures), with no associated behavioral disturbance or issues.

2. The PRC must be satisfied that use of the psychotropic medication will continue to be monitored by the prescribing physician and that there is clearly not a need for a behavior treatment plan to be developed by the Planning Team.

3. Unless otherwise indicated, use of a psychotropic medication prescribed for anon-behavior modifying reason and without the need for a formal behavior treatment plan will only require a one-time review and approval by the PRC.

C. Elimination of the use of other more restrictive approaches/strategies within the behavior treatment plan that require PRC review and approval and/or annual review, per A.A.C. R6-6-903.A:

1. Techniques that require the use of force;

2. Programs involving the use of response cost;

3. Programs which might infringe upon the rights of the individual pursuant to applicable federal and state laws, including A.R.S. § 36-551.01; and,

4. Protective devices used to prevent a member from self-injurious behavior.

D. The member is discharged from services through the Division.

For members living in an Intermediate Care Facility for Individuals with an Intellectual Disability (ICF/IID), federal rules and regulations will take precedence over the exit criteria outlined above.