



GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT ON DISABILITY SERVICES

DDS TRANSMITTAL #18-4

TO: DDA Providers

FROM: Erin Leveton, State Office of Policy, Planning & Innovation

DATE: August 1, 2018

RE: Use of Psychotropic Medication for People with a Diagnosis of Autism Spectrum Disorder (ASD)

The purpose of this transmittal is to clarify the Department on Disability Services' (DDS) position on the use of psychotropic medication for people who have a diagnosis of Autism Spectrum Disorder (ASD).

DDS has been approached by several providers who have asked whether an ASD diagnosis is sufficient on its own to support use of psychotropic medications under DDS policies and procedures, or whether a person must also have a co-occurring diagnosis of a mental health disorder.

Response

We appreciate the question and understand the concerns that have been raised around requiring multiple diagnoses. Under current DC law, a person receiving supports from DDA cannot be prescribed psychotropic medication without a mental health diagnosis. ASD does not meet the statutory definition of a mental health disorder. In order for the DDS Restrictive Controls Review Committee (RCRC) to approve the use of a psychotropic medication as a restrictive control, the person must have a diagnosed mental health disorder in addition to the diagnosis of ASD.

Further, physician's orders, including those for psychotropic medications and sedation, require informed consent prior to initiation, and must be implemented as ordered and without delay to ensure people's health and safety. **You should continue to implement the physician's order for psychotropic medication without disruption while you are working with the person's psychiatrist to come into compliance.**

Analysis

Currently, the DDS Behavioral Support Policy expressly prohibits the use of psychotropic medication without a formal assessment and diagnosis of a corresponding mental health disorder. The Citizens with Intellectual Disabilities Constitutional Rights and Dignity Act of 1978 (D.C. Official Code § 7-1301.01 *et seq.*), defines mental illness (mental health





disorder) as follows: a diagnosable mental, behavioral, or emotional disorder (including those of biological etiology) which substantially impairs the mental health of the person or is of sufficient duration to meet diagnostic criteria specified within the DSM-IV or its ICD-9-CM equivalent (and subsequent revisions) with the exception of DSM-IV "V" codes, substance abuse disorders, intellectual disability, and other developmental disorders, or seizure disorders, unless those exceptions co-occur with another diagnosable mental illness.

The statute specifically excludes intellectual disability and other developmental disorders (like ASD) and seizure disorders from the definition of mental illness. Therefore, the use of psychotropic medication for a person with ASD, without a co-occurring diagnosed mental health disorder, would be considered a chemical restraint and is prohibited by the DDS Behavior Support Policy.

Conclusion

If you are currently supporting a person with ASD and s/he has received a doctor's order to administer psychotropic medication, please implement that order. At the same time, work with the person's treating psychiatrist to ensure that the prescriptions for psychotropic medications are consistent with D.C. law and DDS Policies & Procedures, specifically determining whether the person has a diagnosis for a co-occurring mental health disorder that justifies the issued prescriptions. Once this is resolved, you should resubmit the person's revised Behavior Support Plan (BSP), which indicates the co-occurring mental health disorder, for approval by the DDS RCRC.

Any BSPs that have been written for people who are taking psychotropic medication and currently only have a diagnosis of ASD will be referred to the Human Rights Advisory Committee (HRAC) for a general human rights review. The HRAC will make recommendations as necessary and providers should implement any recommendations to ensure the protection of each person's human rights, but full approval of these BSPs will be deferred until they are revised to indicate the co-occurring mental health disorder in addition to ASD.

If you have questions about this guidance or the DDS Behavior Support Policy, please contact the DDS Rights and Advocacy Specialist: Tiffani Nichole Johnson, at (202) 730-1802, tiffani.johnson@dc.gov.