

**DHS DIVISION OF LICENSING  
Self-Monitoring Checklist**

Developmental Disabilities Services Licensed under Minnesota Statutes, chapter 245B

**PSYCHOTROPIC MEDICATION USE & MONITORING**

LAW / RULE CITE	LICENSING STANDARD	RECORD 1	RECORD 2	RECORD 3	NOTES
245B.07, Subd. 8	<b><u>Program Medication Use &amp; Monitoring Policies &amp; Procedures</u></b> The license holder implemented the program's policies and procedures that promote consumer health.				
245B.07, Subd. 8, (a), (7)	The license holder ensured that staff implemented the program's psychotropic medication monitoring policy as required when the consumer was prescribed a psychotropic medication. <ul style="list-style-type: none"> <li>▪ If the responsibility for implementing the psychotropic medication use checklist was not assigned to a specific license holder in the ISP and the consumer lives in a licensed site, the residential license holder shall be designated.</li> </ul>				
245B.02, Subd. 19	The policy and procedure included the use of the psychotropic medication use checklist [refer to the PMUC itself for the specific requirements when conducting self-monitoring]. <ul style="list-style-type: none"> <li>▪ "Psychotropic medication use checklist" means the psychotropic medication monitoring checklist <u>and</u> manual used to govern the administration of psychotropic medications. The checklist and the manual were revised in 2004.</li> <li>▪ The commissioner may revise or update the psychotropic medication use checklist to comply with legal requirements or to meet professional standards or guidelines in the area of developmental disabilities.</li> <li>▪ For purposes of compliance with MS, chapter 245B, psychotropic medication means any medication prescribed to treat mental illness and associated behaviors or to control or alter behavior.</li> <li>▪ The major classes of psychotropic medication are antipsychotic (neuroleptic), antidepressant, antianxiety, antimania, stimulant, and sedative or hypnotic.</li> <li>▪ Other miscellaneous medications are considered to be a psychotropic medication when they are specifically prescribed to treat a mental illness or to control or alter behavior.</li> </ul>				

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Tagline	<b>PSYCHOTROPIC MEDICATION USE CHECKLIST</b> Refer to the Psychotropic Medication Monitoring Manual for more information related to the requirements of the checklist.				
	It is not a requirement to maintain a copy of the checklist in a consumer's record.				
	<b>Part I. Behavior Management Data Collection</b>				
1	A. Complete Behavioral Support Plan (BSP) located in person's file.				
2	B. Identify in measurable and observable terms at least one target behavior or psychiatric symptom if the individual is prescribed psychotropic medication.				
3	C. Document Interdisciplinary Team's (IDT) involvement in the discussion of target behaviors and the need for psychotropic medications, with additional documentation in the Individual Service Plan (ISP).				
4	D. Complete IDT meeting notes within 30 days of the annual IDT meeting, located in the person's file.				
5	E. Implement a data collection method which accurately records target behavior, psychiatric symptom(s) and if appropriate, desired alternative behavior developed by the person, the person's legally authorized representative, if any, and IDT members.				
6	F. Describe the data collection method and staff training required to record behavioral outcomes.				
7	G. Use an objective data collection method to measure the target behaviors or psychiatric symptoms that may include one or more of the following: 1. frequency count, 2. duration recording, 3. time sampling, 4. interval recording, 5. permanent products, and/or 6. rating scales.				

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8	H. Obtain baseline data prior to typical initiation or upon emergency initiation (see Part III) of a psychotropic medication(s).				
9	1. Define the target behavior(s) that are observable and measurable,				
10	2. Obtain at least two weeks of baseline data, or if unable to acquire, document reasons				
11	3. Reflect environmental situations in baseline data				
12	I. Document that the objective data supports a therapeutic effect from the psychotropic medication				
13	1. Compare data (treatment) to the available baseline data (pretreatment).				
14	2. Monitor the therapeutic effects as determined in the BSP or at least Annually.				
15	3. Document other therapies/programs available that have been considered, tried, and/or rejected.				
16	J. If any of the following exist, the prescriber must provide written justification.				
17	1. Intra-class polypharmacy (i.e., two medications from the same therapeutic class).				
18	2. Interclass polypharmacy (i.e., more than two medications from different therapeutic classes).				
19	3. Dosages that exceed the FDA maximum.				
	<b>Part II. Informed Consent</b>				
20	A. The written Informed Consent is present in the individual's file for each psychotropic medication the individual is currently receiving.				
21	B. The written Informed Consent includes the date and signature of the individual, if competent, or the individual's legally authorized representative prior to the date of non-emergency initiation.				

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22	C. The written Informed Consent provides information specific to the individual medication(s) and must include at a minimum:				
23	1. Generic and commonly known brand name of the medication(s).				
24	2. The purpose(s) of the medication(s).				
25	3. The risks and possible side effects (including TD), and their treatment.				
26	4. The expected benefits of the medication(s).				
27	5. The feasible alternatives if a psychotropic medication is not prescribed.				
28	6. The route of administration.				
29	7. The estimated duration of psychotropic medication use.				
30	8. An explanation that consent may be withdrawn at any time.				
31	9. An explanation that consent is time-limited.				
32	10. The name, address and phone number of appropriate personnel to contact should questions or concerns arise.				
33	D. The required information in item C is documented as being provided orally and in writing; or exceptions are justified and documented.				
34	E. The written Informed Consent is renewed, signed, and dated at least annually				
35	F. Written Informed Consent is obtained and filed within 30 days of initiation of psychotropic medication in an emergency situation				
36	G. Oral informed consent, either face-to-face or by telephone, must be verified by a witness and attempts made to obtain written informed consent				
37	H. The required information in item G is documented as being provided orally and in writing; or exceptions are justified and documented.				

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38	I. Any exceptions to obtaining informed consent are justified and documented (see Part III)				
39	J. If consent is refused:				
40	1. The psychotropic is not prescribed or is discontinued, or				
41	2. A court order is obtained within 45 days to override the refusal or after the inability to obtain informed consent from the legally authorized representative after repeated unsuccessful attempts.				
	<b>Part III. Emergency Psychotropic Medication Initiation</b>				
42	A. Imminent and substantial danger to the individual and/or others is identified and documented.				
43	B. Behavior outcome(s) resulting from the emergency initiation of psychotropic medication are documented.				
44	C. The individual's legal representative and county case manager are notified within 72 hours of emergency initiation of a psychotropic medication and written informed consent be obtained within 30 days if continued use is recommended.				
	<b>Part IV. pro re nata (PRN) Psychotropic Administration</b>				
45	A. Written behavioral and procedural criteria are established and approved by the IDT.				
46	B. Precipitating factors and events leading to PRN administration are documented.				
47	C. Behavioral outcomes resulting from PRN administration are documented.				
48	D. PRN use is reviewed for effectiveness at a frequency identified in the Behavioral Support Plan and ISP.				

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	<b>Part V. Side-Effects Monitoring</b>				
49	A. The frequency at which both short-term and long-term side effects will be monitored depending upon risk factors, treatment phase, and response to psychotropic medications.				
50	B. The standardized assessment instrument used is a published or recognized scale or checklist (e.g., MOSES, SAFTEE, DOTES) from standard pharmaceutical or medical references.				
51	C. Document the results based on direct examination by the use of a standardized assessment instrument.				
52	D. Staff have access to information on side effects at the service site.				
53	E. The standardized assessment instrument is completed and present in the individual's file prior to the initiation of a psychotropic medication for planned and emergency (unplanned) initiation of a psychotropic medication.				
54	F. The standardized assessment instrument is completed and present in the individual's file within 30 days after the initiation of a new psychotropic medication or dose increase, and is completed no greater than every 7 months apart.				
55	1. The licensed health professional will be notified of changes from baseline side effect assessment within 5 working days.				
56	2. The prescriber is notified immediately of any adverse effects.				
57	G. If prescribed, requested laboratory assessments are completed and documented in the individual's file.				
58	H. Document whether or not side effects (e.g., tremor, ataxia, dysarthria, drooling, irritability) occurred? If no, go to Part IV. If yes, then see 1 and 2 below:				
59	1. Document that the side effect(s) do not impair the person's functional status or quality of life, or				

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60	2. If the side effects do impair the individual's functional status or quality of life, was the psychotropic medication discontinued or decreased? If it was, go to Part IV. If it was not, then see a, b and c below:				
61	a. Document who was present during the decision-making process.				
62	b. Document the decision reached during the decision-making process.				
63	c. Document that the prescriber was notified.				
	<b>Part VI. Tardive Dyskinesia (TD)</b>				
64	If the individual is on an antipsychotic medication, amoxapine (Asendin®), or Metoclopramide (Reglan®) a standardized assessment instrument, such as AIMS, DISCUS, TDRS or TRMS, is completed a minimum of two times annually.				
65	A. If all Tardive Dyskinesia causing drugs have been discontinued, a Tardive Dyskinesia assessment will occur 1, 2, and 3 calendar months after the discontinuation in order to check for the presence of TD.				
66	B. If persistent, Tardive Dyskinesia has been diagnosed and all TD Tardive Dyskinesia causing drugs have been discontinued, then TD Tardive Dyskinesia assessments shall continue annually.				

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