

ADMINISTRATIVE POLICY

- 1 Psychotropic medications are defined as medications that are used to alter behaviors of persons served. It is noted that some medications have multiple uses, such as seizure medications. If medication is being used for medical reasons other than the treatment of maladaptive behaviors, then it is not considered a psychotropic medication for the purposes of this policy.
 - 1.1 OPTIONS does not use chemical restraints. Psychotropic medications will not be used as punishment, for the convenience of staff, as a substitute for active treatment, or in quantities that interfere with the person's ability to participate in program activities.
 - 1.2 OPTIONS does not prescribe medications. Psychotropic or behavior-altering medication will be used only as directed by the physician/psychiatrist of the person served as an integral part of an individual program/service plan that is designed by the Interdisciplinary Team to lead to a less restrictive method of managing maladaptive behaviors and ultimately to the elimination of those behaviors for which the medication is utilized.
 - 1.3 Orders for Psychotropic drugs will include indications for use and will be reviewed as determined by the physician, at least on an annual basis to determine the efficacy and potential for reduction of the dosage. Each renewal order will include written physician orders for continued use of the medication.
 - 1.4 PRN prescriptions for Psychotropic or behavior-modifying medications will be subject to 1.3 above.
 - 1.5 Persons who attend Community Integration Services (CIS) but who reside in residential programs not operated by OPTIONS, and who receive PRN prescriptions will be subject to the following conditions:
 - 1.5.1 The person's residential care provider will submit a current medication sheet to the CIS Program Supervisor on the first of each month.
 - 1.5.2 All PRN medications will be kept in a locked box at each CIS base office.
 - 1.5.3 CIS Community Support Specialists will notify the Program Supervisor or administrative designee, *before* administering a PRN.

ADMINISTRATIVE POLICY

- 1.5.4 The CIS Program Supervisor will review medication sheets and evaluate the use of PRNs at each six-month ISP review.
- 1.6 Persons who receive services in other non-licensed programs such as Supported Living, Private Pay and Vocational Services will be subject to the following conditions:
 - 1.6.1 The person or their care provider will submit a current medication sheet to the Program Supervisor of the department for which they are receiving services and will provide an update as changes are made.
 - 1.6.2 Persons served in non-licensed programs are responsible for the administration of their own medications.
- 1.7 Medication used to address seizure disorders will be exempt from 1.3 above.
- 1.8 Psychotropic medications will be used only when maladaptive behaviors have been identified by members of the ID Team, the physician, RN, and Program Manager, and with consultation from a psychiatrist when indicated to evaluate appropriateness of the use of psychotropic medications to reduce such behavior.
- 1.9 When such medications are used, requirements set forth in state and federal regulations will be followed. In ICF-ID/H homes, the RN will monitor documentation of 90-day reviews for continued use of such medications and methods for reducing dosage with ultimate discontinuation.
- 1.10 When a person served is taken to a doctor who is prescribing or renewing a prescription of a psychotropic medication, behavioral data will be provided to the physician. The physician will also be notified of the requirement to attempt to eliminate or reduce the use of the medication at least annually unless contraindicated.
- 1.11 Every 90 days the Program Manager, along with the RN, will review the behavioral training program progress and monitor for evaluation the continued use of medication and method for reducing dosage to ultimate discontinuation.

ADMINISTRATIVE POLICY

- 1.12 All persons served in ICF-ID/H residential programs utilizing psychotropic medications will be reviewed at least annually at the Human Rights Committee Meeting.

POLICY DATE: May 2012
REVISED: September 2014
March 2015
September 2015
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October 2017
October 2018
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November 2020

