

1. Informed Consent for new psychotropic medications – 85%

15a - Individuals and/or parents/guardians are informed about and give consent for all new psychotropic medications prescribed during the review period.

15b - For all of the new psychotropic medications prescribed during the review period from '15a', informed consent documentation includes the following:

- Benefits/intended outcome of treatment
- Individual's risk and side effects
- Possible alternatives to the proposed medications
- Possible results of not taking the recommended medications
- The person's right to withdraw voluntary consent for medication at any time

2. Assessed for Movement Disorders for Neuroleptics

- Upon initiation of all new antipsychotic medications--75%
- Assessed for Movement Disorders Annually – 75%

3. Adverse Reactions or Side Effects Are Addressed – 90%

If the individual has been prescribed psychotropic medication and adverse reactions or side effects were noted, progress notes include documentation of the follow-up.

4. Annual Labs/ Weights for Atypical Neuroleptic Labs Are Ordered – 85%

For each individual who is continuously prescribed an atypical antipsychotic (including Zyprexa, Risperdal, Geodon, Seroquel, Abilify, and Clozaril) during the study period, there is documentation that the following have been completed at least annually:

- Blood glucose has been ordered and/or obtained
- Lipid levels have been ordered and/or obtained
- Weight/BMI have been obtained

5. Specific Target Symptoms for Each Medication – 75%

If the individual has been prescribed any new psychotropic medication during the review period, the record includes documentation of specific target symptoms for each medication.

6. Coordination of Care with PCP – 70%

Behavioral health care has been coordinated with the member's PCP as required. At a minimum, for all behavioral health recipients referred by the PCP or who have a serious mental illness, the following information must be provided to the person's assigned PCP:

- The person's diagnosis; and
- The person's current prescribed medications (including strength and dosage).
- All above information annually, and/or
- Significant change in the person's diagnosis and/or prescribed medications.

7. Annual Lithium Levels and Labs Are Ordered – 85%

For each individual who is continuously prescribed lithium (including lithium carbonate, lithium citrate, or Lithobid) during the review period, there is documentation that the following have been completed at least annually:

- a. Lithium blood levels have been ordered and/or obtained
- b. Thyroid function test (TSH) has been ordered and/or obtained
- c. Renal function test (BUN/creatinine or 24-hour urine) has been ordered and/or obtained

8. Symptomatic Improvement – 85%

Q11a - Mood disorders: stabilization in sleep, appetite, and energy levels, and/or reduction in suicidal ideation/behavior and/or elevation of mood or maintenance of euthymic mood

Q11b – Psychotic disorders: decrease in or absence of positive or negative symptoms (e.g. hallucinations/delusions, thought blocking, amotivation, cognitive deficits)

Q11c - ADHD: decrease in hyperactivity or impulsivity and/or increased ability to focus and concentrate

Q11d – Borderline Personality Disorder: decrease in impulsivity and/or frequency of self-injurious behaviors

Q11e – Co-occurring psychiatric illness and substance abuse disorder: decrease in frequency or remission of substance abuse

Q11f – Substance abuse/dependence (solely: not other Axis I or Axis II diagnoses): decrease in frequency of target substance use

If symptomatic improvement is not evident (i.e. answer is NO above, the provider has revised the treatment approach and/or sought consultation in order to facilitate symptomatic improvement)

9. Rationale and Justification for Intra-class Polypharmacy – 60%

When 3 or more psychotropic medications within the same class prescribed simultaneously during the review period, is rationale and justification for combined use present?

10. Rationale and Justification for Interclass Polypharmacy – 60%

When 4 or more psychotropic medications from different classes prescribed simultaneously for the overall treatment of behavioral health disorders during the review period, is rationale and justification for combined use present?