



GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT ON DISABILITY SERVICES

DDS TRANSMITTAL# 19-19

TO: All Developmental Disabilities Administration Residential and Day Services Providers

FROM: Crystal Thomas, Program Manager, State Office of Policy, Planning and Innovation

DATE: October 30, 2019

RE: Clarification of Psychotropic Medication Prescription Renewals

The Department on Disability Services (DDS), Developmental Disabilities Administration (DDA) is providing this transmittal to all DDA Residential and Day Services Providers to clarify DDS Health and Wellness Standard 18 (Psychotropic Medications) pertaining to psychotropic medication prescription renewals for people with intellectual disabilities.

Psychotropic medications are medications that affect or alter thought processes, mood, sleep, or behavior. Psychotropic medications are prescribed for specific dysfunction in thinking, feeling, and behaviors caused by a diagnosed psychiatric illness in order to improve quality of life for affected people.

1. People with intellectual disabilities who are receiving services from DDS may be prescribed psychotropic medication only after a psychiatric assessment has been completed.

The psychiatric assessment must include a mental health diagnosis, goals for treatment, and a risk/benefit analysis for the use of psychotropic medications.

If a person is prescribed psychotropic medication during an emergency room visit for a behavioral crisis, then a psychiatric assessment conducted after the behavioral crisis is resolved is required to determine whether a mental health diagnosis is present and whether psychotropic medication continues to be necessary.

2. Psychotropic medications must be renewed by a physician or nurse practitioner every 30 days.

Prescriptions may be written in accordance with the following examples:

Example 1: A prescriber may meet with the person every 30 days, or more frequently, and renew the prescription at the time of the appointment.

Example 2: A prescription for a 30-day supply of psychotropic medication may be written with up to two 30-day refills during a 90-day period without a scheduled office



visit if the prescriber has determined that the continued use of psychotropic medication is safe, effective, and necessary.

Example 3: Within a 90-day period, a medication prescription may be rewritten every 30 days without a scheduled office visit if the prescriber has determined that the continued use of psychotropic medication is safe, effective, and necessary.

3. There is no requirement for prescribers to schedule an office visit every 30 days in order to renew psychotropic prescriptions.

The frequency of scheduled appointments within each 90-day period is determined by the prescriber in collaboration with the person (or the person's substitute healthcare decision maker) and the person's support team based on the person's clinical status.

4. The frequency with which the prescription will be renewed must be documented on either the provider's medical appointment consultation form or the DDS Psychiatry Appointment Consultation Form.

The use of the DDS Psychiatry Appointment Consultation Form (included with this Transmittal) is optional, but recommended. The form is not included with the DDS Health and Wellness Standard 18 (Psychotropic Medications).

If used, the appointment consultation form must be uploaded to MCIS under "Clinical Services." The documentation 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 to MCIS.

5. When a provider nurse and/or a designee from the day services provider observes any deterioration in the person's functioning, the provider nurse for residential services shall document the changes, document that the prescriber has been notified of the changes, and document any new orders from the prescriber.

In between psychiatry appointments, all support providers must monitor the person to help determine if the use of psychotropic medication is safe and effective. When deterioration in the person's functioning is observed in between scheduled psychiatry appointments, the residential services provider and day services provider shall document the changes based on interactions with the person, medical reports, and observations reported by direct support staff. The provider nurse for residential services shall immediately notify the prescriber and document that this information has been communicated to the prescriber to assist in assessing the effectiveness of the medication and the person's response to the medication.

If the person does not receive residential services, then the nurse for the provider agency that supports the person in the person's home shall document the changes and notify the prescriber.



Significant changes may include, but are not limited to:

- Changes in activity level
- Exacerbation of psychiatric symptoms
- Unusual body movements (i.e., tremors, motor restlessness)
- Sleep changes
- Appetite changes
- Persistent change in mood
- Suicidal ideation/behavior
- Homicidal ideation/behavior
- Escalation in challenging behaviors
- Medication side effects
- Repeated medication refusals
- Deterioration in mental status
- Emergency room visits for behavior
- Psychiatric hospitalizations
- Use of restraints
- Police calls for behavior
- Abnormal laboratory examination results which may be related to psychotropic medication use
- Changes in medical status that may affect mental health issues, including the new diagnosis of a medical condition or the prescription of medications to treat a medical condition

These transmittal guidelines do not supersede prescribing guidelines established by the Food and Drug Administration (FDA) or any other applicable federal law concerning the prescription of medications.

IMPORTANT NOTE: The requirements of this transmittal do not apply if a medication with psychotropic properties (*e.g.*, a medication that affects or alters thought processes, mood, sleep, or behavior) is used to treat a medical condition (*e.g.*, divalproex for treatment of a seizure disorder) and is not also being used to treat a formal mental health diagnosis. If that is the case, prescriber coordination with the primary care provider is recommended.

If you have any questions about this transmittal, please contact Chioma Nwachukwu, DNP, RN, APHN-BC, Supervisory Nurse Consultant, at (202) 615-8268 or chioma.nwachukwu@dc.gov or Titilayo Illori, RN, MSN, Supervisory Nurse Consultant, at (202) 590-7536 or titilayo.illori@dc.gov. You may also contact Dr. Yolanda Van Horn, DDS Clinical Psychologist, at (202) 527-5541 or yolanda.vanhorn@dc.gov.

Attachment:

DDS Psychiatry Appointment Consult Form