SAN MATEO COUNTY HEALTH
BEHAVIORAL HEALTH & RECOVERY SERVICES

Policy:	16-12
Subject:	Psychiatric Medication Consent for Voluntary Adults and Youth
Authority:	CCR, title 9, chapter 4, section 850, 851, and 856; WIC 5325.3, SB 184 (superseded state regulations Cal. Code Regs. Tit. 9, § 852); WIC 369.5(d) and 739.5(d); BHIN-23-065 "Updated Requirements for Written Records of Antipsychotic Medications Informed Consent for Voluntary Patients." CCR, title 9, chapter 11, section 1810.204, CCR, title 9, chapter 11, section 1840.112(b) (1-4), CCR, title 9, chapter 11, section 1840.314(d)(e); MHP Contract, Exhibit A, Attachment I
Original Policy Date:	November 16, 2016
Amended:	2/6/24 Attachment A: (Spanish) added 6/21/17; (Tagalog, Chinese) added 9/7/17
Supersedes:	N/A
Attachments:	Attachment A: Consent to Take Medication (English, Spanish, Tagalog, Chinese)

PURPOSE:

To ensure that the rights of all members are upheld and that all voluntary clients receiving psychotropic medications receive appropriate informed consent prior to the administration of psychotropic medication and medication assisted treatment.

Previously, the Department of Health Care Services (DHCS) required a written, signed Medication Consent, by both the prescriber and client, for any psychotropic medication prescribed to a Medi-Cal beneficiary. With the advent of CalAIM, DHCS has removed the requirement for the client/patient's signature. However, state licensing standards continue to require documentation of the informed consent process.

Psychotropic medications or drugs are administered for the purpose of treating psychiatric disorders or illnesses. These medications include, but not limited to: antipsychotics, antidepressants, anti-Parkinson agents, anxiolytics/hypnotics, mood stabilizers, lithium, psychostimulants, and others in their unique categories, such as alpha agonists, beta blockers, acetylcholinesterase inhibitors, psychostimulants, medication assisted treatments for Substance Use Disorders, etc.

POLICY:

All voluntary outpatient adult clients, minors and their supervising parent(s)/legal guardian(s) will be informed of information regarding their diagnosis, the benefits and risks of recommended psychotropic medication(s), the alternative treatment options, and their right to accept or refuse such medication(s). This process of informed consent is to be documented

using the medication consent form and entered into the electronic medical record. The prescriber has the responsibility for completing the medication consent form once the client or the parent/legal guardian has received information in their preferred language about medications and given their consent.

PROCEDURE:

A. Informed consent from an adult client or a parent/legal guardian of a minor or intellectually disabled adult will be obtained prior to the administration of psychiatric medication prescribed by a licensed prescriber.

B. The adult client and the parent/legal guardian may withdraw consent for psychotropic medication at any time by stating their intention to a prescribing staff or a nurse. The withdrawal of consent will be noted in the medical record immediately and the client's attending prescriber will be informed.

C. The prescriber will ensure that informed consent has been discussed with the client or the parent/legal guardian and that the client or parent/legal guardian understands the nature and effect of the medications and consents to administration of those medications.

D. Informed consent given by a client to one BHRS prescriber may be honored by another BHRS prescriber. Whenever a client's care is transferred to a new BHRS prescriber updated informed consent for all existing and/or new medications is required.

E. Updated informed consent is required whenever a prescriber initiates new medication(s), or when changes reach beyond previously consented daily dosage range, frequency range, route of administration, or duration of the treatment.

F. Informed consent is an ongoing process between a prescriber and a client. Medication side effects, medication compliance, client concerns about medications, and updated discussions regarding any newly understood risks, benefits, or side effects, and ongoing consent should be reviewed and documented at least annually in the client's medical record either by making a notation within a clinical note or by completing a new Clinical Medication Consent Form.

G. For questions regarding who can provide consent, prescribers are to refer to BHRS Policy 95-15 Application for Services and Consent to Treatment and/or consult with their supervisor.

H. Clients under the age of 18 who are not legally emancipated shall have informed consent documented from a parent or legal guardian; or, if Court-supervised, Court

authorization shall be obtained per BHRS policy 99-02 Medication Authorization for Dependent Children which outlines the JV220 process.

I. For LPS Conserved outpatients, the client and conservator will be informed of the proposed medication in the same manner as clients who are not conserved. Consent for treatment with psychotropic medication(s) shall be obtained from the client's Conservator.

J. The client or the client's legal representative, on behalf of the client, will only give consent to the medication(s) after being provided, in their preferred language, sufficient information to allow the client or parent/legal guardian to make an informed choice. Such information shall include the following:

a) The right to accept or refuse medication;
b) The nature of the client's mental condition and the symptoms for which the medication has been recommended;
c) Reasons for taking the medication, including target symptoms and/or condition being treated;
d) The likelihood of improving or not improving without the medication;
e) Reasonable alternatives available, if any;
f) Type, daily dosage range (minimum and maximum dose), frequency (including the use of PRN medications), route (e.g. oral or injection), and expected duration of taking medications, if known;
g) Common and serious side effects commonly known to occur or any particular side effects for the particular client;
h) Possible additional side effects that might occur if taking the medication for more than 3 months and that such side effects may include persistent involuntary movement of the face or mouth and might at times include similar movement of the hands and feet, and that these symptoms of tardive dyskinesia are potentially irreversible and may appear after medications have been discontinued;
i) Possible additional side effects which may occur in minors/youth;
j) Any possible issues related to the addictive and/or sedative nature of certain medications;
k) Possible effects to a fetus or newborn with women who are pregnant, could become pregnant or are breast-feeding.

K. A completed Clinical Medication Consent Form is required to be entered into the electronic health record and signed/dated by the prescriber. In the event of a hard copy signature, the form must be scanned into the electronic health record for tracking purposes.

L. The prescriber may choose to have the client or the parent/legal guardian sign the consent form. The client is not required to sign, however, if offered to sign and the client refuses, the prescriber should document the refusal.

M. The following areas will be adhered to when completing a medication consent form:
   a) The reason(s) for taking the medication(s) must be addressed and documented in the consent form at the designated section.
   b) The short and long-term (>3months) side effects of each medication discussed, and any side effects discussed that are not already included in the form will be added.
   c) The appropriate medication category will be selected, and the following information will be entered: name of the medication, daily dosage range (minimum and maximum dose), frequency range (including PRN orders), route (e.g. oral or injection), and expected duration of treatment.
   d) Medication(s) that do not fall under the named categories will be listed under "Other Psychiatric Medication," with probable short and long-term side effects that were discussed entered.
   e) The alternative treatment options must be addressed and documented in the consent form at the designated section.
   f) The prescriber may have the adult client, or the parent/legal guardian fully review the advisory and Acknowledgement and Agreement sections and sign the form. If the client or the parent/legal guardian does not sign the form, the prescriber will ensure documentation that informed consent has been discussed with the client or the parent/legal guardian and that the client or parent/legal guardian understands the nature and effect of the medication(s) and consents to administration of those medications.

Approved: *Signature on File*
Tasha Souter, MD
BHRS Medical Director

Approved: *Signature on File*
Dr. Jei Africa, PsyD
BHRS Director