

Center for Medicaid and CHIP Services

CMCS Informational Bulletin

DATE: August 24, 2012

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SUBJECT: Collaborative Efforts and Technical Assistance Resources to Strengthen the Management of Psychotropic Medications for Vulnerable Populations

The Center for Medicaid and CHIP Services (CMCS) is issuing this Informational Bulletin to inform states about additional opportunities and resources to address the use of psychotropic drugs in vulnerable populations. The collaborative efforts and technical assistance resources highlighted in this bulletin provide states with additional tools and mechanisms to promote the appropriate use, and enhance oversight of, psychotropic medications for children in foster care and individuals living in nursing facilities.

Background

The Centers for Medicare and Medicaid Services (CMS), the Administration for Children and Families (ACF) and the Substance Abuse and Mental Health Services Administration (SAMHSA) have been working collaboratively to expand opportunities for states, territories and Tribes to strengthen their systems of prescribing and monitoring use of psychotropic medication among children in foster care. The November 23, 2011 State Director letter, jointly signed by leadership at CMS, ACF and SAMHSA, described this cross-agency collaboration and the commitments that each agency would undertake in the months after publication to address this important issue. The letter can be viewed at:

<http://www.medicaid.gov/Federal-Policy-Guidance/downloads/SMD-11-23-11.pdf>

This Informational Bulletin continues this tri-agency coordinated effort to explore, identify, and support effective strategies for states in overseeing and monitoring the use of psychotropic medications with youth in the foster care system.

Because Minds Matter: Collaborating to Strengthen Management of Psychotropic Medications for Children and Youth in Foster Care

Children in foster care often have significant emotional and behavioral challenges as a result of maltreatment and trauma, and a high proportion receive psychotropic medications to manage their symptoms. The use of these medications with this vulnerable population must be managed with care. Provisions in the Child and Family Services Improvement and Innovation Act of 2011 (P.L. 112-34) require State IV-B agencies, as part of their Health Care Coordination and Oversight Plan, to describe protocols planned or in place for the appropriate use and oversight of prescription medications, including psychotropic medications. States were required to submit these plans by June 30, 2012 as part of the Annual Progress and Services Report.

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Creating and implementing integrated oversight and monitoring protocols that ensure the appropriate use of psychotropic medications for children in foster care require thoughtful collaboration across complex systems. To fulfill the commitment made in the November 2011 letter, ACF, in collaboration with SAMHSA and CMS, is convening a two-day working meeting, *Because Minds Matter: Collaborating to Strengthen Management of Psychotropic Medications for Children and Youth in Foster Care*, August 27 and 28, 2012, to bring together representatives from state child welfare, Medicaid, and mental health systems from all fifty States, the District of Columbia, and Puerto Rico to work together to strengthen oversight and monitoring of psychotropic medications for children in foster care.

The purpose of this meeting is to:

- Provide an opportunity for state leaders to enhance existing cross-system efforts to ensure appropriate use of psychotropic medications;
- Showcase collaborative projects and initiatives at state and local levels;
- Offer state-of-the-art information on cross-system approaches to improving mental health and well being for children and their families;
- Encourage participants to think in a deep and nuanced way about strategies for addressing the mental health and trauma related needs of children in foster care with evidence-based and evidence informed interventions; and
- Facilitate each state's development of action steps to improve upon and implement their existing oversight plans.

Additional information:

HHS is focused on advancing the work of child welfare in America to promote the well-being of the youth and families it serves. Supporting the appropriate use of psychotropic medications to treat mental, emotional, and behavioral disorders is one piece of this work. HHS has used its grant-making and regulatory authority, available technical assistance, and cross-agency collaborations to bring focus and expertise to the topic. A wealth of information, research, and resources, including specific information about the summit and recordings of technical assistance webinars held in the past few months, is available at:

<http://www.childwelfare.gov/systemwide/mentalhealth/effectiveness/psychotropic.cfm>.

In addition, ACF has published two Information Memoranda (IM) detailing research, legislation, programs and practices in support of an expectation that child welfare systems will support and enhance the social and emotional well-being of the children and youth served. The first IM, *Promoting the Safe, Appropriate, and Effective Use of Psychotropic Medication for Children in Foster Care*, can be found

here: http://www.acf.hhs.gov/programs/cb/laws_policies/policy/im/2012/im1203.pdf.

The second IM, *Promoting Social and Emotional Well-Being for Children and Youth Receiving Child Welfare Services*, can be found here:

http://www.acf.hhs.gov/programs/cb/laws_policies/policy/im/2012/im1204.pdf

Drug Utilization Review Programs

As part of the collaboration with ACF and SAMHSA, CMS is encouraging states to utilize the framework provided by their Drug Utilization Review (DUR) programs. CMS requires all States to have DUR programs in place that oversee the prescribing of drugs for Medicaid beneficiaries. States

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report annually to CMS (as required) on their pharmacy program operations and the monitoring of prescribing of drugs by screening for appropriate dose, duration, duplicate therapy, drug-drug interactions and other criteria to determine if filling the prescription or requiring further intervention with the prescriber is appropriate. These criteria may vary from drug to drug as well as from state to state. It is the responsibility of each state's DUR Board to meet regularly to determine the specific criteria to apply to each drug.

States have become acutely aware of the concerns regarding the use of psychotropic medications in children, particularly among children in foster care. Accordingly, the states have employed various techniques to provide a range of oversight for this population. Nearly all states, unless prohibited by their state law, have opted to program their systems with edits to screen for predetermined criteria based on accepted medical practices; however, the override capabilities that allow the prescriptions to be filled differs depending on the state's DUR Board.

Many state programs organize their program of edits around commonly accepted practices "of concern" (high dose, young age, polypharmacy). For example, a number of states have implemented requirements that psychotropic medications for children under the age of 5, 6, or 7 require a prior authorization. In this example, the prescriber may have to complete a form providing information regarding prescriber credentials, patient diagnosis, target symptoms being treated, other drugs prescribed, laboratory tests, whether mental health resources are available/ being utilized and if the child is in foster care. Other states require that each case be reviewed by a panel of experts in the field of psychiatry.

Some states have opted for a different approach and developed a comprehensive program composed of a multi-disciplinary team that works in partnership with other state agencies and/or works in concert with academia (school of pharmacy, school of medicine and/or psychiatry) to review cases and ensure that the patient is getting the appropriate combination of psychosocial and medical care.

The treatment of children in state custody who present with potential behavioral health problems presents a number of unique problems that require a collaborative team effort. Psychotropic medications may be one component of a comprehensive "biopsychosocial" treatment plan. "Bio" refers to the physical and genetic factors, "psycho" refers to psychological factors contributing to the emotional and behavioral functioning and "social" refers to the environmental factors influencing functioning. Robust screening and assessment practices that are attentive to trauma and social/emotional functioning, careful and coordinated treatment planning, and the judicious and thoughtful use of all treatment options available to the youth, especially those with a strong evidence base, are practice parameters most likely to support health and well-being. CMS encourages states to explore how their DUR programs can partner with prescribers to implement a plan for screening this population of children for trauma, as this is often missed and requires careful treatment planning.

CMS recognizes the many challenges in providing optimal care to children with mental health and/or behavioral health issues, such as wide variations in services availability within the same state. To provide additional information to states, CMS has posted on Medicaid.gov a few examples of states that have created programs that address this issue in the context of their DUR programs.

<http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Prescription-Drugs/Drug-Utilization-Review.html>

Additional information:

CMS recognizes that there may be a variety of actions that states may take to improve oversight of this vulnerable population. Therefore, we are providing the link below to the basic principles set forth by the American Academy of Child & Adolescent Psychiatry (AACAP) as a resource for states to review as they consider how to strengthen medication use oversight for this population.

http://www.aacap.org/galleries/PracticeInformation/FosterCare_BestPrinciples_FINAL.pdf.

Additionally, AACAP's most recently issued: *Guide for Community Child Serving Agencies on Psychotropic Medications for Children and Adolescents* can be found at:

http://www.aacap.org/galleries/default-file/guide_for_community_child_serving_agencies_on_psychotropic_medications_for_children_and_adolescents_2012.pdf

There is a meaningful body of literature on this topic exploring policy and practice issues.

The most recent information about the 16-state study CMS encouraged states to explore in the November 2011 SMD (*Antipsychotic Medication Use in Medicaid Children and Adolescents: Report and Resource Guide From a 16-State Study*) can be found here: <http://rci.rutgers.edu/~cseap/>

Helpful practice information is available here:

http://www.ahrq.gov/about/annualconf11/crystal_tyutyulkova_yager/crystal.htm

PolicyLab at the Children's Hospital of Philadelphia recently released a study of state-level trends in psychotropic medication use among children in foster care. They made this article accessible at <http://dx.doi.org/10.1016/j.chilyouth.2012.04.006>. They have used Medicaid data to develop interactive maps showing State trends for antipsychotic use and polypharmacy. These are available at: <http://policylab.us/index.php/publications/featured/279-data-maps-psychotropic-medication-use-among-children-in-foster-care.html>

We also wanted to make states aware of another important initiative underway at CMS in the Center for Clinical Standards and Quality to address unnecessary antipsychotic drug use among individuals with dementia.

Partnership to Improve Dementia Care in Nursing Homes

Unnecessary antipsychotic drug use has been identified as a significant challenge in ensuring appropriate dementia care. A 2011 report by the Health and Human Services Office of Inspector General found that 22 percent of the atypical antipsychotic drugs were not administered in compliance with CMS standards, and a CMS study found that over 17 percent of nursing home patients had daily doses exceeding recommended levels.

Dementia can significantly impair a nursing home resident's ability to effectively communicate his or her needs and concerns. Communication attempts can appear as behaviors that may be perceived as disruptive or distressing. Therefore, caregivers must gain an understanding of what is driving these behaviors prior to initiating an intervention or treatment. Sometimes these behaviors may result from an undiagnosed medical condition, an adverse reaction to medication, unmet physical need, or mental illness.

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In March 2012, CMS launched the Partnership to Improve Dementia Care in Nursing Homes: Rethink, Reconnect, Restore. This initiative is aimed at improving behavioral health among nursing home residents and protecting them from unnecessary drug use. In collaboration with federal and state partners, nursing homes and other providers, advocacy groups, caregivers, and residents, CMS is working to reduce the national prevalence rate in long-stay residents of antipsychotic drug use in nursing home residents by 15 percent by the end of 2012. Approaches involve research, public reporting of nursing home antipsychotic use; training for providers, clinicians, and surveyors. Surveyor guidance is being updated, and new surveyor training programs will be available in the fall. CMS is emphasizing person-centered, individualized approaches to dementia care such as consistent staff assignments, increased exercise or time outdoors, monitoring and managing acute and chronic pain, and planning activities consistent with the individual's preferences and choices.

The Partnership promotes the opportunity for the nation to **rethink** dementia care, **reconnect** with residents via person-centered care practices, and to **restore** good health and quality of resident life.

Currently, CMS is conducting state implementation calls to disseminate the National Partnership resources and promote the Partnership goals on a state and regional level. Through these calls, CMS is assisting in the process of building and empowering every State Coalition to develop or strengthen outreach efforts to each state's nursing homes. State Medicaid Medical Directors are encouraged to participate on these calls.

Additional Information

If a State Medicaid Medical Director is interested in participating on these state calls, has any questions or comments related to the National Partnership, or would like further information, then please contact the CMS Division of Nursing Homes at Dnh_behavioralhealth@cms.hhs.gov.

Additional information about the Partnership itself can be found on the Advancing Excellence website at <http://www.nhqualitycampaign.org/>.