OVERVIEW

The use of psychotropic medications as one part of a child's comprehensive mental health treatment plan may be beneficial. Recommended medications should only be used after a comprehensive psychiatric assessment, informed consent, and consideration of the full range of medication and psychosocial interventions, all of which should be evaluated throughout treatment.

DEFINITIONS

Informed Consent

Permission to begin a treatment after an explanation from the prescribing clinician to the consenting party of the proposed treatment, alternative treatments, expected outcomes, side effects, and risks.

Psychotropic Medication

A psychotropic medication affects or alters thought processes, mood, sleep, or behavior. A medication's classification depends upon its stated or intended effect. Psychotropic medications include, but are not limited to:

- Anti-psychotics for treatment of psychosis and other mental and emotional conditions.
- Antidepressants for treatment of depression and other related conditions.
- Anxiolytics or anti-anxiety and anti-panic agents for treatment and prevention of anxiety.
- Mood stabilizers and anticonvulsant medications for treatment of bipolar disorder (manic-depressive), excessive mood swings, aggressive behavior, impulse control disorders, and severe mood symptoms in schizoaffective disorder and schizophrenia.
- Stimulants and non-stimulants for treatment of attention deficit hyperactivity disorder (ADHD).
- Alpha agonists for treatment of ADHD, insomnia and sleep problems relating to post traumatic stress disorder (PTSD).

Medications available over the counter do not require documented consent.

Note: Opioid medications are not considered psychotropic. However, these prescribed medications must be documented by the case manager in the electronic case management system along with relevant diagnoses, doses, appointments, hospital records, and procedures or surgeries, per FOM 801-1 Health Requirements.

The National Institute of Mental Health - Mental Health Medications has an alphabetical listing of psychotropic medications by trade name, generic name, and drug classification.

FOSTER CARE - PSYCHOTROPIC MEDICATION OVERSIGHT UNIT

The Foster Care Psychotropic Medication Oversight Unit (FC-PMOU) tracks and provides technical assistance to foster care and adoption staff to ensure compliance with obtaining and documenting informed consent. The FC-PMOU is responsible for the following:

- Entering psychotropic medications from Medicaid claims into the electronic case management system within the medication screen.
- Making electronic case management system updates in the health screen for medication record updates (entering dosing changes, restarting a previously end-dated psychotropic medication, and discontinuing psychotropic medications) when informed of these changes by the case manager.
- Reviewing, processing, tracking, and uploading accurately completed consent documents in the electronic case management system.
- Providing witnessed verbal consent assistance.
- Sending communications to foster care and adoption case managers to inform them of missing or incomplete consents, and preparing reports to inform local office staff of every youth prescribed a psychotropic medication and status of the consent.

- Identifying, preparing, tracking, monitoring, and uploading documentation related to secondary physician reviews into the electronic case management system.
- Preparing routine and ad hoc reports to reflect prescribing practices, claim trends and other monitoring tools for youth in foster care prescribed psychotropic medications.

PROHIBITED USE

The use of psychotropic medications as a behavior management tool without regard to any therapeutic goal is prohibited. Psychotropic medication may never be used as a method of discipline or punishment. Psychotropic medications are not to be used in lieu of or as a substitute for identified psychosocial or behavioral interventions and supports required to meet a child's mental health needs.

PRESCRIBING CLINICIAN

Only a certified and licensed physician can prescribe psychotropic medications to children in foster care or in an adoptive home where the adoption is not finalized. If the prescribing clinician is not a child psychiatrist, referral to or consultation with a child psychiatrist, or a general psychiatrist if a child psychiatrist is not available, should occur if the child's clinical status has not improved after six months of medication use.

PRIMARY INSURANCE OTHER THAN MEDICAID

Case managers must notify the FC-PMOU if a child on psychotropic medication has primary insurance other than Medicaid by calling 1-844-764-PMOU (7668).

CLINICAL GUIDELINES

Prior to recommending medications, the prescribing physician must review the child's current health status including:

- Current physical examination, including baseline laboratory work, if indicated.

- Current mental health assessment with the Diagnostic and Statistical Manual (DSM)-based psychiatric diagnosis of the mental health disorder.

Urgent Medical Need

The role of non-pharmacological interventions should be considered before beginning a psychotropic medication, except in urgent situations such as:

- Suicidal ideation,
- Psychosis,
- Self-injurious behavior,
- Physical aggression that is acutely dangerous to others,
- Severe impulsivity endangering the child or others.
- Marked anxiety, isolation, or withdrawal.
- Marked disturbance of psychophysiological function, such as profound sleep disturbance.

INFORMED CONSENT

Consent is required for the prescription and use of all psychotropic medications for all children in foster care and for children placed for adoption where the court has not issued an order finalizing the adoption.

The public or private case manager must obtain informed consent for each psychotropic medication prescribed to a child in foster care or in an adoptive home where the adoption is not finalized.

Consent Documentation

The DHS-1643, Psychotropic Medication Informed Consent, **or** the prescribing clinician's alternative consent form that contains all the required elements of the DHS-1643, as determined by the FC-PMOU, must be used to document this discussion between the prescribing clinician and the consenting party.

A completed DHS-1643 must be legible and contain a child's name and date of birth, prescribing clinician name, date of appointment, medications recommended with dose range, signature/date of prescriber, signature/date of appropriate consenter, and attached court order for alternate consenters. Once completed, either form

must be sent via encrypted email for non-state employees to the FC-PMOU Mailbox (psychotropicmedicationinformedconsent@michigan.gov) or faxed to 517-763-0143 within five days of receipt of the form.

Note: No individuals outside of the FC-PMOU are permitted to upload a DHS-1643 or alternate consent form into the electronic case management system.

The FC-PMOU reviews all forms for accuracy and completion, documents information in the FC-PMOU tracking system, and then once fully processed, uploads completed forms into the electronic case management system in the Health Screens under *Upload Informed Consent Document*. The FC-PMOU will contact the local/community office staff to facilitate accurate completion of informed consents **that are incomplete or inaccurate**.

When to Complete Informed Consent

The following chart outlines timeframes for informed consent discussion and documentation.

Circumstance	Consent Needed Before Child Starts or Changes Medications	Consent Needed When Child is Already Taking Medications	Time Frame to Complete Consent
Prescribing new psychotropic medication	X		Seven business days from recommendation
Prescribing new psychotropic medications in a hospital setting	X		Three business days from recommendation. Seek court order on the fourth business day if legal parent(s) does not respond
Increasing dosing beyond the approved dosing range of the most recent valid consent in a hospital setting	X		Three business days from recommendation. Seek court order on the fourth business day if legal parent(s) does not respond

Circumstance	Consent Needed Before Child Starts or Changes Medications	Consent Needed When Child is Already Taking Medications	Time Frame to Complete Consent
Increasing dosing beyond the approved dosing range of the most recent valid consent	X		Seven business days from recommendation
Continuing medication started before child entered foster care		X	45 business days from foster care entry
Completing annual renewal of medication		X	One year from prior consent
Continuing medication after a youth in foster care reaches 18		X	At next appointment after youth's birthday
Continuing medication after legal status change, TCW to permanent court ward or Michigan Children's Institute (MCI) ward, or child placed for adoption, but adoption not yet finalized		X	At next appointment after court ordered legal status change or after order placing child for adoption

Authority to Consent

The following table outlines the authority to consent by legal status.

Legal Status	Authority to Consent
TCW	Parent(s) or legal guardian(s)
MCI/State Wards	The supervising agency *
Permanent Court Wards	The court must provide a written order

Legal Status	Authority to Consent
Youth 18 years and older	Youth ^
Child placed for adoption but an adoption is not finalized	Adoptive parent(s)

* Foster care or adoption case managers, as designated by the MCI superintendent.

^ Unless a court determines they are not competent. In this instance, the appointed guardian(s) provides consent.

Note: Foster parent(s) and relative caregiver(s) may not sign consent for psychotropic medications.

When a Parent is Unavailable or Unwilling to Provide Consent

Pursuant to MCL 712A.12, when a parent is unavailable or unwilling to provide consent and the child's prescribing clinician has determined there is a medical necessity for the medication, the supervising agency must file a motion with the court requesting an order for the prescription and use of psychotropic medications. If a court order is received and a new consenting party is designated for the child, the order must be attached to the DHS-1643 or approved consent form when submitting to the FC-PMOU.

The case manager must continue to facilitate communication between the child's parent(s) and the prescribing clinician regarding treatment options when medication is not deemed a medical necessity, but the prescribing clinician indicates medication may improve a child's well-being or ability to function.

All efforts made to obtain parental consent must be documented in the social work contact section of the electronic case management system.

Emergency Use

Informed consent is not required in an emergency when a prescribing clinician determines a child is at acute risk of harming

self or others and medication may reduce or eliminate the acute risk. The case manager must obtain a copy of the report or other documentation regarding the administration of emergency psychotropic medication. The report must be uploaded in the appointment tab of the Health Screen in the electronic case management system.

Note: Emergency use is considered a one-time administration of a medication as opposed to medications prescribed with an ongoing basis.

Non-Psychotropic Use

Some psychotropic medications are prescribed to treat medical conditions such as rashes, seizures, epilepsy, neonatal abstinence syndrome. When medications are used to treat medical conditions, the DHS-1643, Psychotropic Medication Informed Consent, is not required. Documentation in the electronic case management system is still required.

If there is any question about whether a medication is being recommended for a psychotropic purpose, see the definition in this policy. For a psychotropic medication prescribed for a general medical condition, the case manager should obtain supporting clinical documentation from the prescribing clinician and send this information to the FC-PMOU. The FC-PMOU will update the medication from *psychotropic* to *general* in the *medications* tab of the electronic case management system within the Health Screens. Until this action is resolved, the FC-PMOU will continue outreach for informed consent for any psychotropic medication that can be used for both psychotropic and general medical conditions.

Over the Counter Medications

Over the counter (OTC) medications such as melatonin, diphenhydramine, antihistamines, or cold and flu medications may affect sleep, mood, behavior, or thoughts. These do not require a consent form (DHS-1643) to be sent to the FC-PMOU. Some placements and residential facilities may have internal policies that require consent for OTC medications. See CANNABIDIOL (CBD) SUPPLEMENTS section for additional monitoring and communication requirements.

WITNESSED VERBAL CONSENT

Verbal consent is acceptable when an in-person discussion between the prescribing clinician and the consenting party is not possible. Verbal consent must be witnessed by a member of the FC-PMOU. The FC-PMOU dedicated phone line 1-844-764-PMOU (7668) must be used for the conference call with the following participants:

- Prescribing clinician.
- Consenting party.
- FC-PMOU staff.

Note: Each of the listed members must be present during the conversation for the witnessed verbal consent to be valid.

The FC-PMOU staff is responsible for documenting the verbal consent and uploading the completed DHS-1643, Psychotropic Medication Informed Consent, in the *Upload Informed Consent Document* hyperlink in the electronic case management system.

If a child is in a psychiatric hospital setting, a hospital designee may witness a verbal consent if the consenting party is unable to provide consent in person.

If the witnessed verbal consent process cannot be completed, the PMOU will contact the case manager by email. The case manager must ensure that consent and documentation is obtained and sent to the FC-PMOU Mailbox (psychotropicmedicationinformedconsent@michigan.gov) within seven business days of the treatment recommendation.

CHILDREN IN PSYCHIATRIC HOSPITAL SETTINGS

When children are admitted to a psychiatric inpatient setting, the case manager must:

- Document the hospital admission in the electronic case management system by changing the living arrangement to *hospital* and the service type to *psychiatric* no later than the following business day. The electronic case management system will prompt the case manager to call to the FC-PMOU at 1-844-764-PMOU (7668). The case manager should leave a

message with the child's name, electronic case record ID, and the hospital where the child was admitted. This call must also be made no later than one business day after admission.

- During the first month of any psychiatric hospital admission, maintain a minimum of daily contact on business days with hospital personnel regarding the status of the child and document contact in the electronic case record under social work contacts. If a hospital stay extends beyond one month, the case manager will maintain weekly contact with hospital personnel.

- Ensure the child has either prescriptions for the medications that will be ongoing after discharge or has a medication supply directly from the hospital at discharge.

SECONDARY PHYSICIAN REVIEW

Certain medication regimens require secondary physician review. The review does not denote that the treatment is inappropriate, only that further review is warranted. The Michigan Department of Health and Human Services (MDHHS) established prescribing guidelines, known as criteria triggering further review, that direct when psychotropic medications are reviewed by a FC-PMOU contracted physician.

Criteria Triggering Secondary Physician Review

The FC-PMOU is responsible for reviewing criteria and triggering the secondary physician review when one of the following criteria is met:

- Prescribed four or more concomitant psychotropic medications.

- Prescribed two or more concomitant anti-psychotic medications.

- Prescribed two or more concomitant mood stabilizer medications.

- Prescribed two or more concomitant antidepressant medications.

- Prescribed two or more concomitant stimulant medications.

- Prescribed two or more concomitant alpha agonist medications.
- Prescribed psychotropic medications in doses above recommended doses, per Food and Drug Administration (FDA) recommendations or per prevailing standard of care when there are no FDA recommendations.
- Prescribed psychotropic medication and child is five years or younger.

The FC-PMOU uploads the completed MDHHS physician secondary review documents into the electronic case management system in the same location as informed consents. These are in the *Health* profile section of the electronic case management system in the *Medication* tab, under *Upload Informed Consent*.

CASE MANAGER ACTIVITIES

For each child prescribed psychotropic medications under the supervision of foster care or placed for adoption but the adoption is not finalized, medication compliance and treatment effect must be addressed by the assigned case manager during the monthly home visit with the child and caregiver(s).

Caregiver(s) discussion must include:

- Information about the intended effects and any side effects of the medication.
- Compliance with all medical appointments, including dates of last and upcoming appointments with prescribing clinician.
- Medication availability, administration, and refill process.

Child discussion must include child's point of view:

- Noted side effects and benefits of the medication.
- Administration of medication; time frame and regularity.

The case manager must review the following points with the child and caregiver(s):

- Medication should not be discontinued or changed without consultation with the prescribing clinician.

- Medical appointments including any laboratory work, if applicable, must occur as recommended by the prescribing clinician.

- Any adverse effects must be reported to both the prescribing clinician and case manager.

The case manager must contact the prescribing clinician with information regarding the child's condition if it is not improving, is deteriorating, or if adverse effects are observed or reported.

When medication is permanently or temporarily discontinued, restarted, or if there is a change in medication dosage within the approved range of the most recent consent, the case manager must send an email with the subject "medication screen record changes" to the FC-PMOU Mailbox (psychotropicmedicationinformedconsent@michigan.gov) containing the child's name, DOB, medication name, dose, prescriber, and pertinent dates.

DOCUMENTATION IN ELECTRONIC CASE MANAGEMENT SYSTEM

The following documentation is required in the electronic case management system required for all children prescribed psychotropic medication:

- Medical information must be entered in the appropriate health screens in the electronic case management system, which will then populate case service plans and the medical passport. Information entered must include:

    - Medication reviews (Appointments screen).
    - Psychological evaluations (Appointments screen).
    - Lab work (Appointments screen).
    - Diagnosis (Health Needs and Diagnoses screen).
    - All non-pharmacological treatment services, such as, therapy, behavioral supports/monitoring, other interventions, etc. (Appointments screen).

Note: Psychotropic medications are entered by FC-PMOU in the Medication screen.

- Signed documentation supporting psychotropic medication use including the DHS-1643, Psychotropic Medication Informed Consent, or approved alternative consent form must be sent via email, encrypted for non-state employees, to the FC-PMOU Mailbox (psychotropicmedicationinformedconsent@michigan.gov) or faxed to 517-763-0143. The FC-PMOU will upload within the health screen tabs in the electronic case management system.
- Court orders and supporting documentation are required to be uploaded in the electronic case management system under the case overview.
- Monthly home visits must be documented in social work contacts.

CANNABIDIOL (CBD) SUPPLEMENTS

A crystalline, nonintoxicating cannabinoid found in cannabis and hemp that is sometimes used medicinally. CBD is not classified as a psychoactive supplement if it contains less than 0.3 percent Tetrahydrocannabinol (THC).

Caregiver(s) considering the use of CBD supplements or products for a child must schedule an appointment with the primary care provider (PCP) or prescriber(s) treating a medical or behavioral health condition. The PCP or prescriber(s) must be made aware of any diagnoses or symptoms that a caregiver intends to manage by using CBD. The PCP or prescriber(s) will review a child's diagnoses, discuss health benefits and risks, and determine if CBD use is appropriate.

The case manager must inform the parent(s) of a TCW of a recommendation to administer CBD supplements. The parent(s) may refuse to allow CBD use.

The case manager and caregiver(s) must ensure children maintain regular wellness visits with their PCP or prescriber(s) to discuss continued use of CBD and any side effects. The case manager must discuss the child's use of CBD supplements with the caregiver(s) and child, if age-appropriate, monthly; see FOM 722-06H, Case Contacts.

TECHNICAL ASSISTANCE

For technical assistance or questions with this policy, contact the Child Welfare Policy Mailbox (Child-Welfare-Policy@michigan.gov).

RESOURCES

DHS-1643, Psychotropic Medication Informed Consent

LEGAL BASE

Federal and state statutes mandate health care requirements for children and youth in foster care. The MDHHS Health Services policy provides the guidelines for compliance with the requirements.

Federal Law

Fostering Connections to Success and Increasing Adoptions Act of 2008, 42 USC 622. Sec. 205. Health oversight and coordination plan.

The Act requires states to develop, in coordination and collaboration with the state Medicaid and child welfare agencies and in consultation with pediatricians, other experts in health care, and experts in and recipients of child welfare services, a plan for the ongoing oversight and coordination of health care services for any child in a foster care placement. The plan must ensure a coordinated strategy to identify and respond to the health care needs of children in foster care placements, including mental health and dental health needs, and must outline:

- A schedule for initial and follow-up health screenings that meet reasonable standards of medical practice.
- How health needs identified through screenings will be monitored and treated.
- How medical information for children in care will be updated and appropriately shared, which may include the development and implementation of an electronic case management system.
- Steps to ensure continuity of health care services, which may include the establishment of a medical home for every child in care.

- The oversight of prescription medicines.
- How the state actively consults with and involves physicians or other appropriate medical or nonmedical professionals in assessing the health and well-being of children in foster care and in determining appropriate medical treatment for the children.

[42 U.S.C. 622] Sec 422(b)(15)(A)(i)-(viii) State Plans for Child Welfare Services

(b) Each plan for child welfare services under this subpart shall—

(15)(A) provides that the State will develop, in coordination and collaboration with the State agency referred to in paragraph (1) and the State agency responsible for administering the State plan approved under subtitle I of title XIX, and in consultation with pediatricians, other experts in health care, and experts in and recipients of child welfare services, a plan for the ongoing oversight and coordination of health care services for any child in a foster care placement, which shall ensure a coordinated strategy to identify and respond to the health care needs of children in foster care placements, including mental health and dental health needs, and shall include an outline of—

(i) a schedule for initial and follow-up health screenings that meet reasonable standards of medical practice;

(ii) how health needs identified through screenings will be monitored and treated, including emotional trauma associated with a child's maltreatment and removal from home[85];

(iii) how medical information for children in care will be updated and appropriately shared, which may include the development and implementation of an electronic health record;

(iv) steps to ensure continuity of health care services, which may include the establishment of a medical home for every child in care;

(v) the oversight of prescription medicines, including protocols for the appropriate use and monitoring of psychotropic medications[86];

(vi) how the State actively consults with and involves physicians or other appropriate medical or non-medical professionals in assessing the health and well-being of children in foster care and in determining appropriate medical treatment for the children;

(vii) the procedures and protocols the State has established to ensure that children in foster care placements are not inappropriately diagnosed with mental illness, other emotional or behavioral disorders, medically fragile conditions, or developmental disabilities, and placed in settings that are not foster family homes as a result of the inappropriate diagnoses; and

(viii) steps to ensure that the components of the transition plan development process required under section 475(5)(H) that relate to the health care needs of children aging out of foster care, including the requirements to include options for health insurance, information about a health care power of attorney, health care proxy, or other similar document recognized under State law, and to provide the child with the option to execute such a document, are met; and[87]

(B) subparagraph (A) shall not be construed to reduce or limit the responsibility of the State agency responsible for administering the State plan approved under title XIX to administer and provide care and services for children with respect to whom services are provided under the State plan developed pursuant to this subpart;

State Law

MCL 712A.12 Examination of child; hearing; summons.

Authority for the court to order an examination of a child by a physician, dentist, psychologist, or psychiatrist. History: Add. 1944, 1st Ex. Sess., Act 54, Imd. Eff. Mar. 6, 1944 ;-- CL 1948, 712A.12

Mich. Admin. Code. R. 400.9403(a)(b) Foster parent duties. Rule 403

A foster parent shall carry out each of the following functions: (a) Cooperate with and assist the agency in the agency's implementation of the service plan for children and their families. (b) Fully disclose to the agency information concerning a foster child's progress, strengths, and needs. History: Eff. January 1, 2001, Am. Eff. January 5, 2015.

Mich. Admin. Code R. 400.9412 Medical and dental care. Rule 412

(1) A foster parent shall follow the health plan for a foster child as prescribed by a physician, health authority, or the agency. (2) A foster parent shall follow agency approved protocols for medical care of a foster child who is injured or ill. (3) A foster parent shall

ensure that all medications, both prescription and nonprescription, are properly stored and are accessible as appropriate for the age and functioning level of the child. (4) A foster parent shall ensure that prescription medication is given or applied as directed by a licensed physician. History: 1998-2000 AACS; 2014 AACS; 2023 MR 11, Eff. June 16, 2023.

Mich. Admin. Code R. 400.9502(e)(f) Reporting foster home changes. Rule 502

A foster parent shall report to the agency any significant changes in the foster home by the next business day from the time a foster parent knows of a change, including any of the following: (e) Admission to, or release from, a correctional facility, a hospital, or an institution for the treatment of an emotional, mental, or substance abuse problem of a foster parent or member of the household. (f) Assessment, treatment, or therapy on an outpatient basis for an emotional, mental, or substance abuse disorder of a foster parent or member of the household. History: Eff. January 1, 2001, Am. Eff. January 5, 2015, Am. Eff. June 16, 2023.