

**QUALITY ASSURANCE – HHSA-BHS  
MEDICATION MONITORING SCREENING TOOL - CYF OUTPATIENT**

**QUARTER:     1       2       3       4**

**Program:**  
**Psychiatrist:**  
**Reviewer(s)**  
**Reviewer credentials:**  
**Review Date:**

**Client:**  
**DOB:**  
**Case#:**  
**Diagnosis:**

**Gender:**  
**Age:**  
**Ht(in)/Wt(lb):**  
**Last MD Visit:**  
**Allergies:**

<u><b>CRITERIA</b></u>	<u><b>Y</b></u>	<u><b>N</b></u>	<u><b>N/A</b></u>	<u><b>COMMENTS</b></u>
<b>1</b> Medication dose(s) within the usual recommended dose(s) as defined in <i>California Guidelines for the Use of Psychotropic Medication with Children and Youth in Foster Care</i> , Guidelines Appendix B - (Los Angeles County Department of Mental Health's Parameters 3.8 for Use of Psychotropic Medications for Children and Adolescents)				
<b>2.</b> Were labs indicated?				
2a. For youth newly prescribed antipsychotic medication, were labs for fasting blood glucose or HbA1C and LDL- C/cholesterol obtained 90 days prior to initial prescribing or within 15 days thereafter?				
2b. For youth on antipsychotic medication for > 30 days, were monitoring labs for fasting blood glucose or HbA1C and LDL-C/cholesterol obtained within the past 12 months?				
2c. Were labs indicated for classes of medication other than antipsychotic medication?				
2d. Were all indicated labs obtained (For antipsychotic medication and for other classes)?				
2e. Were the labs reviewed by medical staff?				
2f. Were the lab results present in the chart?				
2g. Were attempts made to obtain the appropriate baseline labs within 90 days prior to prescribing or 15 days thereafter?				
2h. If treatment continues without labs, is there appropriate rationale to continue/discontinue medications?				
2i. Is there evidence of documented clinical justification and/or treatment plan adjustment when requested labs have not been completed for any reason?				
<b>3.</b> Were physical health conditions and treatment considered when prescribing psychiatric medication(s)?				

**Notes:**  
If labs are not indicated - mark **NO**

If labs are not indicated, subquestions 2a - 2h should be marked **N/A**; this would not be a variance, no McFloops required.

\*McFloop not required when missing labs are due to client noncompliance\*

**Note:** If 2i is marked **No**, a McFloop is required with an explanation.

**QUALITY ASSURANCE – HHSA-BHS  
MEDICATION MONITORING SCREENING TOOL - CYF OUTPATIENT**

<u><b>CRITERIA</b></u>	<u><b>Y</b></u>	<u><b>N</b></u>	<u><b>N/A</b></u>	<u><b>COMMENTS</b></u>
<p><b>4.</b> If the youth was prescribed a new psychotropic medication, was there a follow-up visit with a practitioner with prescribing authority within 30 days?</p>				
<p><b>5.</b> Is the patient on more than one medication of the following chemical class concurrently:</p>				
<p><b>a. Stimulants:</b> (This does not include a long-activating stimulant and immediate-release stimulant that is the same chemical entity, (i.e. Methylphenidate- OROS and Methylphenidate).</p> <p>1a. If “yes,” is rationale documented?</p> <p>2a. If the stimulant was newly prescribed, was the CURES database checked before prescribing, and was that documented?</p> <p>3a. If the stimulant prescription is ongoing, has the CURES database been checked at least every 6mos and is that documented?</p>				<p><b>Note:</b> McFloop is required if the f/u appt. is not completed within 30 days unless due to client no-show/refusal.</p>
<p><b>b. Mood Stabilizers:</b> (Antipsychotics not included)</p> <p>1b. If "yes", is rationale documented?</p>				<p><b>Note:</b> If mood stabilizers are not prescribed – mark <b>NO</b>, subquestion 1b is marked <b>N/A</b>; no McFloops required</p>
<p><b>c. Antidepressants:</b> (Trazadone as hypnotic excepted)</p> <p>1c. If "yes", is rationale documented?</p>				<p><b>Note:</b> If anti-depressants are not prescribed – mark <b>NO</b>, subquestion 1c is marked <b>N/A</b>; no McFloops required</p>
<p><b>d. Antipsychotics:</b> (Any combination of atypical and typical)</p> <p>1d. If “yes”, is rationale documented?</p>				<p><b>Note:</b> If anti-psychotics are not prescribed – mark <b>NO</b>, subquestion 1d is marked <b>N/A</b>; no McFloops required</p>
<p><b>e. Anticholinergic agents:</b></p> <p>1e. If “yes”, is rationale documented?</p>				<p><b>Note:</b> If Anticholinergic agents are not prescribed – mark <b>NO</b>, subquestion 1e is marked <b>N/A</b>; no McFloops required</p>
<p><b>f. Hypnotics:</b> Including trazodone, diphenhydramine, zolpidem, melatonin, benzodiazepines. Not including clonidine, guanfacine &amp; prazosin.</p> <p>1f. If “yes”, is rationale documented</p> <p>2f. If the hypnotic was a Schedule IV medication (benzodiazepine, zolpidem, eszopiclone, zaleplon) and was newly prescribed, was the CURES database checked before prescribing, and was that documented?</p> <p>3f. If the Schedule IV hypnotic prescription is ongoing, has the CURES database been checked at least every 6 months and is that documented?</p>				<p><b>Note:</b> If hypnotics are not prescribed – mark <b>NO</b>, subquestions 1f-3f are marked <b>N/A</b>; no McFloops required</p>

**QUALITY ASSURANCE – HHSA-BHS  
MEDICATION MONITORING SCREENING TOOL - CYF OUTPATIENT**

<u><b>CRITERIA</b></u>	<u><b>Y</b></u>	<u><b>N</b></u>	<u><b>N/A</b></u>	<u><b>COMMENTS</b></u>
<b>6.</b> Adverse drug reactions and/or side effects are treated and managed effectively				
<b>7.</b> Informed Consent for psychotropic medication is required when a new medication is prescribed or when a client resumes taking medication following a documented withdrawal of consent. Informed consent is necessary when there is a change in dosage, but the MD/NP may initially document an anticipated “dosage range” to reduce the frequency of detailed documentation of informed consent.  One of two options must be utilized:  1. Presence of the BHS Informed Consent for Psychotropic Medication form physically present in the hybrid chart. Signature and/or documented verbal consent are acceptable  2. If the MD/NP has chosen to not utilize the above form, all elements must be documented in the clinical note. (*See <b>Note</b> )				<b>Note: *</b>  Elements of informed consent:  <ul style="list-style-type: none"> <li>• Explanation of the nature of the mental health condition and why psychotropic medication is being recommended.</li> <li>• The general type (antipsychotic, antidepressant, etc.) of medication being prescribed and the medication's specific name.</li> <li>• The dose/dose range, frequency and administration route of the medication being prescribed.</li> <li>• What situations, if any, warrant taking additional medications.</li> <li>• How long it is expected that the client will be taking the medication.</li> <li>• Whether there are reasonable treatment alternatives.</li> </ul>
<b>8.</b> Documentation is in accordance with prescribed medication.				
<b>9.</b> Documentation includes:				
9a. Client's response to medication therapy?				
9b. Presence/absence of side effects?				
9c. The extent of client's adherence with the prescribed				

Please see the next page for **question 10** regarding medication with children and youth in foster care (if applicable).

# QUALITY ASSURANCE – HHSA-BHS MEDICATION MONITORING SCREENING TOOL - CYF OUTPATIENT

## Youth in Foster Care

There are continued active legislative changes around the use/monitoring of psychotropic medications with youth. The County of San Diego will continue to disseminate information about legislative changes to the Children's System of Care.

The Department of Social Services (CDSS), in collaboration with stakeholders, developed measures to track youth in foster care who received a paid claim for psychotropic medication from the California Department of Health Care Services. These measures will be publicly posted with the goal of improving the health and well-being of youth in care. Select measures have been added to this tool. Please see link provided for complete list : *QIP Foster Care*

Senate Bill 482 was passed in 2016 and now requires that the CURES database be reviewed before Schedule II, III or IV controlled substances are prescribed for the first time and at least once every four months thereafter if the prescribed controlled substance remains part of the patient's treatment. As of July 1, 2021 the requirement to review the CURES database if a controlled substance remains a part of treatment has been amended to every six (6) months.

In April 2015, Department of Health Care Services published "California Guidelines for the Use of Psychotropic

Medication with Children and Youth in Foster Care" These guidelines target youth involved in county child welfare and probation agencies and is specific to those children and youth who are placed in foster care. Foster Care is defined as 24 hour substitute care for children placed away from their parents or guardians and for whom the State and/or county agency has placement care responsibility. This includes, but is not limited to, placements in foster family homes, foster homes of relatives, group homes, emergency shelters, residential facilities, child care institutions, and pre-adoptive homes.

For detailed information on the California Guidelines: (links provided)

CA Guidelines for the Use of Psychotropic Medication with Children and Youth in Foster Care Guidelines Appendix A - Prescribing Standards of Psychotropic Medication Use by Age Group Guidelines Appendix B - Parameters for Use of Psychotropic Medication for Children and Adolescents Guidelines Appendix C - Challenges in Diagnosis and Prescribing of Psychotropic Medications Guidelines Appendix D - Algorithm (Decision Tree) for Prescribing Psychotropic Medications

Please review the medical record AS IF the CA Guidelines applied for question number 10.

<u>CRITERIA</u>		<u>Y</u>	<u>N</u>	<u>N/A</u>	<u>COMMENTS</u>
<b>10.</b>	Is the patient on more than the allowable medications for their age group, per prescribing standards detailed in the CA Guidelines?				
	<b>a.</b> Age 12 – 17 - Less than 4 psychotropic medications (allows no more than 3)  1. Does the number of medications prescribed meet the standards?				
	<b>b.</b> Age 6 – 11 – Less than 3 psychotropic medications (allows no more than 2)  1. Does the number of medications prescribed meet the standards?				
	<b>c.</b> Age 0 – 5 - Less than 2 psychotropic medications (allows 1)  1. CA Guidelines allows for stimulant, atomoxetine, guanfacine, clonidine or risperidone (risperidone for autistic spectrum disorders and associated aggression only).  2. Does the prescribing meet the Guideline recommendation?  2. Does the number of medications meet the standards?				

**Please complete a McFloop Form if there are any variances and submit to County QM along with this tool and Submission Form. Forms can be sent via confidential fax to 619-236-1953 or encrypted email at: [Qimatters.hhhsa@sdcounty.ca.gov](mailto:Qimatters.hhhsa@sdcounty.ca.gov).**