MACOMB COUNTY
COMMUNITY MENTAL HEALTH

Subject: **Directly-Operated Program Management**	Protocol: **Monitoring Psychotropic Medication and Other Scheduled Drugs**	
Last Updated: **02/9/2026**	Owner: **Chief Medical Office**	Pages: **7**

I. PURPOSE:

To provide clear, evidence-based guidelines for licensed prescribers at MCCMH directly operated services on the monitoring and management of individuals prescribed psychotropic medications.

II. DEFINITIONS:

CLIA Waived Testing-
Clinical Laboratory Improvement Amendments (CLIA) waived tests are cleared by the Food and Drug Administration (FDA) for waiver testing under CLIA criteria. CLIA requires waived tests to be simple and low-risk, they are not completely error-proof. Manufacturer's instructions are to be followed for all CLIA waived tests.

III. PROCEDURE:

A. This procedure ensures compliance with American Psychiatric Association (APA) and American Academy of Child and Psychiatric Association (AACAP) standards and supports:

1. The early identification and management of medication-related risks and medical comorbidities;

2. Timely and appropriate laboratory testing including metabolic panels, toxicology screenings, pregnancy screening tests, and EKGs;

3. Interdisciplinary coordination with nursing and care teams for continuity of care;

4. Clinical documentation standards that promote transparency and accountability; and;

5. MCCMH's commitment to quality improvement, patient safety, and integrated care across behavioral and physical health domains.

B. Licensed prescribers at MCCMH directly operated services follow American Psychiatric Association (APA) and American Academy of Child and Psychiatric Association (AACAP) guidelines for monitoring antipsychotics and other medications that may require laboratory workups due to potential side effects. A common rationale for ordering baseline labs is to screen for potentially treatable medical conditions that may contribute to psychiatric symptoms.

C. Metabolic Monitoring Responsibilities

1. Prescribers must maintain records of metabolic syndrome monitoring for all individuals prescribed psychiatric medications known to elevate metabolic risk.

2. Monitoring must occur at least annually or more frequently as clinically indicated.

3. If labs have been completed by a Primary Care Physician (PCP) or other provider, the prescriber, with the support of the treatment team (e.g., nursing, case holders), must document all coordination efforts to obtain these results. If such efforts fail, the licensed prescriber is ultimately responsible for ordering the necessary labs per APA or ACCAP guidelines.

D. Baseline Requirements for New Individuals Served Accessing Services (Over Age 12)

1. A baseline lab workup relevant to the prescribed medication must be ordered within forty-five (45) days of establishing care if no previous records are available.

2. All individuals must receive a baseline CLIA waived rapid urine multi-drug kit screening and pregnancy screening test (at 12 years old or at onset of menses age whichever comes first) on-site regardless of their treatment plan (These results will be documented on Exhibit B "Rapid Urine Multi-Drug Screening Result and Pregnancy Screening Test Communication" and scanned into the EMR).

3. If a urine toxicology screening was completed by an external provider within the past ten (10) days:

a. The prescriber must document this in the medical record.

b. RN staff must coordinate to ensure the results are entered into the system within ten (10) calendar days of the person's last prescriber visit.

c. The above does not apply to urine pregnancy screening tests, which must always be completed on-site.

E. Pregnancy Screening Testing Guidelines

1. Prescribers must order a pregnancy screening test for all women of childbearing age when initiating any psychotropic medication or adding a new psychotropic during treatment that may pose risks during pregnancy.

2. Exceptions apply only when documented evidence of low pregnancy risk is present (e.g., hysterectomy, effective birth control, tubal ligation, post menopause).

3. The RNs must upload the screening results in the individual's EMR using, exhibit B.

F. Toxicology Screening

1. A CLIA waived rapid urine multi-drug kit screening is required before initiating treatment with any controlled substance.

2. For individuals on psychotropics, at least an annual toxicology or CLIA waived rapid urine multi-drug kit screening is required, unless the prescriber's clinical judgment determines otherwise (children under 12 may be exempted at the prescriber's discretion).

3. For those continuing care on controlled substances, toxicology screening is required at least every ninety (90) days, unless the person is enrolled in the Controlled Substance Monitoring Program, in which case testing frequency may increase at the prescriber's discretion.

4. The RNs must upload the screening results in the individual's EMR using, exhibit B.

G. Monitoring for Specific Conditions

1. Diabetes: Individuals with diabetes who are prescribed antipsychotics must have an HbA1c test included in their metabolic monitoring, at least annually. The result must be placed into the EMR as a numerical percentage. This is the responsibility of RN staff at each program to ensure the value is entered, even if it is being entered by support staff or case holder, the RN must confirm.

2. Chronic Alcohol Use or Hepatitis C History: Prescribers must document liver function tests at least annually, or more often as clinically necessary.

H. Use of Verbal Orders

1. Prescribers may use verbal orders to facilitate collaboration with RN staff. These orders must:

a. Clearly include all relevant information for generating accurate lab and waived test requisitions.

b. Be documented by the RN in the Electronic Medical Record (EMR) under the appropriate section.

2. Prescribers may also issue standing verbal orders for baseline CLIA waived rapid urine multi-drug kit screening and pregnancy screening testing screenings for new individuals establishing care.

I. Psychotropic Medications Requiring Blood Monitoring

1. Psychotropics requiring blood level monitoring (e.g., Valproic Acid, Lithium, etc.) must have laboratory work completed at least annually, or more frequently in accordance with APA or AACAP guidelines, depending on the treatment stage (initiation vs. maintenance).

2. If the prescriber is unable to obtain these records from other providers, it remains their responsibility to ensure labs are ordered in a timely manner.

J. EKG Monitoring Requirements: Prescribers are responsible for:

a. Obtaining or ordering EKGs screening for individuals prescribed psychotropics that may cause QTC prolongation.

b. Ensuring all individuals with a history of cardiac conditions have at least one documented EKG screening result annually, regardless of treatment stage (initiation vs. maintenance).

c. Documenting efforts to obtain EKG screening results from external providers when applicable.

d. Ordering the EKG and related workups within the first forty-five (45) days of initiating care, if orchestrated attempts to retrieve those from other specialties fail.

K. Baseline Requirements for New Individuals Served Accessing Services (Under Age 12)

1. Metabolic syndrome labs are still expected to be recorded in the record per the time frame and expectations of this protocol for other populations.

2. The prescriber may opt out ordering CLIA waived rapid urine multi-drug kit screening, even if prescribing any controlled substance, at their discretion based on

an understanding of risk and document their rationale to do so in the person's medical record.

3. A baseline pregnancy screening test should be ordered, CLIA waived or otherwise, following the expectations of any other population once the individual has had the onset of menses unless the medical history excludes this risk (i.e. youngster is on birth control, etc.). This should be appropriately documented in the medical record.

4. EKG monitoring requirements must be followed as stated for all other populations.

L. Maintenance Requirements for Individuals Served Younger than Age 12

1. Metabolic syndrome labs and other monitoring medication levels should be ordered at least yearly or as recommended per the AACAP understanding of other compounding risks in the child/adolescent's medical history.

2. Prescribers may opt out of ordering these even if the individual is on a controlled substance based on their own clinical judgement granted no risk is identified.

3. Pregnancy screenings are not needed if the female individual has not had the onset of her menses.

M. Confirmation Guidelines

1. CLIA waived rapid urine multi-drug kit may be used for initial screening. The prescriber may order additional saliva tests or place an order for blood or urine toxicology for the individual to be tested at a community lab for accurate results (avoiding false positives, testing for drugs not captured in current multi-drug kit, rechecking positive results, etc.).

2. For pregnancy screening tests, lab confirmation is encouraged with any positive results. In other scenarios, the prescriber may determine the need for lab confirmation based on clinical context.

N. Guidelines for RN-performed CLIA waived rapid urine multi-drug kit screenings.

1. When an individual is prescribed a controlled substance or is enrolled in the MCCMH Controlled Substance Monitoring Program, it is important to understand that CLIA waived rapid urine multi-drug kit and/or lab results are tools for guiding clinical decision-making.

    a. If the CLIA waived rapid urine multi-drug kit screening result is consistent with the treatment plan and/or as expected with individual's history:

        1) Continue treatment.

b. If the CLIA waived rapid urine multi-drug kit screening result is inconsistent with treatment plan and/or inconsistent with individual's' history:

1) Counsel the individual.

2) Inform them of the need for cleaner results and increased monitoring.

3) Treatment can be generally continued for the current month, unless a significant clinical risk factor is identified that contradicts continued treatment.

4) The prescriber may order saliva testing or place a script to send the individual to a lab for an accurate confirmation, based on prescribers' clinical discretion.

c. If the lab-confirmed results continue to be inconsistent to the treatment plan and/or inconsistent with the individual's history:

1) The prescriber must reconsider the treatment plan based on clinical risk.

2) The RN and prescriber must recommend counseling as appropriate (including referrals to appropriate treatments if toxicology reveals positive results).

IV. REFERENCES:

A. Waived Tests. Centers for Disease Control and Prevention, 2024 https://www.cdc.gov/lab-quality/php/waived-tests/index.html

B. Larkins MC, Thombare A. Point-of-Care Testing. [Updated 2023 May 29]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2025 Jan-. Available from: https://www.ncbi.nlm.nih.gov/books/NBK592387/

C. The American Psychiatric Association Practice Guideline for the Treatment of Patients With Schizophrenia, Third Edition https://psychiatryonline.org/doi/full/10.1176/appi.books.9780890424841.Schizophrenia03

D. Practice Parameter for the Assessment and Treatment of Children and Adolescents With Schizophrenia https://www.aacap.org/App_Themes/AACAP/docs/practice_parameters/Schizophrenia_Sept13.pdf

E. Resource Document on QTc Prolongation and Psychotropic Medications, 2018

https://www.psychiatry.org/psychiatrists/search-directories-databases/resource-documents/2018/qtc-prolongation-and-psychotropic-medications

V. RELATED POLICIES:

A. MCCMH MCO Policy 2-051, "Psychotropic Medication in Community-Based Settings"

VI. EXHIBITS:

A. Minimum Lab Monitoring Psychotropic Medications
B. Rapid Urine Multi-Drug Screening Result and Pregnancy Screening Test Communication

Revision #:	Revision/Review Date:	Revision Summary:	Reviewer/Reviser:
1	5/20/2025	Creation of Procedure.	Chief Medical Officer
2	2/09/2026	Update due to changes at clinics	Chief Medical Officer