

## **Guidelines for Psychotropic Medications for Children in State Custody**

It is the policy of the Department of Health and Social Services (DHSS) that psychotropic medications are prescribed and administered to children in state custody only when medically necessary and in a manner that minimizes risks of side effects. This policy applies to the following medications as classified in the Physician's Desk Reference (PDR)

- Antipsychotics (typical and atypical)
- Antidepressants
- CNS Stimulants and non-stimulant therapies for hyperactivity disorders or sleep disorders
- Mood stabilizers (including lithium)
- Anticonvulsants
- Barbiturates, benzodiazepines, and other miscellaneous central nervous system depressants

### **Informed Consent**

- When a child is in state custody, the child's parent must consent to psychotropic medications being given to their child, unless parental rights have been terminated or the court issues an order authorizing OCS to consent. If parental rights have been terminated Office of Children's Services (OCS) has the authority to consent. In some instances OCS may involve the court in the decision.
- For psychotropic medication, meaningful informed consent includes at least the following:
  - Information about the medication, including intended benefits;
  - Long term and short term risks and side effects associated with the medication; and
  - alternative therapies.

### **Informing the Child**

- Working together as needed, the OCS case worker, psychiatric nurse, foster parent and/or medical providers must inform the child, when age appropriate, regarding the need and purpose for the psychotropic medication.

### **Information for Foster Parents**

When a child is placed in your home it is important that you ask the medical provider who completes the Early Periodic Screening, Diagnosis, and Treatment (EPSDT) screening to identify any mental health services the child may need.

We value your input regarding the medical and mental health needs of the children placed in your home. However, you cannot consent to administration of psychotropic medication for the children. Consent by the child's birth or adoptive parent or OCS is required for administration of psychotropic medication to a child in state custody. If psychotropic medication is prescribed for a child who is placed in your home, you need to contact the caseworker immediately to get approval for giving the medication to the child. Prior approval is also required when there is a change in the medication, including a change in the dosage. Do not fill the prescription until you are notified that approval has been given. Foster parents are encouraged to document that they have confirmed with OCS that the appropriate consent was obtained.

Herbal supplements (for example melatonin) or over the counter medication may impact a child or youth's ability to properly metabolize psychotropic medications. Please be sure to notify OCS and the medical provider if a foster child in your home is regularly taking any non-prescribed herbal supplement or medications. If you believe that a child in your care may be in need of mental health services, please contact the caseworker.

Psychotropic medication may affect the child's behavior. Ask the medical provider for information about potential side effects. If you don't receive information from the medical provider or from OCS, you can access information about psychotropic medications and their impacts on children at the National Institute of Mental Health/Child & Adolescent Mental Health website at:

<http://www.nimh.nih.gov/health/topics/child-and-adolescent-mental-health/index.shtml>

## Information for Medical Providers

A medical provider who prescribes psychotropic medication for a child in OCS custody is required to provide information about the medication as well as the recommended mental health services, to the person who is authorized to consent to administration of the medication, i.e. the child's parent or the OCS caseworker. The information may be provided either on the OCS form "Informed Consent: Information about Recommended Prescription Medication and Major Medical Care" or on another document. The form is available on the OCS website, in the Foster Care section: Applications and Resource, Under Forms for Current Foster Parents. [Provider Guidelines for Psychotropic Medication for Children in State Custody.](#)

OCS policy requires the OCS psychiatric nurses to review the medical records/information of children in custody who are prescribed psychotropic medication, and medical providers are required to provide a copy of the child's medical chart to the OCS psychiatric nurse or caseworker when requested and provide updates when there are changes.

### Medical monitoring for children on psychiatric medications

DHSS expects medical providers prescribing medications to treat children with psychiatric diagnosis to monitor for adverse drug reactions on a continuing basis.

- For children on more than two atypical antipsychotics, monitoring must include:
  - a. Performing a BMI (Body Mass Index) on the child at least once a month to identify excessive or inappropriate weight gain or loss. DHSS recognizes "excessive or inappropriate weight gain" as >10% increase in body weight within a 3 month timeframe or less.
  - b. Laboratory monitoring performed biannually including:
    - Fasting glucose levels
    - Fasting lipid levels

If monitoring identifies a medical abnormality or adverse drug reaction, the medical provider will develop an updated treatment plan that includes how the identified problem will be addressed, who will address the problem, and in what timeframes.

- Additional monitoring for children age five or younger who are receiving psychotropic medication and for children on any age who are receiving four or more psychotropic medications or two or more atypical antipsychotics

DHSS will perform a review of the child's chart and determine if there is a need for further consultation with the medical provider.

### Medicaid Claiming - Required Prior Authorization of Atypical Antipsychotics

- a. The contemporaneous use of more than one (1) atypical antipsychotic in a child less than 18 years old will require the prescriber to obtain prior authorization and provide documentation that the medication to be added is medically necessary. The requirement to obtain prior authorization for multiple atypical antipsychotics will be uniformly applied to all children enrolled with Alaska Medicaid.
- b. Doses, or regimens, of atypical antipsychotics exceeding the Maximum Units per 30 Days will require justification of medical necessity from the medical provider. The Maximum Units per 30 Days will be uniformly applied to all claims for atypical antipsychotics for all Alaska Medicaid recipients.