County of Yolo

HEALTH AND HUMAN SERVICES AGENCY

POLICIES AND PROCEDURES

SECTION 5, CHAPTER 11, POLICY 003

MEDICATION CONSENT

POLICY NUMBER:	5-11-003
SYSTEM OF CARE:	MENTAL HEALTH
FINALIZED DATE:	03/10/2021
EFFECTIVE:	07/01/2020
SUPERSEDES # :	Supersedes Policy #'s: QM-MH-0301 Medication Consent

A. PURPOSE: To establish uniform guidelines for medication consent to ensure Yolo County Health and Human Services Agency (HHSA) prescribing providers are following federal and state requirements.

B. RELATED DOCUMENTS:

1. Informed Consent for Treatment with Psychotropic Medication (English, Spanish, Russian, and large font versions)

C. DEFINITIONS: N/A

D. POLICY:

1. The provider shall obtain and retain a current written medication consent form signed by the beneficiary agreeing to the administration of each prescribed psychiatric medication before initiating treatment with psychiatric medications.

    a. Providers should complete the medication consent form within Yolo County's electronic health record, but paper copies are available if needed.

    b. Multiple medications may be listed on one consent form, as long as all the required elements are present for each medication.

2. Written information about each medication discussed should be offered to the beneficiary, beneficiary's representative, or parent/guardian.

3. JV-220 forms shall be used to ask for an order to give, or continue giving, psychotropic medications to children who are a ward or dependent of the juvenile court and living in an out-of-home placement or in foster care (WIC, Section 727.4). Refer to HHSA Policy 5-11-002-J, "Prescribing Psychotropic Medications to Minors", for further JV-220 information.

    The JV220 form does not replace the need for a medication consent form to be completed. The court forms do not include all of the required components for informed consent to medication(s); specifically, the court forms do not include information on the method of administration (oral or injection) or additional side effects if the child were to take the medication for more than three months.

4. The following circumstances require a new, signed, medication consent form. Except for the circumstances listed below, medication consent will remain in the beneficiary's chart and is valid indefinitely from date of signature. Any medication changes should be documented in the progress note.

    a. If new medication is prescribed, or the route changed (e.g., oral to injection).

    b. If dosage and/or frequency are outside of the range(s) given on the consent form or are above the FDA recommended maximum dose.

    c. If a female beneficiary becomes pregnant or is breastfeeding, medication consent should be reviewed, and the risks and benefits of currently prescribed medications and/or safe alternatives discussed. If changes are made, a new consent shall be obtained and signed. If no changes are made, document this information in the progress note.

5. The beneficiary, beneficiary's representative, or parent/guardian may withdraw consent at any time by notifying the provider. The reason for withdrawing consent shall be documented in the progress note and the medication order discontinued.

6. If medication is refused, the provider shall document that the information was provided, consent was refused and provide a reason for refusal (e.g., beneficiary does

not like the potential side effects, beneficiary does not believe in treatment using medications).

E. PROCEDURE:

1. For each beneficiary receiving medication support services, the provider shall discuss the following information with the beneficiary/beneficiary's representative/ conservator/parent or guardian:

    a. The reason for taking such medication, including diagnosis and target symptoms for each medication recommended.

    b. Medication information including:
        i. Type of medication
        ii. Range of frequency and amount (of administration)
        iii. Method (oral or injection)
        iv. Duration of taking the medication

    c. The possible benefits/intended outcome of treatment, and as applicable, all available procedures involved in the proposed treatment.

    d. The probable initial and long-term side effects of each medication recommended, including:
        i. Risk of medications to pregnant women and women who are breast feeding
        ii. Possible side effects if taken longer than 3 months

    e. The possible reasonable alternatives and complementary treatments.

    f. The possible results of not taking the recommended medication(s).

    g. The possibility that medication dose and/or frequency may need to be adjusted over time, based on response and tolerability.

    h. The right to actively participate in treatment by discussing medication concerns or questions.

    i. The right to withdraw consent for medication at any time, except in cases where treatment with medication is court-ordered.

    j. For any individual under the age of 18 years, the FDA status of medication and the level of evidence supporting the recommended medication.

    k. Additional requirements for antipsychotic medications include:
        i. The nature of the beneficiary's mental condition
        ii. The likelihood of improving or not improving without such medication

iii. Particular side effects likely to occur with the particular beneficiary

iv. Side effects may include persistent involuntary movement of the hands and feet, and that these symptoms of tardive dyskinesia are potentially irreversible and may appear after medications have been discontinued

2. The beneficiary, beneficiary's representative, or parent/guardian shall be given the chance to review the information provided and ask questions.

3. At a minimum, the medication consent form shall be signed by the prescribing provider. The beneficiary should also sign the medication consent form to acknowledge his/her agreement. However, if a beneficiary refuses to sign or only verbally agrees, then the prescriber shall document the refusal and provide a reason why beneficiary signature is unobtainable.

    a. If the beneficiary is a minor, the provider shall discuss the information outlined above with the parent or legal guardian and obtain his/her consent on behalf of the minor. If the minor can reasonably comprehend the information and make informed decisions, the minor shall also sign consent. If the medication is not a psychotropic medication and all statutory requirements are met, a child 12 years of age or older may be the sole signatory of a medication consent form.

    b. If the beneficiary is unable to make decisions for himself/herself or has a legal representative, the provider shall discuss the information with the beneficiary's representative or conservator who shall also sign the form.

    c. To be considered complete, medication consent forms shall be signed, dated, and finalized.

4. A copy of the medication consent form shall be offered to the beneficiary in his/her preferred language. Copies are available in HHSA's threshold languages of English, Spanish, and Russian.

5. All entries in the beneficiary record shall include:

    a. Date of service

    b. The signature of the person providing the service (or electronic equivalent);

    c. The person's type of professional degree, licensure or job title.

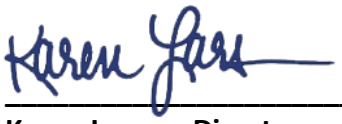
    d. Relevant identification number (e.g., NPI number), if applicable.

    e. The date the documentation was entered in the medical record.

F. REFERENCES:

1. California Code of Regulations (CCR), Title 9, Chapter 4, Section 851.
2. Mental Health Plan (MHP) Contract with Department of Health Care Services (DHCS).
3. MHSUDS Information Notice: No. 17-040.
4. Welfare and Institutions Code (WIC), Section 739.5.

Approved by:



3/16/2021

Karen Larsen, Director **Date**
Yolo County Health and Human Services Agency