PSYCHOTROPIC MEDICATION [1]
For Children in Out of Home Care[2]
Business Rules with Data Entry Guidelines and Frequently Asked Questions
DRAFT version 6

NOTE: This document is a work in progress. Some of the guidance depends on policy development still underway and is subject to change. Accomplishing the best health outcomes for a child is always driven by having a good case plan, and appropriate treatment plans. This document does not include guidelines or rules for case planning, treatment planning, or other basic case management. It is meant to support progress toward data validity and consistency in FSFN, to help structure the discussion around business rules that will be derived from policy clarification and best practice, and to provide the basis for later modifications of FSFN to match new business processes and rules. Please help us continue to expand and refine by sending questions for the FAQ, suggestions for additional clarification, topics for new business rules, etc. These items should be emailed to Alan_Abramowitz@dcf.state.fl.us for consideration and processing.

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[1] Also occasionally termed "psychotherapeutic medication." This term, and the list of relevant medications, will be further defined as rule development continues.

[2] These guidelines particularly apply to children who have been removed from their parents and who are living with relatives, nonrelatives, foster parents, residential facilities, and all other out of home placements. However, many of the guidelines also represent "best practice" for children who remain in their homes but are under supervision and case management.

Introduction

The Department of Children and Families has determined that, to ensure safety and well-being of the children in its care, it is important to track all psychotropic medications provided to all children in out-of-home care. Screens are available in the Department's automated system for child welfare case information, Florida Safety Families Network (FSFN) for this purpose. As the policy framework is expanded and clarified, FSFN modifications will be defined. However, there is a need to clarify current business practice and associated FSFN data entry "rules" or "guidelines" to enhance data consistency, validity, accuracy, and timeliness.

Dependency case managers and, to some extent depending on the case status, child protective investigators, are responsible for ensuring that accurate information is entered and maintained in the system of record, FSFN. Regardless of which staff actually enter the data into the system, it is part of the case manager's responsibility to understand the child's situation, be able to coordinate the various services and supports, and provide accurate information for supervisory and oversight purposes.

To this end, these business rules assume that the case manager will be the primary point of authority for obtaining, clarifying from the source as necessary, entering or causing to be entered, maintaining and updating, the required information as defined in these guidelines. Key points of information relating specifically to psychotropic medication include but are not limited to:

- Medication name, dosage prescribed, and number of refills
- Prescribing physician or other authorized health care provider
- Whether the medication is being used as a psychotropic medication
- Whether express and informed consent was provided, and the date provided
- Whether a court order was required, and the date of any court order
- Why the medication was prescribed, and the target symptoms or condition to be addressed
- All Axis I and Axis II diagnoses that have been given, if applicable
- Date medication was prescribed and date stopped
- Occurrence of and date of the initial Child Health Checkup and the most recent Comprehensive Behavioral Health Assessment, at a minimum
- Other comments about important information, such as:
    - Any instructions for administering the medication
    - Any other behavioral health treatments provided the child
    - Any potentially harmful side effects or precautions that caregivers need to be aware of

Though the focus of this document is on psychotropic medication, it is impossible to define business rules for a limited aspect of health without considering broader health information. Factors that affect a child's physical, mental, and emotional well-being are highly interrelated, and good social work practice dictates that case managers and other practitioners have this knowledge in order to provide appropriate services. Therefore, throughout these rules, specific

requirements for documentation[3] relating to the focus topic are listed. The Business Rules discussion below also lists many parallel "best practice" documentation rules to guide practitioners, supervisors, and managers with respect to global health information.

General Business Rules:

- Documenting information about the health status of children is always critical, and information must be kept up to date.

- Case managers are responsible for ensuring timely, accurate and complete documentation of a child's health history and current status in the system of record (FSFN). Similarly, supervisors are responsible for supporting and overseeing the case management staff in obtaining, recording, and maintaining current information.

- All health information is important, but certain aspects are absolutely required. This particularly includes information about mental health, substance abuse, and psychotropic medication[4]. Though FSFN may allow case records to contain empty data fields for such information, IF IT EXISTS, ENTER IT. If it should exist and the case manager doesn't have it, SEEK IT OUT. **This is not optional.**

- This summary of business rules and data entry guidelines pertains specifically to psychotropic medication for children in out of home care. However, it is not meant to imply that other health information is less important and may be left out of the record. Nor is it meant to imply that having health information documented for children who remain with their families is not important.

Specific Business Rules, Date Entry Guidelines, and FAQ By Health Topic

The following sections include:

- Discussion and specific business rules, as currently in force.

- Data entry guidelines, to explain how business rules are currently embodied in FSFN.

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Business rules are further expanded and clarified in the Addendum of Frequently Asked Questions. Data entry specifics, including screen shots of the current FSFN tabs and fields, are further described in the Addendum "FSFN How To Guide" on page 26. Certain basic information, such as the child's demographic details and Medicaid number, are pre-filled on these tabs (as with many other modules within FSFN).

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[3] Throughout the business rules, "documentation" refers to entry in relevant data or text fields in the Medical/Mental Health tabs of FSFN. Additional records, such as case notes, physician treatment plans, reports from counselors, etc. will in most instances exist to support and provide more detail about the FSFN documentation entries.
[4] The Department is enhancing the definition and usage of the terms "psychotropic" and "psychotherapeutic" to be reflected in policy. A general rule of thumb at present is, if a medication is listed in the FSFN dropdown box, OR if a treatment plan states a medication is for psychiatric or psychotherapeutic purposes, then it is considered psychotropic.

1. Contact with a physician or other health care provider

A. Referral

When a child is referred to a physician or other health care provider, or has existing health care provider(s), the information about this provider must be documented.

Requirement: Referrals to physicians, child psychiatrists, and any other health care providers made for significant physical or mental health reasons (those that seriously affect a child's health and well-being in the short or long term) must be documented.

Best practice: All referrals to health care providers should be documented.

Data Entry: Medical Profile Tab

Details about the child's Primary Health Care provider(s) are entered on the Medical Profile tab. Note that other health care status information is also entered here, including any known health problems, allergies, immunization status, etc.

Data Entry: Mental Health Profile Tab

On this tab, FSFN provides a field to record whether a psychological/psychiatric referral has been made, to which provider, and the status (e.g., whether an appointment has been made). There is no similar field to document physical health referrals, such as to a dermatological specialist or other specialist. However, if the child's primary health care provider has recommended such a non-psychiatric referral, it may be documented in the Medical History tab.

B. Visits

A child may visit a health care provider for a number of reasons. Typically, this may be for a well child checkup, to conduct a formal health assessment (physical, behavioral, or both), or to obtain a diagnosis and treatment to address an issue or symptom.

Requirement: Visits that provide significant information, diagnosis, and/or treatment must be documented.

Best Practice: Every visit a child makes to a health care provider should be fully documented.

Data Entry: Medical History Tab

This tab is used to document services related to health, particularly visits with health care providers. Entry is created for service events using the Insert button on this tab. If the service includes treatment (physical treatment or other types such as counseling or other mental health therapies), that is described in the Procedure field. Examples of other information to be captured in this field includes whether or not the visit was for monitoring of medication effect, symptom relief progress, if xrays were taken, etc.

The service event entry screen also provides a field to enter Diagnosis. If the service event is mental health related, and the diagnosis is an Axis I or Axis II diagnosis, the entry in this field may be text that refers to the detail in the Axis expandos. Other diagnoses, for physical health conditions such as "strep throat, pending culture verification" or "allergic rhinitis," or "diabetes mellitus type 2" are also entered here. It is particularly important to document physical or

mental health diagnoses that result in a recommended treatment that includes medication, such as diabetes or seizures, in addition to mental health Axis I and II diagnoses.

2. Assessment

A. Child Health Checkup

Each child coming into care is required to have an initial Child Health Checkup (formerly known as "EPSDT"). At this initial checkup, among the most important components of information to be captured include whether a child is currently under treatment for and/or receiving medication for a behavioral or mental health issue. Any observed physical or mental health issues will also be noted by the physician.

Requirement: Initial Child Health Checkup results (specifically, any identified conditions and recommended treatments) must be documented. Any referrals for services arising from this initial checkup must also be documented as defined elsewhere in these guidelines,

Best Practice: All well child checkups should be documented. Any referrals should be documented as defined elsewhere in these guidelines.

Data Entry: Medical History Tab

The service event at which the Child Health Checkup occurs is documented on the Medical History tab, just as any other health service. Information obtained from this initial Checkup is the basis for the rest of the child's information, and must be entered in the Medication and Mental Health History tabs as appropriate.

B. Comprehensive Behavioral Health Assessment

Each child who is placed into shelter status and is Medicaid eligible is required to have a Comprehensive Behavioral Health Assessment (CBHA), initially and ongoing as circumstances dictate. The date of a CBHA is documented in the medical/mental health information pages, but the details of each CBHA are documented elsewhere in the case management functions of FSFN.

Requirement: The date of the latest CBHA must be entered and must be current.

Best Practice: All children should be assessed to identify any physical, mental health, or other needs. The results of these assessments, whether a CBHA or other type, are used to drive service referrals and treatment, and should be documented in the child's medical and/or mental health history.

Data Entry: Mental Health Profile Tab

The date of the Last CBHA Evaluation must be entered in the appropriate field. Note that the template for CBHA Referral and Authorization may be launched under the Options dropdown field from any of the four medical/mental health tabs.

3. Diagnosis

Not all contacts with a health care provider result in a new diagnosis (that is, a defined disease, condition or symptom) or a recommendation for treatment (which may or may not include medication). However, all diagnoses must be documented as they occur.

A. Psychiatric and Behavioral Health

If a licensed health care practitioner give a child a diagnosis that describes the child's mental health, developmental disabilities, or personality disorder, this is termed an "Axis I" or "Axis II" diagnosis. Axis I refers to the principal psychiatric disorder that needs the immediate attention of the physician. Axis II indicates a personality disorder or a developmental disability.

Requirement: Axis I and Axis II diagnoses must be documented in the specific data fields provided, as well as noted in the general Diagnosis field of the relevant service event.

Data Entry: Mental Health Profile Tab

Use the "Axis I" and "Axis II" expandos to document one or more diagnoses made by a health care provider that describes the child's mental/behavioral health condition.

> Note that there is an "Axis III" which is not included as a mental health diagnosis, as it covers any medical or neurological problems.
>
> Psychotropic medications may be prescribed for any of these diagnoses. They may be prescribed at a dosage level lower than a therapeutic psychiatric level for medical or other uses.

B. All Other Diagnoses

If a health care provider determines treatment is needed for a child, he or she will generally make a diagnosis and recommend treatment. The diagnosis is the condition or symptom that the treatment is meant to address. In some cases this is a behavioral/mental health "axis" diagnosis, but there are many other reasons for treatment. Treatment may or may not include medication.

Requirement: The procedure(s) and diagnosis(es) related to significant physical or mental health conditions, particularly when medication or invasive treatments are used, must be documented.

Best Practice: All health diagnoses and related information should be entered.

Data Entry: Medical History Tab

Use the Insert button for the event, and enter service dates, provider's complete name and agency, procedure, and diagnosis information as appropriate.

4. Medications

A. Prescription

Psychotropic medications may be prescribed for various conditions, some of which are physical and some of which are behavioral. Documenting details of why the psychotropic medications

were prescribed is crucial. In addition, best practice dictates that similar documentation be available for ALL prescribed medications.

If a medication is prescribed for any purpose, there should be a diagnosis or other reason for the prescription. That is, there is a particular symptom or condition that the medication is meant to treat.

Requirement: Each psychotropic medication prescribed must have a fully detailed entry. Text must be entered that clearly describes the reason for the prescription. The amount of the medication (dosage), the frequency with which it is to be administered, number of refills, and how much of the medication is included in a refill (quantity) must be documented. Potential side effects or precautions that need to be monitored must be documented. If the case manager cannot determine for what purpose the medication is provided, or if any of the other details are not provided, clarification must be obtained through consultation with the prescribing physician or other appropriate source.

Requirement: Whenever a new psychotropic medication prescription is made (even if it is a new prescription that is exactly the same as the prior one), a new medication entry must be made.

Requirement: Whenever a psychotropic medication is discontinued by the physician, the relevant medication entry must be updated.

Best Practice: Enter details for each prescription provided for a child, regardless of the type of medication or the reason for the prescription.

Data Entry: Medications Tab

On the Medications tab, all prescribed medications that have been entered are summarized (even if they have been stopped). The entries are created in the Add New Medication Pop-up Page.

Requirement: All psychotropic medication information must be fully, accurately, and timely entered into the relevant tabs and data fields. Exception: Where the system is not currently designed to match policy and business processes, information may be entered into case notes if no other appropriate data fields are available.

Best Practice: All prescription medication information should be fully, accurately, and timely documented.

The Add New Medication page provides spaces to include details on the following. For psychotropic medications, as much detail as possible is required. For all other medications, full details are recommended. Remember, case managers are responsible for having an adequate understanding of a child's treatments and health status to assure safety and well-being outcomes.

Name of Prescribed Medication: At present, the drop-down list of medications is at least two years old, and does not contain all possible psychotropic medications. Nor does it contain most medications used for physical health treatment. The list will be updated as feasible. Currently, the user selects a prescribed medication from this list, and if a prescription is for a medication not on the list then the "Other" option is used and the name of the medication entered in the

relevant field. Prescription details should be found on a treatment plan and/or the physician's signed medical report, and this source is to be reflected as closely as possible.

Checkbox – Psychotropic Purposes. If a medication has been prescribed for behavioral or mental health purposes, the checkbox labeled Is Medication for Psychotropic Purposes must be checked. If this checkbox is marked, then either the Parental Consent or Court Order fields MUST be marked and the date entered. [see section on Informed consent or Court Order, page 11]   But if the checkbox is not marked, the user will not be forced to enter data in the consent/order fields before saving the medication information. Note: The use of this checkbox will be revisited as policy development continues. Currently, any medication found in the drop down box is considered a psychotropic medication and the box should be checked, if a medication is not found in the drop down but the health care provider has specified that the medication is used for psychotherapeutic purposes, the box must be checked. However, in certain circumstances the medication may be administered prior to the court order or consent, which creates difficulty in the accurate use of this checkbox. See the Frequently Asked Questions section, particularly as related to the conflict in timing of court/consent and the use of this checkbox.

Quantity: enter the amount of medication in one filling of the prescription. This is a numeric field only, so the dosage field must also be complete enough to understand the quantity. For example, if the quantity is 60, and the dosage is "one 80 mg pill twice a day" then the inference is the prescription is a 30 day supply. When the CPI obtains medications at removal, they must document the number of pills in the container.

Refills: How many refills has the prescriber allowed? [See also the discussion regarding to the "date medication stopped" field.]

Dosage: enter as specifically as possible how much of the medication is in a single dose as prescribed, and the frequency of its administration. Examples: One 50 mg pill every 4 hours; two teaspoons of the 100 mcg/ml strength formulation twice a day.

Parental/Guardian Consent and Court Order Required: See section 7. Informed consent or court order.

Reason for Medication: This field must have an entry. The reason is provided by the prescribing physician, and may include reference to a diagnosis as well as describing the symptoms or condition the medication is intended to treat.

Precautions or Warnings
May relate to potential for suicidal thoughts; effects of abruptly stopping the medication.

Instructions/Additional Comments: Enter any specific instructions documented by the prescribing physician; for example, "take medication with food." This is ALSO where you may document where a court order specifies an acceptable range of dosages. Note: This is a workaround that may be further refined, especially as the Legal module in FSFN is implemented or modified. If this free text field is used to document court order information, it will help explain any start/stop dates on medication entries that are made when dosages change in a child's prescription. That is, if a prescription is for 50 mg/twice a day, and the next prescription is for the same medication but increases the dosage to 100 mg/twice a day, then the original entry must be stopped and a new entry created. However, the Additional Comments field could say

that the court order allowed a range of 50-200 mg/twice a day, and therefore the date of the court order would remain the same and no new court order would be required.

B. Administering medication

When a medication has been prescribed and the appropriate legal authorizations are in place, the case manager and the caregiver must closely coordinate to assure the proper administration of the medication to the child. This set of business rules and guidelines does not address processes to document actual medication administration, which should be addressed in local procedures. However, there are specific considerations when a child is brought into the care of the Department during a protective investigation.

When a child is first coming into care, they may already be on medication. Child Protective Investigators play a special role in obtaining th3e medication and information about the medication, documenting the situation, and taking action to initiate processes to assure the child's medical needs are met in a manner that provides proper legal authorization.

Requirement: If a child is being removed, Child Protective Investigators must gather information about any prescription medication the child is taking; obtain parental express and informed consent as necessary (and general consent for medical treatment, usually); consult with prescribing physician as necessary; enter the information into FSFN as soon as practical; and initiate local processes for ongoing authorization and administration as appropriate. [See more detail in the Frequently Asked Questions section and the relevant statute, administrative code, and operating procedures related to protective investigation removal processes.]

5. Treatment (non-medication)

In order for a child's medical history to be complete, most types of treatment by qualified health care professionals should be documented. This includes treatments that do not involve a prescribed medication or a specialist referral. For example, events of individual or family therapy, behavior analyst services, physical or occupational therapy, and other treatments should be described clearly.

Requirement: Behavioral therapy and other non-medication treatment for mental health and behavioral conditions must be documented.

Best Practice: All non-medication treatment events that relate to a child's physical, mental, or emotional health should be documented.

Data Entry: Medical History tab.

Fill out the fields on a separate Treatment History page for each treatment event, including provider, date, type of service, procedure, and diagnosis.

6. Monitoring and updating

The case manager is responsible for ensuring information about each child's health is complete, accurate, and current. As mentioned previously, information about medication and particularly psychotropic medication is especially vital and must be continually updated.

Copies of medical records (such as assessment reports, diagnosis details, referral slips, etc.) should be acquired and maintained in the child's case file, and appropriate data from the records or events should be entered into FSFN as soon as possible.

Once a child reaches age 18, technically he or she is an adult for health purposes and is responsible for his or her own care. Therefore the responsibility of the Department and CBC to maintain current documentation becomes a matter of a) local operating processes and b) negotiating with the youth on documentation of information that may impinge on his or her right to privacy. The medical history up to the 18th birthday should be as complete as possible, and will be retained.

7. Informed consent or court order

If psychotropic medication is prescribed regardless of its purpose, then appropriate legal authorization (parental express and informed consent[5], or court order) is required. Case managers should coordinate with appropriate legal partners, particularly Children's Legal Services, to assure compliance with statute, rule, and procedure. Express and informed consent is not the same as general consent for medical treatment. The policy framework for legal authorization to administer psychotropic medication is under review and revision, and guidance from Children's Legal Services and others is forthcoming. Currently, some specific citations include:

Section 39.407, F.S. includes authority and requirements related to assessment and treatment of children removed from their homes. Section 39.407 (3)(a)1., F.S. covers express and informed consent and court order requirements specific to psychotropic medication. In all cases the department will attempt to assist the prescribing physician to receive express and informed consent for the child's parent or legal guardian. If that is not possible then a court order will be request to authorize the department to provide the medication.

CFOP 175-98 describes the pre-consent review process required for psychotropic medication treatment of children from birth through age 5 in out of home placement.

Note that CFOP 175-40, which dealt with general medical consent, was rescinded because requirements are explicit in 65C-28.003(7) – (11), F.A.C.

Requirement: Whenever a physician has prescribed psychotropic medication for a child, legal authorization must be in place before the medication is administered except as in s. 39.407(3)(a)1., F.S. This authorization must be entered using the relevant checkbox and date field in FSFN.

Data entry:
On the Add New Medications pop up page, users should assure each psychotropic medication includes entry of data about consent or court orders. As discussed previously, the dates of consent/order in comparison to prescription dates, and the documentation of allowable dosage ranges, will have to be carefully considered to assure consistency and a full historic record.

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[5] Express and informed consent, for the purposes of this document, is defined as per ss. 394.455(9) and 394.459(3)(a), F.S.

8. Related information

A few items of related information are discussed below. These are the caregiver and environment information, and some technical notes about the relationship among persons and cases as entered into FSFN. Case managers should provide information or implement linkage changes as appropriate.

A. Caregiver and Environment

The environment from which the child was removed, particularly certain characteristics of the child's primary caregiver, often has significant effect on the child's mental health. In addition, some conditions are considered to have genetic predisposition effects in a child. This information should be entered to provide some context for the child's health history, diagnosis and treatment, and other aspects necessary to good case management and achieving the best outcomes for the child and family. For the most part, this is the type of information obtained from the family and child assessments, especially the Comprehensive Behavioral Health Assessment.

Requirement: Though the relationship of these conditions to the child's health is not always obvious, these elements are also required for federal reporting (NCANDS) and must be entered if applicable.

Data Entry: Mental Health Profile Tab

Drop-down boxes are available for use in the Caregiver(s) Information at time of Intake box. Use the dropdown selections in the relevant boxes.

B. Linking Across Person Records

The Medical and Mental Health information tabs in FSFN are related to many other data fields and structures in FSFN. It is important for the user to understand how entries in one area affect or are affected by other items of information. It is also important to consider the effects that changes over time and across different cases have on data entry. For example, the medical information on a particular child may not be automatically linked if that child becomes a parent, and a different case is opened.

Best Practice Rule: As the data entry system is refined and expanded, case managers and supervisors must maintain their understanding of the intricacies of data linkages so they can assure accurate, complete, and timely information is available about a child's health.

Addendum: Frequently Asked Questions

This addendum is organized according to the topics in the main body of this document (listed below). As new FAQs are received, this addendum will be expanded and, as appropriate, revisions to the business rules may also occur. Please continue to submit FAQs and suggestions to the Family Safety program office.

General Business Rules
1. Contact with a physician or other health care provider FAQs
2. Assessment FAQs
3. Diagnosis FAQs
4. Medications FAQs
5. Treatment (non-medication) FAQs
6. Monitoring and updating FAQs
7. Informed consent or court order FAQs
8. Related information FAQs

1. Contact with a physician or other health care provider FAQs

2. Assessment FAQs

3. Diagnosis FAQs

3.1. Should there always be an Axis I or Axis II Diagnosis if there is a psychotropic medication?

Response: No. There are some instances when a health care provider may prescribe psychotropic medications for a medical condition that is not related to mental health, such as seizures. If a psychotropic medication has been provided for some other reason, there may not be Axis I or Axis II diagnosis(es) – though there should be a physical health diagnosis that supports the use of the medication. Conversely, there may be a mental health diagnosis(es) and no prescribed medication. However, whenever a psychotropic medication has been prescribed there MUST be a documented reason for the prescription. [See Prescription]

3.2. If a physician changes the child's Axis I or Axis II diagnosis, how is this entered?

Response: The appropriate expando(s) must be updated to reflect the current diagnosis(es). The medical history entry for the service event at which the diagnosis was changed must reflect this occurrence and provide details about the change.

3.3 Are there specific instructions for filling out the Axis 1 and Axis 2 diagnosis in the mental health tab? Some of the choices do not match up with the doctor diagnosis.

Response: The diagnoses listed as specific reference values for Axis I and Axis II on the Mental Health Profile Tab are consistent with those values currently recognized for these two Axes. Values for Axis I and Axis II are established diagnoses and are clinically assessed by the physician. The selection(s) chosen for these fields must match the doctor's written diagnosis. Remember that under each of these broad, very general classifications, however, are multiple "sub" diagnoses. If the diagnosis given by the doctor is one that is actually a diagnosis found under one of the broader classifications, the general classification should be selected and the actual diagnosis noted in FSFN. For example, a youth may be diagnosed with anorexia nervosa. Anorexia nervosa falls under the Axis I general classification of "Eating Disorder" The general classifications for Axis I and Axis II and their corresponding, or "sub", diagnoses can be found in the DSM-IV-TR. If the diagnosis is still unclear, clarification should be requested from the physician.

4. Medications FAQs

4.1. How does a worker know what medications are psychotropic? If the medication is prescribed by a psychiatrist, should the worker mark that it is used for therapeutic purposes?

Response: At present, if the medication is listed in the drop down list, it is psychotropic. If the prescribing physician's notes state that it is for mental health purposes, it is psychotropic. If there is any question about the type of medication, the case manager must seek clarification, particularly from the prescribing physician.

The prescribing physician must be asked to provide information on what the medication is being used for. It cannot be assumed that a psychiatrist is making a prescription for psychotherapeutic purposes. Nor can it be assumed that because a psychiatrist prescribes it, a particular medication is psychotropic. Conversely, psychotropic medications are frequently prescribed by non-psychiatric health care providers, for psychotherapeutic or other reasons. Bottom line, it is important for case managers and supervisors to educate themselves about each child, and to be able to help caregivers and parents take appropriate action. If the information is not clear, or if the case manager or caregiver have questions about the medication (such as, usual dosage, possible side effects, or risks and benefits), there is a phone number that CBC, DCF, and other staff can use to get information about psychotropic medications and their uses. This is the "MedConsult" line. The MedConsult line number 1-866-453-2266.

4.2. Does putting a reason for the medication substitute for an Axis I or II diagnosis?

Response: If there is a mental health diagnosis (or diagnoses) from Axis I or Axis II, you MUST enter the data in those specific fields on the Mental Health Status tab [See Diagnosis]. It is appropriate to make reference to the diagnosis in the reason for the medication (for example, in the Reason for Medication field enter "to treat symptoms of anger outbursts and distractibility associated with the Axis I diagnosis – see that field").

4.3. Do I have to have a reason entered for each medication?

Response: Yes. Even if there is no mental health diagnosis, include the reason for each medication. The reason describes the condition or the symptoms that the medication is meant to treat. The reason may include a reference to a diagnosis field, as in the previous question. There may be more than one co-occurring symptom or sets of symptoms that are being treated for the same child, with different medications. That is why it is important to have each medication entered separately with a clear description of its specific reason as described by the prescribing physician.

4.4. If there are zero (or 1) refills does worker have to go in and enter an end date for the medication?

Response: Yes. If the prescription is of a limited duration (however many refills that represents), an end date is entered, provided that the child no longer requires medication and it was discontinued by the physician. If the child continues the medication (that is, more refills are added or a new prescription is issued) this information must be added to the medications tab in FSFN.

4.5. If the end date is null, do we consider the medication to be currently prescribed regardless of the number of refills listed?

Response: Yes.

4.6. If the child stays on the same medication but the dosage changes does the user enter an end date on the prescription and start a new medication entry with the new dosage? or edit the current medication entry?

Response: Yes. A change in dosage is considered a new prescription. The Edit function is only used when there has been an error in the entry. Editing an entry to show a changed dosage invalidates the medical history trail. (see discussion above about court order, dosage, and the Instructions/Additional Comments field)

4.7. What if medication is stopped, a stop date is entered, and then the medication is resumed at a later date? Does the worker remove the stop date or enter as a new medication? Should there be clarification at the bottom like: "If a medication dosage is changed, or a medication is stopped and then resumed, it should be entered as a new prescription."?

Response: Resuming a medication must be entered as a new prescription. Again, the medical history records the actual events. Adding clarifying description on the FSFN page will be explored, but the training materials such as this guidelines document will provide the necessary direction.

4.8. If the child receives a new prescription for the same medication in the same dosage each month, does the worker have to update the prescription date each month or do they leave the original prescription date so one can see the length of time on this medication at this dosage?

Response: Regardless of whether a prescription is for a different medication, a different dosage, or the same medication in the same dosage, a new medication page must be created. We want to be able to determine when a physician provides a new prescription, for whatever medication at whatever dosage. However, this does raise problems in some instances when comparing the Date Medication Prescribed field to a Date Consent or Court Order Obtained field, if relevant. That is, for example, a court order may remain in force through several prescriptions, and it might appear as though the court order was received long before the medication was administered. if someone is analyzing the medication history, it is important to look at all the medication entries to see when the medication was first prescribed, even if the court order remains in force and is carried forward to a new prescription. As policy development and FSFN revisions continue, this may be modified.

4.9. We are criticized for not filling in the Quantity field. The required documentation for FSFN purposes were the "blue boxes" (blue indicates a required field for FSFN). The "Quantity" field is not a blue box.

Response: True; for completing the FSFN transaction, the "Quantity" field is not a system-required field. However, it is an important piece of information for tracking medications and must be entered in every instance where a psychotropic medication has been prescribed, just like all other medication detail. As FSFN revisions are considered, it is likely that many more

fields will become "required" through system edits. Do not assume that because a field is not a "blue box" that it may be ignored and left blank.

4.10. Another criticism is that "Many of the psychotropic medications do not have a prescription end date." Do we only record an "end date" if the medication has stopped? The box in FSFN says "Date the medication stopped."

Response: The Date Medication Stopped field was designed to be filled in when the prescribing physician actually stops the medication. Reasons for stopping include that the medication is no longer needed, or because another medication has replaced the prescription in question. If this field is blank, it would be assumed that the prescription is current and the child may still be taking it.

4.11. "Enter prescribed dosage" – If a case worker is trying to ensure that the current dosage is recorded during the time the child is taking the medication. Does court orders and informed parental consent allow for an approved dosage range, as some medications need to be adjusted up or down. The dosage that is on the initial prescription may change during the authorized time of treatment as the child is being monitored by the prescribing physician.

Response: Yes, the current dosage (what is to be administered to the child) is what must be entered in FSFN. With particular respect to psychotropic medications, yes, there may be a range of dosages authorized in the parental consent or the court order. This should be documented in the Additional Comments field as described earlier. It is understood that dosages may change, such as when a medication is being increased or reduced by the physician (also termed "titrated"). Dosage changes must be updated every time they occur, by creating a new prescription entry.

4.12. Deleting Medication. If a mistake is made in FSFN there is no way to delete a medication once it is entered, and therefore some medications are listed twice. What should be done?

Response: Revising the edit and audit trail functionality will be explored. There is a workaround that is not ideal, as follows. Remedy the situation by "end dating" the erroneous prescription for the same date as the "begin date" and write in the "additional comments" section that the medication entry is an error. This may also happen when a prescription is entered under a different name, and is actually a duplicate of another entry (for example, an entry has been made under a brand name and a generic as listed in two different information sources about the event). This can easily occur since the "drop down" name list will always be changing. We will look at expanding the drop down values to include all currently-available psychotropic medications, but case managers must work closely with caregivers and physicians to keep their knowledge complete and up to date. Consult with the prescribing physician (preferred) or use the MedConsult line as necessary.

4.13. There's a "prescription date field" in FSFN, but more important is the "date administered" - why don't we have this field in FSFN?

Response: The date the prescription is prescribed is important and must be documented as discussed earlier. However, FSFN is not currently designed to provide a medication management function; that is, to document the circumstances of administering the medication. The medication is "administered" every time the child is given the medication to take.

Remember, you must have appropriate authorization to administer medication unless there are specific statutory exceptions that cover the situation (such as discussed in the FAQ relating to Crisis Stabilization Units). If there is a time lag between the date the physician prescribed the medication and the actual administration of the medication to the child, that information must be included in the Instructions/Additional Comments field for the prescription. This is one case in which the Edit button for a particular medication may be used to update the information about a prescription.

4.14. A CBC lead agency has identified an issue with children placed in Agency for Persons with Disability (APD) licensed homes, in that the provider of such homes is required to administer medication to the client within 24 hours of receipt of prescription. APD providers transport children to medical appointments at which time the prescriptions are provided. This doesn't allow a CBC enough time to either obtain a signed consent or a court order to administer medication if it is psychotropic.

Response: This seems to be based on the APD rule 65G-7.006, Florida Administrative Code which defines a Medication Errors as "(1) A "medication error" is any of the following actions: … (h) Failure to fill newly prescribed medications within twenty-four hours of receipt of the prescription."

Filling a prescription is not the same as administering the medication. If express and informed consent from the parent or legal guardian is not immediately available, a physician could still prescribe the medication. However, the case manager must still seek to ensure express and informed consent is provided by the parent or with the assistance of Children's Legal Services request a court order to allow the administration of the prescribed medication. Therefore, APD providers are not out of compliance and the medication may still be withheld until proper authorization.

Section 39.407(2)(e)1., F.S. allows the administration of a psychotropic medication prior to parental consent or a court order as described below:[6]

"If the child's prescribing physician certifies in the signed medical report required in paragraph (c) that delay in providing a prescribed psychotropic medication would more likely than not cause significant harm to the child, the medication may be provided in advance of the issuance of a court order. In such event, the medical report must provide the specific reasons why the child may experience significant harm and the nature and the extent of the potential harm. The Department must submit a motion seeking continuation of the medication and the physician's medical report to the court, the child's guardian ad litem, and all other parties within 3 working days after the Department commences providing the medication to the child. The Department shall seek the order at the next regularly scheduled court hearing required under this chapter, or within 30 days after the date of the prescription, whichever occurs sooner. If any party objects to the Department's motion, the court shall hold a hearing within 7 days."

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[6] Note that Crisis Stabilization Units and other mental health providers are also authorized under certain conditions to administer psychotropic medications, as described elsewhere.

4.15. When CPI removes a child they should determine, by asking the child's parent, if the child is currently prescribed a psychotropic medication and if so they should take the medication, in its prescription bottle, with the child. In such a case does the CPI enter this in the FSFN tab according to prescription bottle and use the date prescription was filled (as they probably won't have exact information at that time from doctor...)?

Response: The CPI is required to enter the information concerning the prescription medication that the child is taking when they take the child into custody. If the medications are in a prescription bottle which is clearly marked as a prescription for the child in question the information on the bottle can be used to enter the initial information into FSFN. This will be reported at the shelter hearing and the Department can continue to provide the medication to the child. It the child's parent or care giver states that the child is on a prescription medication but there is not a bottle clearly marked with the needed information, or if there are several medications in the bottle, the CPI must not take the medication and report it in FSFN but should check with the prescribing physician, if possible, or another physician at the 72 hour physical to determine if the child is actually prescribed a psychotropic medication and receive the dosing information. This information must be entered into FSFN and can be used to request the shelter order. When the CPI takes the child into custody they must also get written consent from the parent or legal guardian for the Department to continue to provide the medications to the child.

s. 39.407(3)(b)1. If a child who is removed from the home under s. 39.401 is receiving prescribed psychotropic medication at the time of removal and parental authorization to continue providing the medication cannot be obtained, the Department may take possession of the remaining medication and may continue to provide the medication as prescribed until the shelter hearing, if it is determined that the medication is a current prescription for that child and the medication is in its original container.
2. If the Department continues to provide the psychotropic medication to a child when parental authorization cannot be obtained, the Department shall notify the parent or legal guardian as soon as possible that the medication is being provided to the child as provided in subparagraph 1. The child's official Departmental record must include the reason parental authorization was not initially obtained and an explanation of why the medication is necessary for the child's well-being.
 3. If the Department is advised by a physician licensed under chapter 458 or chapter 459 that the child should continue the psychotropic medication and parental authorization has not been obtained, the Department shall request court authorization at the shelter hearing to continue to provide the psychotropic medication and shall provide to the court any information in its possession in support of the request. Any authorization granted at the shelter hearing may extend only until the arraignment hearing on the petition for adjudication of dependency or 28 days following the date of removal, whichever occurs sooner.
4. Before filing the dependency petition, the Department shall ensure that the child is evaluated by a physician licensed under chapter 458 or chapter 459 to determine whether it is appropriate to continue the psychotropic medication. If, as a result of the evaluation, the Department seeks court authorization to continue the psychotropic medication, a motion for such continued authorization shall be filed at the same time as the dependency petition, within 21 days after the shelter hearing.
(c) Except as provided in paragraphs (b) and (e), the Department must file a motion seeking the court's authorization to initially provide or continue to provide psychotropic medication to a child in its legal custody. The motion must be supported by a written report prepared by the Department which describes the efforts made to enable the prescribing physician to obtain express and informed consent for providing the medication to the child and other treatments

considered or recommended for the child. In addition, the motion must be supported by the prescribing physician's signed medical report providing

4.16. What about those children who come into care with medications already prescribed? E.g., when a CPI removes the child and the parent remembered to hand the medications to the CPI, obviously there is implied consent as there is a current prescription, but nowhere documented and then the parent chooses to disappear... Should the CPI maybe have a form with them to have the parent acknowledge at the time of shelter that the child is indeed taking this particular medication?

Response: Because a parent hands the medications to the CPI, this does not imply consent to continue to provide the medication. When the CPI takes the child into custody they need to also get written consent for the Department to continue to provide the medications to the child. If the parent is not available to provide appropriate consent for the medication, the CPI must request that authorization at the shelter hearing. See above.

4.17 Should we end date the medication in FSFN if a child refuses the prescribed medication or runs away without taking the medication? Our process has been to end date the medication and record in the additional comments column that the child refused the medication or that the child ran away without the medications.

Response: The documentation about the prescription that has been made for the child and the information about the actual administration of the medication to the child must be kept separate. In this case, the prescribing physician should be consulted to determine next steps, particularly in the case of a refusal, rather than automatically end dating the prescription. After a runaway episode, the physician should also be consulted. As one CBC puts it, "Currently, when a child returns from a runaway episode, they are reassessed for psychotropic medication. Whenever there is a gap in medication administration due to a runaway episode, we do this as a precaution to ensure that the child has not taken any other medications that would cause an adverse impact. Once the child has been reassessed, we obtain an updated court order [or parental express and informed consent] for the psychotropic medication."

4.18 If there are potential side effects or precautions/warnings, where would I enter information about observations of the child's behavior.

Response: Comments on the child's behavior while on the medications would be appropriate in the case notes of visits with the child. If there are potential side effects or precautions/warnings that the prescribing physician discussed in the express and informed consent process they can be placed inn the Instructions/Additional Comments text box on the Medication pop-up page.

5. Monitoring and updating FAQs

5.1. Is the Primary worker or the courtesy worker responsible for keeping the medication tab up to date?

Response: The Primary worker is responsible for keeping the medication tab (and all other health information) up to date. Reasons for assigning this responsibility include 1) parent(s) will likely live in the county of the primary worker, and 2) the court of record will be in that county.

5.2. Do we enter any medications for a youth over age 18?

Response: This is optional. Youth over age 18 may elect not to disclose health information to the Department. Generally, data analysis will only be conducted on children under 18.

5.3. Independent Living youth on Psychotropic Medication. Children over age 18 are still showing in FSFN under their independent living case, however, the medication tab is no longer visible.

Response: At present, in the R2b test environment, the system cause of the medication tab no longer being visible once the child becomes an adult is undetermined. In any event, young adults 18 and over no longer need a court order or parental consent. For the present, if (as mentioned above) the youth agrees to provide ongoing health information and there is no regular "medical tab" place for the information to be recorded, the case manager should document information in a case note.

   Possible Interim Workarounds:
1. The Medical Mental Health record will not display with the 'Date Restricted' checkbox enabled when 6 months has elapsed without the information being modified.   The user should uncheck the 'Date Restricted' checkbox to view all work within the case.

2. Current policy dictates the young adult is deactivated within the family case and a new Case is created with only the child to maintain all post-18 Casework.   When this occurs, the child's Casework (i.e. Education Record, Medical-Mental Health Record, IL Record, etc.) within the Family Case is NOT carried forward to the new case. The worker would need to create this Casework in the new Child-only case to continue to maintain and view this information.

5.4. Is there a rule or statute that mandated psychotropic medications must be entered into FSFN? How do new staff know of this requirement?

Response: There is no rule or statute that says psychotropic medication must be entered in FSFN. However, the lead agencies and their subcontractors, particularly the case management agencies, are required to use FSFN as their primary data system. Documenting vital health information such as medication is a case management and case file requirement. Adequate training of staff must be addressed at every opportunity, whether pre-service or on-the-job in-service.

Specific citations:
65C-30.001(13)
"Case File" means all information for a case contained in the Department's statewide automated child welfare information system (SACWIS), i.e., HomeSafenet [sic], as well as supporting paper documentation gathered during provision of services to that family. The 'case file' may also refer to a duplicate, paper copy of the electronic case file and the supporting paper documentation. The Department's SACWIS is the primary record for investigation and case.

65C-28.003(10)(b)
All actions taken to obtain medical history and parental consent for medical screening, treatment, medications immunization shall be documented in the child's case file. If parental consent is received, a copy of the "Consent for Treatment and Release of Medical Information", CF FSP 4006, September 2000, which is incorporated by reference, shall be placed in the

child's case file and a copy provided to the caregiver for placement the Child's Resource Record.

5.5. What security level do administrators need to view this information for their agency?

Response: They need to have access to the medications page in FSFN. Regional security officers will work with agencies to set up appropriate authorization and access.

5.6. Will there be reports available to determine how many children are listed on psychotropic medications?

Response: Yes. This will be determined by the Assistant Secretary of Operations. As policy and procedure development continue, and FSFN modifications are considered, we are hoping to be able to develop various reports (for example, similar to the reports for missing children).

5.7. "Many of the children have yes checked for the court order, but do not contain the date of the order." – Was there a conversion problem from HSN to FSFN in which the consent dates were lost along with the name of the medication that had to be manually typed in under "other" due to the medication not appearing in the dropdown? Can we go back and make changes that were inadvertently missed?

Response: There was a conversion problem, but yes, corrections can be and must be made. In the current and ongoing FSFN data validation effort for psychotropic medications these issues especially should have been identified and fixed.

6. Informed consent or court order FAQs

6.1. Children in SIPP [specialized inpatient psychiatric] or Baker Act settings can be administered psychotropic medications without court order - FSFN does not allow you to indicate the medication is a psychotropic medication without entering a date of court order or consent. Suggest creating a field in FSFN "Date Legal Request"(which should be within 72 hours of administering the medication) in addition to the "date administered" field.

Response: This requires a workaround until policy and process guidance and FSFN revisions can occur. Do not flag as a psychotropic medication, do enter a case note explaining but understand that these medications will Appear on exception reports as a case note in compliance with the requirement for express and informed consent or a court order, unless one reviews the notes. We will continue to work on functionality to fix this workaround.

6.2. If a child is Baker Acted and the dosage is increased or decreased by a hospital psychiatrist, but is still within the court order or consent range – do we need a new court order since it is a new prescribing psychiatrist, even though the child will be going back to their treating psychiatrist who now adopts the new dosage still within the range?

Response: No. Section 39.407, F.S. provides that "Psychotropic medications may be administered in advance of a court order in hospitals, crisis stabilization units, and in statewide inpatient psychiatric programs. Within 3 working days after the medication is begun, the Department must seek court authorization as described in paragraph (c)." If the child is

remaining in the CSU longer than the 72 hour stay, and the hospital physician is going to continue to treat the child, new express and informed consent or a court order would be necessary even if the medication stays the same. However, for the time frame until the consent/court order can be obtained, the data entry issue described in the previous question is still a problem.

6.3. What do we do when if we learn a child is on psychotropic medications but the court will not approve the medication?

Response: No child should receive psychotropic medication without parental express and informed consent or a court order authorization administration of the medication. However, since removing a child from medication may cause serious effects, the case manager must consult with the psychiatrist on the proper method and timing to remove the child from the medication (this process is also termed "titration" – also used for the process of gradually increasing a dosage). The case manager should also work closely with the caregiver to assure that they understand and comply with the physician's directions. Children's Legal Services should be consulted. As appropriate, notes about the situation and the method(s) of titration being used should be entered in the Additional Comments field of the medication in question.

6.4. How about ICPC cases where the jurisdiction belongs to another State?

Response: When a lead agency is serving a child from another state, the court of jurisdiction remains in the sending state. However, the lead agency is still responsible for ensuring that the child receives the necessary services and that those services are provided appropriately and safely. To accomplish this, the medical/mental health information concerning services provided the child must be entered into FSFN just as it would for a Florida child being served. This includes the need for either express and informed consent, or obtaining a court order from the court of jurisdiction of the child, as appropriate, prior to administration of the psychotropic medications prescribed.

6.5. What about those cases whose jurisdiction belongs to a specific Florida county, but the children are out of state?

Response: The lead agency still has case management responsibilities for the child and must continue with the express and informed consent requirements or court order requirements as if the child was in Florida. The prescribing physician does not have to use the Florida consent form, CF-FSP 5291, but must use a document clearly defining the criteria used for express and informed consent. These criteria are, in Florida, stated as per s. 39.407(3)(a)1.(c) and s.394.459(3), F.S. If the physician's document meets these criteria then it can suffice as evidence of express and informed consent, or as a basis to obtain a court order, that authorizes provision of the prescribed medication. CF FSP 5291, dated 02/2006, meets these requirements and can be used as a comparison to determine if the physician's consent documentation is sufficient for these requirements.

6.6. According to 65C - 28.016, the "Psychotropic Medication Treatment Plan" will be used to document express and informed consent form the child's parent or legal guardian provided to the prescribing physician" If a parent attends the doctors/psychiatric appointment and signs/agrees to the medication prescribed, is the treatment plan required for documentation or would a copy of the psychiatrists consent form suffice?

Response: If the doctor's consent form is consistent with the requirements of s. 39.407(3)(a)1.(c), s.394.459(3), and s. 394.455(9), F.S. then it can suffice as evidence of express and informed consent for the Department to provide the prescribed medication. Form CF FSP 5291, dated 02/2006 meets these requirements and can be used to determine if the physicians consent form meets the requirements.

6.7. Same scenario - a parent attends the doctors/psychiatric appointment and signs/agrees to medication prescribed, is the pre-consent review process required for children ages 0-5?

Response: Yes. CFOP 175-98 requires a pre-consent review by a child psychiatrist, contracted by the department, prior to prescription of a psychotropic medication for any child between the ages of birth through five (5) years who are in the custody of the department in out-of-home care. This requirement must be fulfilled prior to the physician and parent completing the express and informed consent process.

7. Related information FAQs

7.1. Merged Persons - If a person has a medication tab in FSFN and the person is subsequently merged, access to the prior medication record is no longer available to the viewer, however, it is still stored in the FSFN database. How can we resolve this challenge?

Technical Issues:

If the 'Remove' Person and 'Keep' Person are within the same Case and a Medical Mental Health record exists for both Person IDs, proceeding with the Merge would result in two records for the same person.   This is not supported by the FSFN structure. If this occurs, the Medical Mental Health record for the 'Remove' Person is maintains a connection to the 'Remove' Person but is removed from the Case.   This record can be viewed through Search by searching the 'Keep' Person and expanding the Person Icon. This will expose a 'Merged Person' icon and continuing to drill into this icon will expose all the persons merged into this person. Expanding the person icon for the original 'Remove' Person will expose the Medical-Mental Health record that was disconnected from the Case.

If the 'Remove' Person and 'Keep' Person, each with Medical Mental Health records, are in different Cases, the connection to the Case will be maintained.

Within FSFN, a new case is created upon adoption finalization. When the new case is created, a new Person record is created for the child. As this time, the child's name can be updated to the Adoptive name.   When the new case is created in the system, the system will copy the child's Medical Mental Health record for the new case to maintain the child's medical history.

This will allow the worker(s) to maintain the child's medical information as appropriate after adoption finalization.

7.2. Minor Parents - If a child in care is on psychotropic medication and becomes a minor parent, thereby having a new case created, the medication record is stored in the FSFN database for both cases, but there is no access to the record from the parent case.

Technical Issues:

Need clarification regarding this statement regarding FSFN maintaining the record for both cases.   This is not the designed functionality.

The users can create a Medical Mental Health record for one Person in multiple cases but the system does not provide a link or connection between these two records.   As such, it is recommended that guidance is provided regarding which Case is most appropriate to contain this information.   If the child becomes a parent, his/her role in the new case is that of a Parent and this record is designed to maintain information for children.   As such, it is recommended that the Medical-Mental Health record should be maintained for the Minor Parent within the Case for which he/she is a child and not a parent.

Addendum: Draft "FSFN How To" guide

This includes FSFN screen shots and field information from the FSFN topic paper, draft version of 3/21/08. The How To guide will continue to be updated based on user testing and any subsequent FSFN changes.

FSFN Medical Mental Health Page and Tabs

There are four FSFN Tabs that capture specific medical/mental health information on children in the care and custody of the Department. This information is vital to track the physical and mental health needs of children and youth. This How To guide will provide information concerning the data elements that are important to the tracking of these critical elements of physical and behavioral health information.

Note that not all of the data fields on these tabs are required by the FSFN system to complete a transaction. However, **all are critically important to have a complete record of the child's health and treatment.** Best practice requires case managers to enter and update relevant information, as soon possible and as appropriate. In the following discussion, only fields that are not user entered or are specifically "required" by the system are noted. Other system requirements (e.g., edit checks) are noted when informative for the user.

> Note: Identifying information for the child (Name, SSN, etc.) at the top of the page is system derived from the case and is not user modified from this page.

The four tabs on the Medical Mental Health page [see illustration below] are Medical Profile, Medications, Mental Health Profile, and Medical History. The page is created via the Create> Case Work page using the Medical/Mental Health Profile case item. To open the page after it has been created within a case (in order to maintain or update the information) it is accessed via the Outliner by drilling down under the case to the Medical/Mental Health Profile icon. ✚

Figure 1. Medical/Mental Health Page and Tabs; Medical Profile Tab Showing

1. **The Medical Profile tab** [see Figure 1] **provides a current "snapshot" of the child/youth medical status.**

   a. **The Primary Health Care Providers group box** allows the user to view and update the health care professionals currently providing services to the child, emergency contact information, and the Medicaid number.

   Information on the Primary Health Care Providers includes:
   - Physician/Clinic: Name of the child's physician or clinic
     - o Phone number of physician or clinic
   - Name of the child's dentist
     - o Phone: Phone number of dentist
   - Name of the child's Mental Health Professional(s)
     - o Phone number of mental health professional
   - Name of the child's HMO
     - o Phone number of HMO
   - Name of emergency contact
     - o Phone number of emergency contact
   - Medicaid number of child; system derived (pre-filled from the Person Management record)

b. Information on Child's Health Problems: This tab also provides the ability to document specific health problems and allergies in the **Basic group box**.

- General description of the child's health problems
- Allergies: Description of known allergies

c. Information on Immunizations. The **Basic group box** allows the user to indicate whether immunizations are up to date.
- Indicates that immunizations are up to date; checkbox defaults to not checked.
- Record on File: Indicates that a hard copy of the immunization record is in the case file; checkbox defaults to not checked.[7]
- Date user confirmed immunizations up to date; enabled by check in the previous field; must be equal to or prior to current date
- Last Updated by: Name of the user who last updated any field on the Medical profile tab; system derived from user login ID and Worker table.
- Date Last Updated: Date on which any field on the Medical profile tab was last updated; system derived from current date when update occurs.

2. The Medications tab [see Figure 2] provides a brief summary of a child's prescribed medications. The medications page is used to document all information pertaining to each medication, including the physician who prescribed the medication, name of the medication and if it is for psychotropic purposes, date prescribed, prescription quantity, date stopped (if applicable), number of refills, dosage, if parental/guardian consent or court order was required, date consent or court order obtained, reason for medication and any instruction or additional comments.

> Note: This tab is to be used for all prescribed medication. However, if a child has been prescribed a psychotropic medication, it is critical that all the information be entered and updated as the medication treatment of the child changes. It is also important to enter the Axis I or II diagnosis information. This same information is also requested on the Mental Health Profile Tab and should be entered in the Axis 1 expandos. This will allow for easier access to this information through data reports. See the Business Rules and FAQ for more detail.

If multiple medication records exist, a scroll bar appears to allow the user to peruse the records. Users may view and edit the full details of each record by selecting the edit hyperlink.

Information is entered on this tab by using the "Insert" button, which creates a pop-up Add New Medication page [see Figure 3] to enter all of the necessary data. The medications tab is filled by the system with the data entered in the pop-up. Once entered, an Edit hyperlink is available.

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[7] When a field is empty, or a checkbox remains in a default "not checked" state, it is impossible to tell if the event or other situation that creates the data has not occurred, or if someone just omitted to fill it in. As with all other data fields, it is very important for reporting and analysis purposes that this critical data is filled in when appropriate.

Figure 2. Medications Tab

Figure 3. Add New Medication Pop-up Page

Information entered on the Medication pop-up page.
- Name of Prescribing Physician/Practitioner: Physician/Practitioner that prescribed the medication; required.
- Name of Prescribed Medication; required.
   - If Other Specify: Name of Prescribed Medication, if not available in the drop down list (user must select 'Other' from the Prescribed Medication drop down list, then type in the name of the medication)
- Is Medication for Psychotherapeutic uses:
   - Indicates if medication is for Psychtherapeutic purposes; user selected checkbox; required. (Note: Determination of use is provided by the prescribing physician.)
- Date medication was prescribed; user entered date field; cannot be a future date; required.
- Prescription Quantity: Indicates the quantity of medication prescribed; 10 character limit.
- Date medication was stopped; future date not allowed and can only be equal to or greater than the prescription date;
- Number of refills given with prescription; numeric entry only, no text; required.
- Dosage: Prescribed dosage of medication; that is, the amount of the medication that is contained in one dose; required.
- Parental/Guardian Consent or Court Order Required.
   - The selection of one of the two checkboxes is required if 'yes' is selected from the 'Is Medication for Psychotropic Purposes' checkboxes.
   - **Each individual psychotropic medication must have either parental express and**

Note that on all four of the Medical/Mental Health tabs, the user may click on the Options dropdown box to launch the templates for CBHA Referral and Authorization, and Consent to Medical Treatment.

> **informed consent or a court order prior to the administration of the medication to the child except in specific circumstances as established by s. 39.407 (3)(a)1., F.S.**

- Date Consent Obtained: Date Parental/Guardian Consent was obtained; conditionally enabled and required if the corresponding checkbox is checked.
- Date Court Order Obtained: Date Court Order was obtained; conditionally enabled and required if the corresponding checkbox is checked.
- Reason for Medication: Reason the medication was prescribed; required.
- Instructions/Additional Comments: Any instructions for administering the corresponding medication or additional comments that need to be documented.

3. The Mental Health Profile tab [see Figure 4] **provides a current "snapshot" of the case child's mental health status.** This tab also provides information about any substance abuse issues, since these topics are highly related.

Figure 4. Mental Health Profile tab

       a. The Treatment Information group box allows the user to view and update the child or youth's inpatient/outpatient information, date of last Comprehensive Behavioral Health evaluation, and other mental health concerns.

1) Treatment Information

- Prior Tx-Inpatient: Checkbox that indicates if a child has had prior inpatient treatment for mental health or substance abuse issues; <u>defaults to not checked.</u>

> Note that on all four of the Medical/Mental Health tabs, the user may click on the Options dropdown box to launch the templates for CBHA Referral and Authorization, and Consent to Medical Treatment.

- Prior Tx-Outpatient: Checkbox that indicates if a child has had prior outpatient treatment for mental health or substance abuse issues; <u>defaults to not checked</u>.
- Last CBHA Eval.: Date of the last Comprehensive Behavior Health Assessment evaluation conducted; <u>will not accommodate future dates</u>.

       b. The Substance Use group box provides substance abuse information about the child/youth.

2) Substance Use:

- Alcohol, Marijuana, Drugs, Solvents: Checkboxes indicating if client is using any of the listed substances; if any checkbox(es) is/are checked, the corresponding Frequency field and Last Updated field become <u>enabled and required.</u>
- Frequency: Indicates frequency of substance use (daily, weekly, occasional dropdown); enabled and required when any of the Alcohol, Marijuana, Drugs, or Solvents checkboxes are checked.
- Last Updated: Date on which any field in the substance use group box was last updated.

3) Psychological/Psychiatric Referral

- Made: Checkbox that indicates if a psychological referral has been made on the child/youth; <u>when checked, the Done By field becomes enabled and required; defaults to not checked.</u>
- Made To: Indicates to whom the last psychological/psychiatric referral was made; user entered text field; <u>enabled and required when the Psych. Referral Made checkbox is checked.</u>
- Status: The status of the psychological/psychiatric referral.
- Other MH Concerns: Allows the user to document other mental health concerns.

4) Axis I and Axis II expandos. [see Figure 4]. These fields provide information about the diagnosis(es) made by a physician that describe the child/youth's mental health condition.

- Axis I expando. When expanded, displays 5 user selectable drop downs, which each display the descriptions of possible diagnoses associated with Axis I. The 'Other' field is for entering an Axis I definition other than the available selections for the current diagnosis.
- Axis II expando. When expanded, displays 5 user selectable drop downs, which each display the descriptions of possible diagnoses associated with Axis II; user selected. The 'Other' field is for entering an Axis II definition other than the available selections for the current diagnosis.

5) Caregiver(s) Information at time of Intake group box. [see Figure 4] This area does **not** capture information about the child, but about the child/youth's primary caretakers or family. This information about the child's family and environment is critical to make good treatment decisions for the children/youth.

- Emotionally Disturbed: Indicates whether the caretaker of the child/youth is emotionally disturbed.
- Visually or Hearing Impaired: Indicates whether the caretaker of the child/youth is visually or hearing impaired.
- Physically Disabled: Indicates whether the caretaker of the child/youth has a Physical Disability.
- Other Medical Condition: Indicates whether the caretaker of the child/youth has an Other Medical Condition.
- Learning Disability: Indicates whether the caretaker of the child/youth has a Learning Disability.
- Alcohol Abuse: Indicates whether the caretaker of the child/youth has an Alcohol Abuse problem.
- Drug Abuse: Indicates whether the caretaker of the child/youth has a Drug Abuse problem.
- Mental Retardation: Indicates whether the caretaker of the child/youth has Mental Retardation.

4. Medical History tab. The Medical History tab [see Figure 5] is used to document specific medical services received by the child or youth. To create these records, the user must click on the Insert button, which opens a new blank record on the Medical History tab.

Each record provides details of a child's/youth's treatments with a particular provider, including service dates, provider name, FSFN Provider, Other Provider, Provider Type, Type of Service, Procedure(s), and Diagnosis(es). If multiple treatment records exist, a scroll bar appears to allow the user to peruse the records. Users may edit all treatment records directly on the Medical History tab.

Figure 5. Medical History Tab

Service Dates:
- **First:** Date of first visit to health care provider; user entered date field; must be equal to or less than the current date, required.
- **Last:** Date of final visit to health care provider; user entered date field; must be greater than or equal to the first service date.
- **Other Provider**: User entered provider name. Disabled if a FSFN Provider is selected; when this field is user-entered, Search hyperlink is no longer on page.
- **FSFN Provider:** FSFN Provider name; system derived from the results of the Provider Organization Search. Blank field if 'Other Provider' is entered; user modifiable through the Search or Remove hyperlink, respectively.
- **Provider Type:** Provider type; user selected drop down; required.
- **Type of Service:** Category of service received; user selected drop down.
- **Procedure**: Description of procedures.
- **Diagnosis:** Description of diagnosis.