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Required Actions:	Address consent for psychotropic medication that is prescribed to children and youth in out-of-home care
Key Words:	Psychotropic medication for individuals in out-of-home care, informed consent
Related Federal Law	42 U.S.C. § 622(b)(15)(A)(ii), (v)
Related State Laws	Md. Annotated Code, Health General §§20-102(a), 104(b)(2)
COMAR	07.02.11.08
Title IV-E State Plan Implications?	No

PURPOSE AND SUMMARY

Driven by a commitment to family engagement and Family Centered Practice, Maryland believes that families should be proactively involved in the behavioral health care of their child. Such involvement includes providing their informed consent for the administration of psychotropic medication to a child in out-of-home care, except in the few instances outlined in this policy. Maryland is committed to thoughtfully identifying a health care decision maker who can make informed consent decisions when a psychotropic medication is recommended for a child in out-of-home care. This policy outlines the procedures that local department staff must follow to ensure that informed consent is obtained prior to the administration of a psychotropic medication to a child or youth experiencing out-of-home care.[1]

Psychotropic medications are non-routine medical care that can serve as an effective part of treatment services when used carefully and under medical and clinical supervision. Local departments of social services (LDSS), with oversight from Maryland's juvenile courts, arrange services for children and youth in out-of-home care. The following procedures will help Maryland ensure children and youth in out-of-home care receive the appropriate services to address their physical health, mental health, and behavioral needs so they can thrive.

The administration of psychotropic medications to youth is not an arbitrary decision and documented informed consent is required to protect the youth's health and well-being. Psychotropic medication must not be used as a method of discipline or control for any youth.

RELATED LAWS AND REGULATIONS

The Child and Family Services Improvement and Innovations Act of 2011 amended Title IV-B of the Social Security Act requires states to amend their Title IV-B state plans to identify appropriate use and monitoring of psychotropic medications as part of the state's ongoing oversight of psychotropic medications.[2]

[1] This policy addresses matters relating to DHS' internal management of the local departments.
[2] 42 U.S.C. 622(b)(15)(A)(ii), (v)

DEFINITIONS

Child Engagement – For youth under the age of 16,[3] the process of the LDSS arranging for a developmentally appropriate discussion between the prescriber and the youth about the recommended psychotropic medication, and providing the child with an opportunity to express concerns and ask questions to the prescriber about the proposed medication after being informed about and discussing the proposed treatment, the expected risks and benefits, and treatment alternatives.

Competence – A competent individual is a person who is at least 18 years of age who has not been legally determined to be incapable of making an informed decision.

Diligent Efforts - Thorough and comprehensive attempts to contact the parent or legal guardian twice on different days, using at least two different methods, if possible (such as a phone call, text, email, or in-person visit).

DSM-5 – The Diagnostic and Statistical Manual of Mental Disorders (5th Edition), published by the American Psychiatric Association and used by clinicians and psychiatrists to categorize mental health disorders for adults and children.

Emergency – As defined in General Health § 5-607, a health care provider may treat a patient who is incapable of making an informed decision, without consent, if: (1) the treatment is of an emergency medical nature; (2) a person who is authorized to give the consent is not available immediately; and (3) the attending physician determines that: there is a substantial risk of death or immediate and serious harm to the patient; and with a reasonable degree of medical certainty, the life or health of the patient would be affected adversely by delaying treatment to obtain consent.

Health Care Decision Maker (HCDM) – For purposes of this policy, a person with the legal authority to consent to administering psychotropic medications or medical care for a child experiencing out-of-home care, including, in certain situations, an individual 16-years-old or older.

Health Passport – A record containing historical and current health information (diagnoses, medical and dental provider visits, hospital stays, prescriptions and immunizations) about a child or transition-age youth in foster care that is accessible by resource parents, placement providers, health

[3] Health Gen. 20-104(b)(2)(ii) (preventing a child under the age of 16 from consenting to "the use of prescription medications to treat a mental or emotional disorder").

care providers, and LDSS staff. A health passport does not contain a child's full medical records.

Health Records – Health records include those records as defined in 42 U.S.C. § 675(1)(C), kept as part of the written case plan for every child in out-of-home care.

Informed Consent – The process by which a youth aged 16-years-old or older who is experiencing out-of-home care and has been determined by the treating provider to be mature and capable of giving informed consent accepts (or, for those 18 years old or older, rejects) a recommended medication for themselves after receiving an explanation of the pertinent information about the proposed medication and an opportunity to be heard about it (e.g., voice concerns or ask questions) by the prescriber. Informed consent must be knowing, i.e., the individual understands the information conveyed, and voluntary, i.e., given without undue influence or coercion. The capacity of a person aged 16 or 17 years to consent to psychotropic medications does not include the ability to refuse a proposed medication for which a parent, guardian, or custodian of the minor has given consent.[4]

Informed Permission – The process by which a Health Care Decision Maker (HCDM) accepts or declines a recommended medication for a child under 18-years-old who is experiencing out-of-home care after receiving an explanation of the pertinent information about the proposed medication and an opportunity to be heard about it (e.g., voice concerns or ask questions) by the prescriber. Informed permission must be knowing, i.e., the individual understands the information conveyed, and voluntary, i.e., given without undue influence or coercion.

Prescriber – A clinician authorized to prescribe psychotropic medications, including a child and adolescent psychiatrist or general psychiatrist, a pediatrician, a primary care physician, and a psychiatric nurse practitioner.

Psychotropic Medication – Medication that affects or alters thought processes, mood, sleep, or behavior, classified based on the stated or intended effect. Psychotropic medications include, but are not limited to:

- Antipsychotics for the treatment of psychosis and other mental and emotional conditions;
- Antidepressants for treatment of anxiety, depression and suicidal thoughts and behavior;
- Anxiolytics for treatment of anxiety;
- Mood-stabilizing, anticonvulsants, and lithium for treatment of bipolar

[4] Health General Art. §20–104(b)

disorder, aggressive behavior, impulse control disorders, and severe symptoms associated with mood disorders; and
- Stimulants and non-stimulants for treatment of attention deficit hyperactivity disorder (ADHD).

Worker – Any staff member who is assigned to the child welfare unit within a LDSS.

PROCEDURES AND TIMEFRAMES

1. Child Enters Out-of-Home Care Already on Psychotropic Medication

1.1. If a child enters out-of-home care with a prescription for a psychotropic medication, the child must continue taking the medication until a prescriber determines otherwise.

1.2. The worker will ensure the Health Passport is complete with all information available to the worker that is required by the Health Passport policy, including requests for any relevant medical documents and documentation of current psychotropic medication prescriptions.[5]

1.3. The assigned worker for a child must discuss the need for continuing the medication with the medical provider who performs the initial health exam or with the original prescriber of the medication.

1.4. The worker must request that the prescriber complete section A of the Psychotropic Medication Informed Consent form prior to the expiration of the current prescription.

1.5. After the worker receives section A of the Psychotropic Medication Informed Consent form back from the prescriber, the worker must commence the informed consent process outlined below.

2. Collecting, Reviewing, and Sharing Records

2.1. When there is an upcoming mental health evaluation and/or treatment appointment where psychotropic medication may be discussed,the worker must request the following medical history and prior records, if applicable[6]:

2.1.1. Behavioral (mental and substance use) health, physical health, and developmental records;

2.1.2. Psychological evaluations;

[5] COMAR 07.02.11.08

[6] As required in the most recent SSA Health Care Oversight and Coordination Policy, when a child enters out-of-home care, the LDSS must request the child's health records. If the parent or legal guardian does not authorize the release of those records, the LDSS must seek a court order permitting it to obtain those records.

2.1.3. Psychiatric inpatient admission, discharge and prescription records;
2.1.4. Individualized Education Program (IEP) or 504 Plan documents, if available;
2.1.5. Record of previous and current medications; and
2.1.6. Relevant court records.

2.2. The worker must supplement these records, as necessary, including whenever the worker becomes aware of additional records.

2.3. For any initial or subsequent psychotropic medication appointments, the worker will:
2.3.1. When relevant, share newly available and relevant historical records with the prescriber before the mental or behavioral health appointment where psychotropic medication may be considered, including the Health Passport.
2.3.2. Discuss the upcoming appointment with the resource parent, kinship caregiver, congregate care staff member, child or youth, and parent or legal guardian, including sharing the date, time, and location, and notify those parties about any likely forthcoming changes to the child's treatment regimen and encourage them to ask questions or raise concerns with the prescriber about those changes.
2.3.3. Share the Psychotropic Medication Informed Consent form with the prescriber prior to or during the appointment and request that they, or their office staff, complete Section A of the Consent form as soon as possible.
2.3.4. The worker will inform the prescriber who the designated HCDM is for psychotropic consent purposes.
2.3.5. The worker will document all efforts to gather historical records in contact notes and upload any records received in the electronic system of record. The worker may use CJAMS How to Guide for uploading documents as an additional resource.

3. Identifying the Health Care Decision Maker (HCDM)

3.1. The LDSS must review the court order to identify a HCDM and may consult with the agency attorney for clarification. Depending on the court order, authorized HCDMs may include:

3.2. Parent(s) or Legal Guardian(s) unless:
3.2.1. Parental rights are terminated;
3.2.2. After diligent efforts by the LDSS, the parent or legal guardian is unavailable to give informed permission. (See, diligent efforts section 5.1.3 below);

3.2.3. There is an emergency situation. (See, Emergency Authorization); or

3.2.4. A court order explicitly grants the LDSS the authority to permit psychotropic medication treatment for the youth experiencing out-of-home care, separate from granting the LDSS authority for routine medical decision making.

3.3. Youth 18-years-old or older, or in certain circumstances, 16-years-old or older; or

3.4. LDSS director, assistant director, or designee, if:

3.4.1. A court order explicitly grants the LDSS the authority to permit psychotropic medication treatment for a specific youth experiencing out-of-home care; or

3.4.2. Parental rights are terminated and the court grants guardianship to the LDSS. The HCDM authority does not expire until the guardianship case concludes or the court issues an order authorizing a different HCDM; or

3.5. Another adult authorized by the court to be the HCDM (e.g., kin, family by choice, or prospective adoptive parent).

4. Informed Consent and Child Engagement for New or Renewal of Psychotropic Medication

4.1. Only a certified and licensed clinician can prescribe psychotropic medications to children and youth in foster care. If the prescribing clinician is not a child psychiatrist, a referral to or consultation with a child psychiatrist, or general psychiatrist with significant experience in treating children, must occur prior to prescribing the psychotropic medication as well as consultation 60-90 days afterwards to ensure the prescription is benefiting the child.

4.2. The child or youth may not be administered a psychotropic medication unless the prescriber first obtains informed consent or informed permission from the healthcare decision maker, except in an emergency situation, see Emergency Authorization section, and such consent must be memorialized on the Psychotropic Medication Informed Consent form.

4.3. Informed consent or informed permission requires that the following information has been communicated by the prescriber to the HCDM in a manner consistent with the individual's ability to understand the information:

4.3.1. The diagnosis;

4.3.2. The purpose of the psychotropic medication;

4.3.3. The names and dosages of any recommended medications;

4.3.4. Possible side effects and symptoms, including those that would warrant contacting the prescriber before a follow-up appointment or seeking emergency or urgent care;
4.3.5. The required follow-up and monitoring;
4.3.6. Reactions or concerns about any prescribed medication expressed by the child, their parents, or their caregivers;
4.3.7. Availability of alternative behavioral health treatments;
4.3.8. The prognosis of the recommended medication if not taken as well as the possibility that the medication may or may not be effective with the desired goals; and
4.3.9. Any other relevant information to support the well-being of the child or youth.

4.4. When the dose of the prescribed psychotropic medication exceeds the range previously consented to or exceeds FDA-approved pediatric dosage guidelines, the worker will discuss with the prescriber the need to update informed consent or permission. The decision to update informed consent or permission will be noted on the Informed Consent form, in section A.

4.5. The worker will engage the child or youth in the decisions about treatment with psychotropic medications, in accordance with this policy by, for example, notifying them about known treatment changes and encouraging them to speak with the prescriber about the proposed changes (e.g., voice concerns and ask questions).

4.6. To ensure that psychotropic medications are used as a part of an overall treatment plan to address the physical, mental, and/or behavioral health needs of the child or youth, the following information shall be documented in the electronic system of record:
4.6.1. The child or youth has a documented DSM-5 diagnosis of a mental health disorder and the medication being recommended is typically used to treat that diagnosis;
4.6.2. Essential laboratory tests were performed and results documented as determined by the prescriber; and
4.6.3. The child or youth has been referred to, has received, or receives appropriate mental or behavioral health services, including therapy or behavioral modification.

5. When parent(s), Legal guardian(s), or other adult(s) authorized by the court are/is the HCDM.

5.1 When the parent(s), legal guardian(s), or other adult authorized by the court are/is the HCDM, the LDSS must:

5.1.1. Encourage the HCDM to participate in the plans for the child's medical care by asking questions or raising concerns with the prescriber about proposed treatment changes.[7]

5.1.2. Provide the HCDM with the prescriber's contact information if they are not already receiving treatment recommendations directly from the prescriber.

5.1.3. Subject to section 5.2 below, whenever possible, at least 5 business days before an appointment at which a prescription for psychotropic medications may be considered, the worker shall make diligent efforts (as defined above) to communicate the appointment information and the contact information of the prescriber to the HCDM.

5.1.4. Attempts to contact the HCDM shall be documented on the Psychotropic Medication Informed Consent form.

5.2. Exceptions to the diligent efforts requirement

5.2.1. In the following circumstances, the LDSS will document on the Psychotropic Medication Informed Consent form why it is not required to attempt to notify the HCDM of an upcoming appointment, give the HCDM a prescriber's contact information, or request informed permission:

5.2.1.1. Parental rights are terminated.

5.2.1.2. The LDSS does not know the identity of a parent or legal guardian or is unable to locate the HCDM after a thorough and comprehensive search in accordance with the most recent SSA policies for locating parents.

5.2.1.3. The HCDM is a parent or legal guardian who has abandoned the child for a period of 90 days without any meaningful contact.

5.2.1.4. The LDSS determines that sharing the information may endanger the health, safety, or welfare of the child, or is otherwise contrary to the best interests of the child.

5.2.1.5. The LDSS determines that sharing information with the HCDM may interfere with a child maltreatment or criminal investigation involving the child or another child.

[7] COMAR 07.02.11.08

5.2.1.6. If a court exercising authority over the child has entered an order restricting a parent or legal guardian's ability to consent to treatment or access information about the child.

5.2.1.7. If providing the information is otherwise contrary to law.

5.2.2. Under the following circumstances the worker will document when the HCDM is unwilling or unavailable to be participate in the informed permission process:

5.2.3. The HCDM was successfully contacted and declined to exercise informed permission authority.

5.2.4. The HCDM was successfully contacted but was unwilling or repeatedly unable to participate in the informed permission process.

5.3. If the HCDM is unwilling or unavailable to participate in the informed permission process, or if one of the exceptions to the diligent efforts requirements in section 5.2 applies, the LDSS may consult with the agency attorney, and if appropriate, may petition the court for an order explicitly granting the LDSS the authority to permit psychotropic medication. LDSS may not act as HCDM absent an order explicitly granting the authority to permit psychotropic medication for a specified child, except as discussed in the Emergency Authorization section. All legal parties will be notified of the department's request.

5.4. The LDSS must provide the HCDM with the Psychotropic Medication Informed Consent form to document their informed permission in section C. The LDSS shall encourage the HCDM to complete section C of the form, including executing the signature line, after the HCDM discusses the proposed medication with the prescriber.

5.5. At any time, the LDSS may consult with the agency attorney, and if appropriate, may petition the court for a court order explicitly granting the LDSS the authority to permit psychotropic medication for a specified child experiencing out-of-home care. All parties will be notified of the department's request.

6. When the LDSS is the Health Care Decision Maker (HCDM)

6.1. When a court order explicitly grants the LDSS the authority to permit psychotropic medication treatment, then the LDSS director, assistant director, or designee must provide permission or refusal for the recommended psychotropic medication. The worker shall document in the system of record the individual within LDSS assigned the HCDM role.

6.2. The assigned worker for a child will:
  6.2.1. Discuss with the caregivers any observations about the child that may be relevant to the reasons for seeing the provider,
  6.2.2. Review the full Health Passport and relevant portions of the health file, and
  6.2.3. Discuss with the prescriber the following information:
    6.2.3.1. The diagnosis;
    6.2.3.2. The purpose of the psychotropic medication;
    6.2.3.3. The names and dosages of any recommended medications;
    6.2.3.4. Possible side effects and symptoms, including those that would warrant contacting the prescriber before a follow-up appointment or seeking emergency or urgent care;
    6.2.3.5. The required follow-up and monitoring;
    6.2.3.6. Reactions or concerns about any prescribed medication expressed by the child, their parents, or their caregivers;
    6.2.3.7. Availability of alternative behavioral health treatments;
    6.2.3.8. The prognosis of the recommended medication is not taken as prescribed as well as the possibility that the medication may or may not be effective with the desired goals; and
    6.2.3.9. Any additional, relevant information to support the well-being of the child or youth.
  6.2.4. Review Section A of the Psychotropic Medication Informed Consent form and ensure all information obtained under section 6.2 are documented.

6.3. The LDSS Director, Assistant Director, or designee must complete Section C of the Psychotropic Medication Informed Consent form upon consideration of the information in Section 6.2 and discussions with the assigned worker for the youth. When completing the consent form, the LDSS decision maker will attest that they have reviewed the information provided to them by the worker and are informed about the proposed medication.

6.4. When available, the LDSS will seek a prospective review of the medication based on the established procedure and referral process.

7. When an Individual 16-Years-old or Older is the HCDM

7.1. A youth in out-of-home care who is 18 years old or older is the HCDM, unless otherwise ordered by the court.

7.2. A youth in out-of-home care who is 16-years-old but not yet 18-years-old, and has been determined by a health care provider to be mature and capable of giving informed consent, serves as the HCDM for the purposes of providing informed consent for a psychotropic medication. However, youth aged 16 and 17 cannot refuse consultation, diagnosis, or treatment, including psychotropic medication, when a parent, legal guardian, or LDSS, (depending on the court order) provides informed permission.

7.3. If a youth who is 16-years-old but not yet 18-years-old does not provide informed consent to a psychotropic medication, disputes between the youth and the HCDM will be resolved through the conflict resolution process outlined below.

7.4. When a 16-or-17-year-old youth is prescribed a psychotropic medication, the LDSS must:

- 7.4.1. Provide to the youth a copy of A Guide on Psychotropic Medications for Youth in Foster Care;
- 7.4.2. Document on the Psychotropic Medication Informed Consent form whether A Guide on Psychotropic Medications for Youth in Foster Care was provided to the youth, either currently or previously;
- 7.4.3. Inform the youth that they may consult with the prescriber, ask questions, voice reactions or concerns, and meet with the prescriber alone;
- 7.4.4. If the youth has not yet had the opportunity to speak with the prescriber, request the prescriber talk with the youth in a developmentally appropriate manner about the following:
  - 7.4.4.1. The diagnosis;
  - 7.4.4.2. The purpose of the psychotropic medication;
  - 7.4.4.3. The names and dosages of any recommended medications;
  - 7.4.4.4. Possible side effects and symptoms, including those that would warrant contacting the prescriber before a follow-up appointment or seeking emergency or urgent care;
  - 7.4.4.5. The required follow-up and monitoring;
  - 7.4.4.6. Availability of alternative behavioral health treatments;
  - 7.4.4.7. The prognosis if the individual refuses the recommended medication;
  - 7.4.4.8. The youth's questions or concerns about the proposed medication; and
  - 7.4.4.9. Any additional, relevant information to support the well-being of the child or youth.

7.5. After the youth has received the information listed in section 7.4, coordinate with the youth to obtain written consent on section C of the Psychotropic Medication Informed Consent form.

8. Child Engagement

8.1. For all youth, regardless of age, the LDSS will encourage the youth to discuss with the prescriber in a developmentally appropriate manner, the following:

- 8.1.1. The diagnosis;
- 8.1.2. The purpose of the psychotropic medication;
- 8.1.3. The intended results of the medication including that the medication may not be effective for its purpose;
- 8.1.4. The names and dosage range of any recommended medications;
- 8.1.5. Possible side effects and symptoms, including those that would warrant contacting the prescriber before a follow up appointment or seeking emergency or urgent care;
- 8.1.6. The required follow-up and monitoring;
- 8.1.7. Availability of alternative behavioral health treatments;
- 8.1.8. The prognosis of the recommended medication is not taken;
- 8.1.9. The child's questions or concerns about the proposed medication; and
- 8.1.10. Any additional, relevant information to support the well-being of the child.

8.2. For children aged 12 years or older, if developmentally appropriate, a worker will provide a copy of A Guide on Psychotropic Medications for Youth in Foster Care.

8.3. When applicable, the prescriber will note in section A of the Psychotropic Medication Informed Consent form that they discussed the above information with the youth and the prescriber will note the child's stated preference regarding the recommended psychotropic medication.

9. Conflict Resolution Process

9.1. When a conflict arises under this policy, any party (e.g., HCDM; LDSS; LDSS counsel; youth; youth's attorney; parents, when they are not the HCDM; and the parent's attorney) can request, and the LDSS will schedule, a meeting between the parties to discuss and hopefully resolve the conflict. If the meeting does not resolve the conflict, any party may petition the juvenile court for a resolution.

10. Emergency Authorization

10.1. A prescriber may administer psychotropic medication without informed consent in an emergency as set forth in Health General § 5-607.

10.2. When LDSS is not the HCDM, LDSS may seek a court order for emergency treatment of a child alleged to have a condition or illness that, in the opinion of a licensed physician, requires immediate treatment, when the child's parent, guardian, or custodian is not available or, without good cause, refuses to consent to the treatment as set forth in Courts and Judicial Proceedings Article 3-824.

10.3. When the emergency no longer exists, the worker shall follow the informed consent process as set forth in this policy to continue psychotropic medication treatment.

10.4. When a prescriber administers a psychotropic medication under this section, the worker shall document the medication in the youth's Health Passport as soon as possible.

11. LDSS Role in Monitoring Psychotropic Medications

11.1. During the monthly home visit, the foster care case worker must review medication adherence, the medication's effect on the youth and the medication log maintained by the provider and address any administration discrepancies, if present.

11.2. At each home visit, the following items must be discussed with both the caregiver and the youth:

11.2.1. Caregiver discussion must include:

11.2.1.1. A review of information that is provided by the prescribing clinician about the intended effects and any side effects of the medication.

11.2.1.2. The caregiver's observations or concerns about the effects of the medication on the youth.

11.2.1.3. Compliance with all medical appointments, including dates of last and upcoming appointments with the prescribing clinician.

11.2.1.4. Medication availability and administration (i.e., is the youth compliant with medication schedule, is medication log being completed, etc.) and refill process.

11.2.2. Youth discussion must include (discussion should be developmentally appropriate and from a youth point of view):

11.2.2.1. The noted benefits and side effects of the medication.

11.2.2.2. The administration of medication; time frame and regularity.

11.2.2.3. The youth's thoughts or concerns about the effects of the medication.

11.3. The worker should also review the following with the caregiver and youth:

11.3.1. Medication cannot be discontinued unless ordered by the practitioner/prescriber.

11.3.2. All medical appointments, including any for laboratory work, if applicable, or follow-up medication appointments, must occur on a routine basis as scheduled.

11.3.3. Any and all adverse side-effects must be reported to both the prescribing clinician and the worker in a timely manner.

11.4. The worker should document the pertinent information obtained from these discussions in the case note from the visit.

12. Revocation of Informed Consent for a Prescribed Medication

12.1. When the HCDM withdraws consent in consultation with the prescriber, the LDSS will note this in the child's case record, including the end date for the medication.

12.2. The HCDM has the right to revoke consent at any time for any reason. When a HCDM withdraws consent for a psychotropic medication without prescriber consultation, the worker shall advise the HCDM to consult with the prescriber prior to discontinuing the medication. The worker shall initiate the conflict resolution process if the HCDM refuses to consult with the prescriber.

12.3. The youth should continue taking the medication while this process is in progress, as abruptly stopping the medication can lead to adverse outcomes.

13. Informed Consent Renewal

13.1. The worker shall review informed consent annually. This review shall include:

13.1.1. Child engagement as set forth in this policy,

13.1.2. What, if any, adverse effects the child experienced,

13.1.3. Whether the symptoms for which the drug was prescribed are managed or subsided.

13.1.4. This review will be documented in the electronic system of record.

13.2. Informed consent for psychotropic medication expires after 12 months. Informed consent must be re-executed 12 months from the date of the prior consent or refusal to consent, or when a prescriber recommends a new psychotropic medication.

13.3. The worker must follow the Informed Consent process described in this policy, including requesting a new signed and dated copy of the Psychotropic Medication Informed Consent form. The updated form will be uploaded to the electronic system of record.

14. Training

14.1. Current directors, assistant directors, and their designee acting as HCDM must complete all modules of Psychotropic Medication Management training within six months of the modules becoming available and prior to serving in the role of HCDM to ensure a comprehensive understanding of their role and responsibilities. After the module becomes available, new directors and assistant directors must complete the training within 6 months of their employment, and prior to serving in the role of HCDM. HCDMs must pass a post-test with a score of 80%. DHS will monitor completion of the training.

14.2. Current workers must complete all Psychotropic Medication Management training within six months of the modules becoming available to ensure a comprehensive understanding of their role and responsibilities. After the module becomes available, new workers must complete training within 6 months of their employment. A post-test must be administered with a passing score of at least 80%. After two failed attempts at passing the test, the training must be repeated and the post-test passage confirmed. DHS will monitor completion of the training.

14.3. Training on psychotropic medication will be provided to licensed resource parents who may provide direct care for children or youth receiving psychotropic medications. This training should be completed within 6 months of licensure. Existing resource parents are encouraged to complete this training within 6 months of the training becoming available if they have not already completed training under the pre-existing module.

14.3.1. Training on psychotropic medications is available to kinship caregivers.

15. Documentating Informed Consent

15.1. The DHS 631-IC Psychotropic Medication Informed Consent form, which is used to document the requirements set forth above and memorialize and track that consent has been obtained, consists of the following sections:

15.1.1. Section A: Psychotropic Medication Recommendation – Completed by the Prescriber.

15.1.2. Section B: Notification – Completed by the Worker prior to the doctor's visit.

15.1.3. Section C: Consent for Administration of Psychotropic Medication – Completed by the HCDM.

15.1.4. Section E: Discontinuation of Medication – Completed by the Prescriber.

15.1.5. The following must also be documented within the Health Passport, if not included in Sections A-C as noted above:

15.1.5.1. Mental health diagnosis;

15.1.5.2. Name of prescribed psychotropic medications, dosage, and prescribing clinician's name and medical specialty;

15.1.5.3. Routine medication appointments with prescribing physician;

15.1.5.4. If applicable, ongoing testing/lab work specific for prescribed medication;

15.1.5.5. Any potential side effects; and

15.1.5.6. All non-pharmacological treatment services (i.e. therapy, behavioral supports/monitoring, and other interventions).

15.1.6. All items above must be incorporated into the medical section of the case service plan along with the following:

15.1.6.1. The youth's physical reaction to the medication;

15.1.6.2. Youth's comments and/or concerns regarding the medication;

15.1.6.3. Caregiver's observations and comments regarding the effects of the medication;

15.1.6.4. Feedback regarding the medication's effect on the child from birth parent(s), therapist, daycare providers, teacher, and/or other persons as applicable; and

15.1.6.5. All feedback (oral and written) from the prescribing clinician.

15.2. Complete Informed Consent Forms will be stored in the child's electronic system of record.

FORMS AND ATTACHMENTS

Psychotropic Medication Informed Consent form

Health Passport

CJAMS How to Guide for uploading documents

Appendix I -Sample to be placed on LDSS agency letterhead.

EXPLANATION LETTER FOR THE NEED FOR THE INFORMED CONSENT

Date
Prescriber's Name
Address

Re: Informed Consent

Dear *Prescriber's Name*:

Thank you for your commitment and dedication to caring for children and youth under the care and custody of a local department of social services (LDSS).

As federal law requires, the Maryland Department of Human Services developed protocols and procedures for overseeing and monitoring psychotropic medication usage by children and youth experiencing out-of-home care. (42 U.S.C. 622(b)(15)(A)(ii), (v)) These procedures include obtaining and documenting informed consent for prescribed psychotropic medications. Informed consent must be obtained from the relevant individual before a psychotropic medication can be prescribed to any child or youth experiencing foster care.

Accordingly, please complete all fields in Section A – Psychotropic Medication Recommendation for [individual's name and DOB] to assist us. I will forward a copy to you for your records once the form has been completed.

If you have any questions, please contact me at [worker's phone number].

Sincerely,

Worker's Name
Phone#
Email Address