

## GOVERNMENT OF THE DISTRICT OF COLUMBIA **DEPARTMENT ON DISABILITY SERVICES**

## **Instructions For Psychotropic Medication Review Form**

**The Psychotropic Medication Review Form** consists of three pages. Pages 1 and 2 of the Psychotropic Medication Review Form must be completed for every psychiatry appointment and attached to the medical appointment consult sheet for review with the prescribing physician.

The entire Psychotropic Medication Review Form (i.e. Pages 1, 2, and 3) must be completed every 90 days minimum. The entire form can be completed more often but not less often than 90 days.

The Psychotropic Medication Review Form must be completed by the DDS provider of residential services. If the person does not have a residential services provider then the DDS provider that supports the person in the person's home is responsible for completing the documentation.

The Psychotropic Medication Review Form must be completed with input from interdisciplinary team members and all appropriate boxes must be checked. Signatures and dates need to be provided in appropriate spaces on each part of the form.

<u>Page 1</u> is the **Health Review** which is completed by a nurse for the residential provider. The nurse shall compile information from staff members who interact with the person on a regular basis, medical records, and nursing observations.

<u>Page 2</u> is the **Review of Behavioral Functioning** which must be completed with input from the behavior support clinician, if the person has a behavior support plan (BSP). Page 2 can be completed by the behavior support clinician, clinical director, or Qualified Developmental Disability Professional (QDDP).

- Include a table showing the frequencies of observable target behaviors over the last six months at the residence and day setting, if any. A brief narrative description of the target behaviors that actually occurred should be provided. This data should be obtained from the data provided to the behavior support clinician and from review of the most recent Quarterly Behavior Support Plan Review. If the person does not have a BSP then indicate that this data section is not applicable.
- For behavior incidents, a brief narrative description of the incidents should be provided.
- The ratings of the person's daily functioning should be completed with input from someone who interacts with the person on a regular basis. The ratings section should be completed for people with and without behavior support plans to assess the effect of treatment on day to day functioning.

<u>Page 3</u> is the **Physician Report** which must be completed by the prescriber of psychotropic medication at the time of the quarterly medication review.

• The purpose of Page 3 is to document the diagnosis for which the medication is prescribed and the treatment plan. Page 3 also documents that the prescriber has reviewed the risks and benefits of the treatment plan, and considered gradual dose reductions of the psychotropic medication.



All three pages of the quarterly Psychotropic Medication Review Form are required to be uploaded to MCIS under "Clinical Services." For people with behavior support plans, the two most recent quarterly Psychotropic Medication Review Forms must also be uploaded under the "BSP" tab for review by the Restrictive Controls Review Committee (RCRC) at the time the BSP is uploaded for RCRC review. The quarterly Psychotropic Medication Review Form must be uploaded to MCIS by the DDS provider of residential services. If the person does not have a residential services provider then the DDS provider that supports the person in the person's home is responsible for uploading the documentation into MCIS.