**PSYCHOTROPIC MEDICATIONS:**

**5339/ Medical Report**

* Serves as a Medical Report AND documents consent by parents
* Needed for all children in out of home care (in foster homes, group homes or with relatives). NOT NEEDED for children who may have dependency involvement, but still reside with their parents-parents provide consent
* Case manager is responsible for providing all medical history/ previous treatment information to the prescribing physician.
* 5339 must be completed when:
	+ Psychotropic medication is being initially prescribed (regardless if the psychotropic medication is being prescribed for medical or mental health reasons)
	+ There is a change in prescribing physician for any reason
	+ Change in medication dosage (unless it falls within previously prescribed dosage range)
	+ Change in medication (unless it’s being changed from brand to generic equivalent)
	+ Change in administration instructions
	+ Change in child’s legal status (in cases when parents have previously provided consent, but their parental rights are being terminated)

 **Parental consent/ Court order**

* ***Psychotropic medications cannot be administered without parental consent or a court order; if deemed an emergency on 5339 a motion must be filed within 3 days of gaining 5339 to receive a court order one cannot wait to see the parent and get consents. If parents sign consents within the 3 days a motion is not needed.***
* For children with parental rights still in place, ONLY the parent may provide consent to administer psychotropic medications
* In the event that a parent is not available to consent or refuses to consent, medication cannot be administered UNLESS the physician certifies in Section 5 that delay in providing the medication would more likely than not cause significant harm to the child OR until a court order is obtained
* If the physician authorizes immediate administration of the medication (i.e. in crisis units, hospitals or SIPP) and parental consent is unavailable or parent declines to provide consent, the case manager will provide the Medical Report to the State Attorney who will motion for a court hearing within 3 business days. CHILD MAY CONTINUE THE MEDICATION UNTIL THE COURT HEARING.
* A parent can consent to the medication any time prior to the court hearing even if a parent was initially unavailable or declined to provide consent. In that case the court hearing may be canceled.
* Case manager is to facilitate discussion between the prescribing physician and the parent, to include providing the physician with current contact numbers for the parents and offering to assist with transportation to the appointment
* Prescribing physician must inform the case manager within 1 business day if: a parent declines to provide consent OR if the physician determines that the parent lacks the ability to provide informed consent.

  **Med Consults:**

* The Med Consult line provides medical consultation by a board certified child and adolescent psychiatrist regarding psychotropic medication treatment decisions for children in out of home care. This line is available to any prescribing physician, parent, case manager or caregiver to discuss psychotropic medications. This is a voluntary service and does not substitute for second opinion OR UF pre-consent requirement for children 0-11 on 2 or more psychotropic medications.
* **Any child ages 0-17 on 2 or more psychotropic medications requires a University of Florida Pre-Consent Review to be completed *PRIOR* to starting the 2nd or subsequent psychotropic medication. If the prescribing physician determines that delay in providing the medication would more likely than not cause significant harm to the child, a Pre-Consent Review is still needed but medication can be taken until the consult is returned, reviewed, and any changes requested approved by the consenting parent or judge).**
* **Case manager must complete the pre-consent review within 1 business day of 2nd or subsequent medication being prescribed.**
* Consultant psychiatrist at UF will review the proposed treatment plan and make recommendations back to the case manager
1. If the consultant does not concur with the treatment plan, the consultant will contact the prescribing physician to discuss treatment options. **The ultimate decision regarding the medication in case the consult does not concur will belong to the individual providing consent OR the judge. Therefore, if the pre-consents states that a child should not take a medication listed or have a dosage change this must be submitted to judge with 5339 and ruling made prior to start of medication; only exception is if deemed an emergency then it would be filed with courts and final ruling be made at hearing to gain court order.**
2. Website for UF Pre-consents: <https://dcf.psychiatry.ufl.edu/submit-review-form/>

 **Audits:**

Monthly audits occur to ensure all ensuring all of the above is completed, documented, and/or uploaded in FSFN. If a child appears on the month’s audit list then the child with corresponding med tab will be reviewed. No medication tab is reviewed more than once. Each month new med tabs that have been created are reviewed. Each Month regardless if a child was audited for a medication in the past, a new audit form/checklist must be submitted. This is due to that packets with all documentation are no longer required to be sent to ECA for review and the form has been modified to save time for the CMO’s and make process easier. A prior month’s form will not be accepted if the child was audited in the past for a different start date, as each month different prescription start dates are audited. This could result in new information for that tab such as a new 5339 was implemented, new court order, updates to parental involvement, etc. All supporting documentation and items regarding psychotropic medication need to be uploaded in the child’s FSFN Med Tab to be audited. (See Audit Form for needed items)

The audit selections are not made based on the child. They are based on when prescription start dates occur (aka the date med tab is created in FSFN system). This means that a child could be audited more than once (maybe two months in a row or more) if a new med tab was created during the timeframe being reviewed.

The audit system works this way so that every med tab that is created is reviewed for compliance. This will ensure that there are no outstanding issues with medication tabs moving forward.

In the past, every child on psychotropic medications was reviewed once a year to ensure compliance. This created many issues, however, as the child could have been prescribed or discontinued medications many times over that course of time. Even more difficult was trying to obtain 5339’s that were done months and months prior. Eckerd has revamped the way we do our psych med reviews. Beginning in August of this year, a 100% was completed and final corrections are in process. This allowed us to begin fresh, and ensure that we are compliant with all children on psych meds. Moving forward a “running” review will be completed monthly. This means that we will be identifying every child that has been prescribed a new medication since the last review, and we are then reviewing them. This new process ensures that we are always current on our reviews, and that when we are missing documentation, we can obtain them in a time manner. This is why you may see the same child being reviewed repeatedly. Due to Baker Acts, or other changes in medication, they will be reviewed every time a new med is added.

Additional Items reviewed in audit are listed below:

1. Was a signed medical report completed by the prescribing physician?
2. Did the dependency case manager make minimum efforts to enable the prescribing physician to obtain express and informed consent from the child's parent or legal guardian/ did cm make attempts to engage the parent for consents timely?
3. If express and informed consent was not obtained immediately, did the dependency case manager obtain a completed copy of the medical report and provide it to children's legal services in time for a motion to be filed within 3 business days of beginning the medication?
4. If the prescribing physician certifies that delay in providing the prescribed psychotropic medication would more likely than not cause significant harm to the child, was this certification in writing on the Medical Report form?
5. If the parent or legal guardian did not attend the medical appointment, did the case manager provide the parent with a copy of the Medical Report?
6. Is there a court order on file authorizing consent for psychotropic medications?
7. Was court authorization obtained before the psychotropic medication was administered? Note: For emergency administration, this is marked N/A
8. Is the CF-FSP 5339 Medical Report form fully completed? Meaning all pages of 5339 uploaded/readable, appt. date listed, doctor signature found and matching appt. date, all medications along with diagnosis associated found, etc.)
9. Did the dependency case manager implement the medication plan developed by the prescribing physician on 5339?
10. Was a pre-consent review by a consultant child psychiatrist obtained prior to administration of two or more psychotropic medications for any child 0-17 who is in the custody of the Department in out-of-home care?
11. Does information on the 5339/medical report match what is documented in FSFN med tab?
12. Is the valid 5339/medical report uploaded into FSFN?
13. Were the following correctly addressed in Medication tab:
	1. Is the correct dosage in FSFN?
	2. …Frequency
	3. …side effects
	4. …prescribing physician
	5. …disability tab
	6. …Rx quantity
	7. …# of refills
	8. …administration route. If marked no represents med tab errors (ex. Script overlaps, incorrect consent date boxes, psychotropic med box unchecked. Med quantity to much/shortage, etc.)
	9. …CBHA info correctly entered