Chapter:	Section:	Subject:
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CHAPTER: Board Services and Program Administration		
SECTION: Medication Services		
SUBJECT: General Policy		
Administrative Approval:	Date of Governing Board Action: 2/20/96	Page 1 of 17

I. **PURPOSE:** To establish policy and procedures for providing medication services to all consumers participating in mental health services at WMCMH.

II. **APPLICATION:** All programs and services operated by the West Michigan Community Mental Health Governing Body.

III. **REQUIRED BY:** Michigan Standards for Community Mental Health Services, 1976, Section 7, "Service Delivery," Department of Health and Human Services Administrative Rules R330.7158 and accrediting organizations.

IV. **DEFINITIONS:**

1. **Stock Medication –** Those medications maintained and administered by the agency Registered Nurses for WMCMH consumers under the direction of the Medical Director, staff psychiatrists, contract psychiatrists, or nurse practitioner.

2. **Psychotropic Medication –** The policy and guidelines herein apply to psychotropic medication. Psychotropic drug means any medication administered for the treatment or amelioration of disorders of thought, mood, or behavior; for purposes of this policy, psychotropic medications include:

   - Anti-psychotics
   - Anti-depressants
   - Mood stabilizers
   - Anti-anxiety agents
   - Sedatives-hypnotic agents
   - Anti-Parkinson agents
   - Stimulants
   - Anti-allergy
   - Hypnotics
   - Memory Stabilizers
   - Beta Blockers

3. **Adverse Drug Reaction** – A serious, unexpected medical medication reaction due to the pharmacological effects of a medication which requires treatment or consumer hospitalization due to the medication reaction.

4. **Medication Side Effect** – Unlike Adverse Drug Reactions, medication side-effects are usually expected, common, often enduring and in many times mild in nature.

5. **Prescriber:** A West Michigan Community Mental Health staff, contractual or consultant MD, DO, Physician's Assistant or Nurse Practitioner, licensed by the Michigan Department of Licensing and Regulation and authorized by this agency to provide services to the consumers.

V. **POLICY:** It is the policy of the West Michigan Community Mental Health to have medications prescribed in accordance with the Michigan Department of Licensing and Regulation for the purpose of treating assessed psychiatric conditions within the standards of established medical and CMH policies and procedures. In addition, prescribers shall not prescribe medications to consumers as a form of punishment or for staff convenience.

VI. **PROCEDURES:**

Medication Review Services:

1. Acute medication intervention: The initial and ongoing evaluation completed by the prescribers to determine the need for psychotropic medication by assessing:

   1.1 The consumer's acute psychological target symptoms;

   1.2 The potential risk and benefits of medication with the consumer;

   1.3 The best choice of medication and dosage as determined by the consumer's target symptoms and in accordance with such reference manuals as the Physician's Desk Reference (PDR), American Hospital Formulary Service - Drug Information, American Medical Association Drug Evaluations, Drug Facts and Comparisons, and the United Stated Pharmacopoeia Drug Information (USP-DI);

   1.4 The justification for medication intervention and/or the concomitant use of two or more psychotropic medications of the same medication classification and/or the addition or use of medications "off label" to address the psychological symptoms; this requires significant documentation by the prescriber to clarify and provide ongoing support for the medications use.

   1.5 The frequency of medication review appointments, typically every two weeks to one month, until a maintenance dosage is established which effectively stabilizes the consumer's target symptoms or psychiatric illness.

2. Maintenance medication intervention:

2.1 The need for maintenance medication intervention is determined by the prescriber after assessing the consumer's initial three (3) months, or less, response to medication treatment, in conjunction with the consumer's psychiatric history. In addition, RNs may provide intermediate Nurse Med Reviews and the responsible care manager shall monitor the consumer's on a regular basis. This information shall be documented in the consumer's progress note. Additionally the case manager will include their observations in an HST staffing note that is provided to the prescriber/RN prior to each medication review meeting.

2.2 The prescriber shall document the presence or absence of medication side effects in the consumer's clinical record each time the consumer is seen for medication review services. In addition, they shall document that he/she explained the rationale for use, specific risks and dosages, benefits, and most common side effects of the prescribed medication(s) to the consumer. The continued use of two (2) or more psychotropic medications of the same class, or medications prescribed "off label" will require justification by the prescriber.

2.3 The consumer's need for maintenance medication intervention shall be determined by the prescriber's continued assessment of medication treatment and the consumer's target symptoms, mental functioning, health status and behavior. Consumers will be maintained on the appropriate medications and dosages which address the consumer's target symptoms.

2.4 Prescribers shall use the Physician's Desk Reference (PDR), American Hospital Formulary Service - Drug Information, American Medical Association Drug Evaluations, Drug Facts and Comparisons, or the most current best practice algorhythm when terminating a consumer's medication or when changing the consumer's medication from one medication to another. Prescribers will follow WMCMH formulary for prescribing.

2.5 All written prescriptions for Schedule II medications shall require renewal every thirty days/as required by prescribing standards and laws.

2.6 All maintenance medication consumers shall be seen by the prescriber at least every ninety (90) days, at which time their medication orders will be reviewed and rewritten if appropriate; exceptions notwithstanding.

2.7 A consumer's medication monitoring and prescribing needs may be transferred back to the consumer's identified primary physician once target symptoms have been stabilized and the consumer, prescriber and care manager are in agreement regarding this action. It will be the responsibility of the RCM working with the consumer to ensure that the identified primary physician is willing to take responsibility for monitoring and prescribing the medications for the consumer and to identify the date that the transfer from the agency prescriber to primary physician will take place.

2.8 In order to allow the consumer time to become established with a new medication provider, upon discharge from the Med Clinic Program, prescribers will authorize a 30-day supply of medication allowed by prescribing regulations. This supply can be extended at the discretion of the prescriber.

2.9 For issues related to noncompliance or potential harm, refer to WMCMH policy 2-10-7.

3. Medication emergencies and consultation coverage:

3.1 In the event of a medication crisis, assessment will be made by the program nurse in consultation with the consumer's prescriber or by the prescriber directly who in turn will identify the best course of treatment for the consumer. If no prescriber or program nurse is immediately available, the Medical Director or other agency Nurse can be consulted. Again if the nurse or prescriber are not available, the consumer will be referred to the nearest emergency department.

3.2 Agency prescribers will be available, either in person or by telephone, Monday through Friday, when the agency is open for service. When the agency is closed, the agency's EOC system is utilized and in the event of a medical crisis, consumers are referred to the nearest emergency room for evaluation.

4. Medications for Women of Childbearing Age and during pregnancy:

   4.1 When women of childbearing age are seen in the medication clinic, or meeting with a program nurse they will be asked if there is any chance of pregnancy. Exceptions to this procedure would include women who have had a hysterectomy, tubal ligation or are post-menopausal.

   4.2 If the consumer identifies there is a chance of pregnancy, the prescriber is notified for further instructions and/or orders.

   4.3 If a consumer does have a positive pregnancy result, the prescriber, or the delegated nurse, will discuss the relative risk in relation to their medications and mental health disorder with the consumer/guardian.

   4.4 The prescriber will collaborate with the consumer's primary care physician/obstetrician with regards to the consumer's special needs that might exist during the gestation period. Consent for releasing this information is given by the consumer signing the MDHHS universal release of information.

5. Lithium Protocol:

   5.1 Prior to prescribing Lithium for a consumer who has not been previously treated with Lithium, or for a consumer who was once treated with Lithium, but who has not been recently taking Lithium under close supervision of a physician, the following laboratory tests should at least be considered:

      5.11 Complete blood count (CBC)

      5.12 Thyroid function test (TSH)

      5.13 Comprehensive Metabolic Profile (CMP)

      5.14 Baseline EKG

   ***Each prescriber is responsible to be aware of the cost and the ability for the lab to be "covered" by the consumers insurance, or their ability to pay for the lab.

5.2 Lithium blood levels will be ordered by the prescriber every 1-3 weeks during the initial acute medication intervention process until the consumer's target symptoms are considered under control.

5.3 Lithium blood levels may be ordered by the prescriber once every ninety (90) days when using Lithium during the first year of treatment or according to symptom resolution or signs of toxicity. After one year of stable Lithium usage, the prescriber may increase the time interval for obtaining a lithium level to once every six months. The maintenance medication intervention process is used to screen for toxicity. Symptom resolution/response and/or signs of lithium toxicity shall override scheduled drug levels when in question.

6. Injectable psychotropic medications:

6.1 The prescriber shall assess the appropriateness of prescribing an injectable psychotropic medication as a choice in medication intervention by determining:

6.11 The consumer's psychiatric diagnosis;

6.12 The consumer's target symptoms;

6.13 The consumer's history of compliance/noncompliance to oral anti-psychotic medications; and

6.14 The consumer's consent to voluntarily participate in the medication treatment service.

6.2 The administration of an injectable psychotropic medication by CMH nursing staff, MA, physician, or contracted registered nurse requires the following documentation:

6.21 A copy of current signed medication consent;

6.22 A confirmed written or electronic prescription by the prescriber; and

6.23 Administration is documented a progress note which will address the service provided. Stock medications are no longer used due to billing changes.

7. Anti-anxiety and sedative/hypnotic drugs:

   The rationale for use of this class of medication shall be clearly documented in the medication progress note by determining;

   7.1 Diagnosis that substantiates the use of the medication

   7.2 Listing of consumer's target symptoms

   7.3 The consumer's history of compliance with medications in regard to previous addiction and abuse/misuse of prescribed or illegal mediations/drugs.

8. Clozaril/Clozapine:

   8.1 Clozaril/Clozapine is an anti-psychotic drug agent used only for treatment-resistant psychoses where consumers have demonstrated objective symptoms of drug intolerance/or non-response to conventional anti-psychotic drug agents.

   8.2 The use and monitoring of Clozaril shall be done in accordance with the Revised FDA Clozaril Blood Monitoring Guidelines Requirements May 2005.

9. Protocol for Screening for Heart Conditions prior to Stimulant Medication Prescribing:

   9.1 Prior to prescribing a stimulant medication for a consumer, the following protocol shall be completed in accordance with the American Academy of Pediatrics/American Heart Association clarification statement on cardiovascular evaluation and monitoring of children and adolescents with heart disease receiving medications for ADHD.
   a. Before prescribing a stimulant medication for child/adolescent and adult consumers, Prescribers shall carefully assess for heart conditions via a history and a brief physical screen. Consumers with any abnormal results or identified concerns noted at screening shall be referred for an EKG before commencing a stimulant medication prescription.
   b. In cases where an EKG is warranted, once normal results are confirmed, the stimulant prescription shall be commenced.

c. In such cases when the EKG shows abnormal results, the prescriber shall continue to withhold the stimulant prescription and refer to the primary care physician for consultation and possible referral to a cardiologist for further evaluation. The medication may be prescribed only after consultation with primary care physician and/or cardiologist indicates that a stimulant prescription is recommended/ deemed safe for the individual.

d. It is recommended that in all cases where a stimulant has been prescribed and no EKG was completed, a chart review be conducted to ensure that a history and physical screening was conducted before stimulant prescription began. If none is present, at the next medication review a history and physical screening shall be conducted per the protocol.

10. Administration of Abnormal Involuntary Movement Scale (AIMS):

10.1 Modified Sovner's Abnormal Involuntary Movement Scale (AIMS) will be the instrument used for screening of movement disorders related to the use of psychotropic medications.

10.2 The AIMS (ABNORMAL INVOLUNTARY MOVEMENT SCALE) records the occurrence of Tardive Dyskinesia (TD) in patients who are receiving neuroleptic medications. It is used to detect TD and to monitor the severity of the patient's TD over time.

10.3 The AIMS can be administered by a Medical Assistant (MA), RN, or prescriber for each consumer that is prescribed an Antipsychotic Medication orally or by injection.

10.4 For both children and adults, the AIMS is to be administered at a minimum of every 3 months OR when by observation or by report there are indications of possible involuntary movement issues. As consumers are seen in the clinic the MA can routinely check the consumer's record to ensure that an AIMS it is completed within the 90 day requirement. For consumers in specialized programs monitored by the program Nurse, the Nurse will be responsible to assure the quarterly requirements are met for those consumers prescribed Antipsychotic Medications.

10.5 When completing an AIMS test the results and other relevant information is recorded under the Health tab in the section identified as AIMS. Once completed the Abnormal Involuntary Movement Scale – AIMS, document

is saved to the ECR and the document is electronically signed/dated. The prescriber has immediate access and a historical review of the AIMS document at the time of the med review. The prescriber is to review the document as part of the medication review note.

10.6 There is a record of the AIMS test in the following places:
a. The Health Services tab in the electronic record
b. If the AIMS were completed and the electronic version was not available, the paper copy is scanned into the ECR.

10.7 All staff completing an AIMS are to be trained on the AIMS test utilizing the AIMS Training Video from AstraZeneca or another agency sanctioned training method. For Medical Assistants following the completion of the training they will meet with his/her supervisor who evaluates the readiness of the individual. Further training is provided, as necessary.

10. 8 The consumer's care manager shall also routinely monitor for symptoms indicating side effects to psychotropic medication and document his/her observations in the consumer's clinical record.

10.9 The consumer's responsible care manager shall notify the program nurse or the prescriber immediately of any symptom(s) indicating serious side effects and/or discomfort resulting from the apparent use of psychotropic medication.

10.10 If Tardive Dyskinesia is diagnosed, the agency prescriber is to decide on the appropriate course of action with the consumer and document this in action, as well as the rationale for the action taken in the consumer's medication review note.

10.11 The prescriber may choose to refer the consumer to a neurologist to rule out the presence of any other neurological disorder and/or seek recommendations for treatment. The prescriber will contact health services personnel to notify the Case Manager or contact them directly for discussion and/or referral.

11. <u>Annual laboratory studies:</u>

11.1 The prescriber may order a Comprehensive Metabolic panel (including liver function tests), complete blood count, thyroid function test, HgbA1C, and serum lipid panel test for all consumers receiving anti-psychotic,

mood stabilizers and any other psychotropic medications as deemed appropriate by the prescribers at least annually, and more frequently, if medically necessary.

11.2 The prescriber may alter the consumer's psychotropic medication as indicated by the results of laboratory testing.

11.3 Copies of said laboratory tests shall be maintained in the medication section of the consumer's electronic record.

11.4 A copy of the consumer's annual laboratory test results shall be made available to the consumer's family physician and inpatient units as requested.

12. Metabolic Screenings (a screening done to assess a consumer for the presence of metabolic syndrome which is a combination of medical disorders that increase the risk of developing cardiovascular disease and diabetes.)

12.1 Metabolic Screening will be done per agency protocol with the following directions:

a. Consumers on any antipsychotic medications may have metabolic screenings done depending on the results of lab testing. Screenings may also be done for those consumers who are on other medications as needed as in the case of significant weight gain.
b. Screenings will be completed by the program nurse according to protocol.
c. Family/consumer history will be documented in a narrative when completing a nursing health assessment form.
d. Weight (in pounds) is obtained at each medication review with a minimum of at least quarterly, if not more often if appropriate.
f. Blood pressure is obtained at each medication review meeting and at least quarterly or more often if appropriate.
g. Fasting plasma glucose will be obtained at baseline and annually. Lab work may be ordered by prescriber or nurse per agency standing order.
h. Fasting lipid profiles will be obtained at baseline, annually and as needed. Lipids are to be identified specifically as not all area labs include these in their Comprehensive Metabolic Profile.

12.2 Initial metabolic screening may be done when a consumer is started on a new anti-psychotic. Previous lab work may be used as base if available. Consumers who are currently on an anti-psychotic will begin the metabolic screening process when annual lab work is due.

12.3. Persons who are being prescribed anti-psychotics will be identified during the review of annual Health and Safety Questionnaires by the HST Team Leader or designee. These consumers will be scheduled for a health assessment by the assigned RN. Annual lab work as described above will be reviewed with the consumer at the health assessment (or ordered if not done beforehand) including metabolic lab work. The RN will provide metabolic teaching as indicated by the lab work.

12.4 After the initial metabolic/lab teaching appointment with the nurse, the nurse will be responsible for scheduling follow up consumer appointments according to identified need/risk factors which will be at least annually and in conjunction with annual lab work.

12.5 Metabolic/lab teaching will be noted in a progress note and on the health assessment form by the nurse.

12.6 A consumer's BMI will be calculated at each prescriber visit using current BMI computer programs/ECR. (www.nhlbisupport.com/bmi).

12.7 Consumer education regarding metabolic issues will be conducted by the nurse through a variety of education methods which will include videos and handouts.

12.8 Urine Drug Screens (off site lab) or saliva swab drug screens (on site) shall be ordered by prescribers as needed.

13. Documentation of medication:

13.1 In the event the prescriber orders medication(s), the consumer, consumer's parent or guardian, if applicable, shall receive written information about the prescribed drug, including potential side effects.

13.2 Prior to initiating medication intervention, the consumer and/or consumer's parents or guardian, caregiver, will review with the prescriber the medications to be prescribed, the dosage range used, and the desired outcomes. The consumer, consumer's parent and/or guardian after being

provided the information on the medication, shall sign the Consent to Medication Treatment (WMCMH Form #CR008) or Psychotropic Medication informed consent form for children in DHHS care (DHHS form 1643) acknowledging that the information has been shared with them.

13.3 Consumers will be made aware of any special dietary needs or restrictions associated with the medications ordered and will be reviewed in the medication review and/or appropriate educational documents provided.

13.4 The Health Care Professional (Nurse or Physician) assigned to each team/or consumer's case will co-sign the Medication Consent form once the guardian/parent and/or consumer's signature is obtained. The form will be submitted to medical records for scanning and placement in the consumer's electronic medical record.

13.5 Medication consents are to be updated whenever a new medication is started.

14. Other Related Documentation: Following is a list of other documentation that should be present in consumers' clinical records when receiving medication services.

14.1 Assessment of past/present drug history

14.1.1 A component of the psychiatric evaluation will include the consumer's past psychotropic medication use and their response to those medications when possible.
14.1.2 Medication review documentation will describe the consumer's current response to their medication(s).
14.1.3 Consumers will be assessed on an ongoing basis, for any drug or alcohol abuse issues. This will be noted in the psychiatric evaluation and medication review document. Information regarding this may also be found in agency assessments, treatment plans and progress notes.

14.2 Annual Medical History in the form of the health and safety questionnaire.

14.3 Ongoing assessment of mental status, diagnosis and progress notes referencing medications being prescribed as a part of routine medication reviews.

14.6 Over the Counter and Prescription Medications – Information regarding Over the Counter (OTC) and prescription medications will be documented in the clinical record. The Case Manager will work with the consumer to obtain an accurate/current listing of all over the counter as well as prescription medications the consumer may be taking. The consumer will be asked to provide a complete list of medications at each med review. This list will be maintained in OrderConnect by MA or RN. The prescriber may run a MAPS (Michigan Automated Prescription System) report to check the status of all controlled substances being prescribed for a consumer.

15. The Federal Government Food and Drug Administration (FDA) guidelines for reporting adverse drug reactions will be followed for those consumers receiving medications from West Michigan Community Mental Health. They may be reached at FDA.gov or 1-800-332-1088.

15.1 Adverse medication reactions will be captured during the course of the medication review or reported to the program nurse by the consumer, guardian or care manager. If a nurse received the information, it will then be forwarded to the prescriber for further orders.

15.1.1 The nurse/prescriber will complete the adverse drug reaction form (WMCMH Form #CR118) and attach to agency CIR.

15.1.2 A copy of the adverse reaction form is then forwarded to the agency Medical Director and/or Health Clinic Service Team Leader.

15.1.2 The adverse reaction will then be reviewed at the Health Team's team meeting.

16. Co-occurring disorders: Consumers can often present with co-occurring disorders surrounding misuse, abuse, or dependence of prescription medications and/or alcohol or abuse and/or dependence of street drugs.

16.1 Substance use is not a condition that excludes a consumer from treatment. Treatment of a co-occurring disorder is integrated into the person centered treatment plan to assist with simultaneous treatment of a severe and persistent mental illness and substance use disorder.

16.2 All clinical staff work to support the person in this process as identified in the plan.

16.3 Medication for Substance Use Disorder Treatment: When clinically appropriate, specific medications may be a helpful component of a set of interventions that aid in the process of recovery from a substance use disorder. Therefore, as a provider of COD treatment services, WMCMH may prescribe medications supported by research to assist with recovery for substance use disorders, specifically. WMCMH sees medication assistance as one element of a holistic Person-Centered Planning approach. Medication alone is not sufficient to live in recovery for SUD or COD issues. Please refer to Appendix 2-10-1B: Guidelines for Using Medication to Address Substance Use Disorders for greater detail.

17. Medication Formulary – An approved medication formulary of what medications are prescribed at WMCMH as approved by the Clinical Oversight Committee. The formulary is available on the Agency Intranet. A formulary is more than a list of approved medications. A formulary must consist of drugs that will provide patients with a clinically appropriate medication for the course of treatment established by the physician. Consistent with industry standards/practices, the formulary is supported by a system of care management tools to consistently provide patients with access to medications that have been demonstrated to be safe, effective, and affordable, while maintaining and improving quality patient care. To ensure that WMCMH prescription drug plans are following best practices, the formulary review will follow three important principles.

- Principle #1 – Rely on Existing Best Practices: WMCMH review will rely on widely recognized best practices for existing drug benefits serving people with disabilities, to ensure appropriate access for WMCMH Consumers.
- Principle #2 – Formally review formulary at least every 2 years.
- Principle #3 – Flexibility: Have a process in place that allows for exceptions to be reviewed with in appropriate timelines

The function of the formulary is to specify which medicines are approved to be prescribed at WMCMH. The development of formulary is based on evaluations of efficacy, safety, and cost effectiveness of drugs. Cost-effectiveness analysis (CEA) is a form of economic analysis that compares the relative costs and outcomes (effects) of two or more courses of action. Cost-effectiveness analysis is distinct from cost benefit analysis which assigns a monetary value to the

measure of effect. The purpose of this formulary is to steer to the least costly medications that are sufficiently effective for treating health condition. Prescribers are asked to prescribe medications included in the formulary whenever possible.

The medication formulary contains clinical information, such as side effects, contradictions, doses, and laboratory precursors. The drug formulary has a list of prescription drugs, both generic and brand names, which are preferred by WMCMH. WMCMH may only prescribe on this "preferred" list with rare exception. Additionally, WMCMH will only prescribe medications that have been approved for sale by the U.S. Food and Drug Administration (FDA).

A. Formularies Restrictions

Formularies have procedures to limit or restrict certain medications. This is done to encourage the prescriber to use certain medications appropriately, as well as to save money by preventing medication overuse. Restrictions include:

- *Prior Authorization:* a process by which the prescriber must obtain approval from COC to obtain coverage for a medication on the formulary. Most often, these are medications that may have a safety issue, have a high potential for inappropriate use, or have lower-priced alternatives on the formulary.

- *Quality Care Dosing:* a process in which the prescriber plan checks prescription medications before they are filled to ensure that the quantity and dosage is consistent with the recommendations of the FDA

- *Step Therapy:* a process in which WMCMH requires the consumer to first try a certain medication to treat the health condition before using another medication for that condition. Usually, the first medication is less expensive.

B. Exceptions to the Formulary

- In general, exceptions will take place if the medication being prescribed is not on the formulary and without this medication, would cause the consumer to use a less effective drug or cause the consumer to have harmful medical event.

- CoC must review for clinical appropriateness, protocols and procedures for the timely use of and access to both formulary and non-formulary drug products. A non-formulary drug may be needed, for example, when the formulary drug would cause adverse effects or would not be as effective or both, based on scientific evidence or medical necessity.

C. Formulary Tier

Drugs on a formulary are usually grouped into tiers:

- **Tier 1** has the lowest co-payment and usually includes generic medications.
- **Tier 2** has a higher co-payment than tier 1 and usually includes preferred brand name medications.
- **Tier 3** has the highest co-payment and usually includes non-preferred brand name medications. A medication may be in tier 3 because it is new and not yet proven to be safe or effective. Or, the medication may be in tier 3 because there is a similar drug on a lower tier of the formulary that may provide you with the same benefit at a lower cost.

VII. SUPPORTING DOCUMENTS:

Appendix 2-10-1A: Adverse Drug Reaction Form (WMCMH Form #CR118)
Appendix 2-10-1B: Guidelines for Using Medication to Address Substance Use Disorders
Appendix 2-10-1C: DHHS Form 1643, Psychotropic Medication Informed Consent
Appendix 2-10-1D: Health Assessment
Appendix 2-10-2A: Consent for Medication Treatment (WMCMH Form #CR008)
Appendix 2-10-2B: Modified Abnormal Involuntary Movement Scale (WMCMH Form #CR035)

Additional Resources: Clozaril Blood Monitoring Guidelines Requirements – see http://www.mylan-clozapine.com/RegistryRegistration.html
Clozaril Treatment System Requirements – see http://www.mylan-clozapine.com/RegistryRegistration.html

Appendix 2-10-1A

WEST MICHIGAN COMMUNITY MENTAL HEALTH SYSTEM

ADVERSE DRUG REACTION

Customer's Name:

Diagnosis:_____

Population Group: ☐ MI ☐DD ☐CHILD

Date of ADR:_____

Name of Medication:_____

Dosage:_____

Date Medication Started:_____

Description of Adverse Drug Reaction:_____

Action Taken:_____

_____ _____
Signature of Nurse Date

_____
Signature of Physician Date

Appendix 2-10-1B

WEST MICHIGAN COMMUNITY MENTAL HEALTH

Guidelines for Using Medication to Address Substance Use Disorders

I. **WMCMHS Philosophy on the use of Medication to Address SUD Issues:** We believe that specific medications may be helpful in the process of entering Recovery for a Substance Use Disorder. Therefore, as a provider of COD Treatment Services, we will appropriately prescribe medications supported by research that assist with Recovery for Substance Use Disorders. We see medication assistance as one element of a holistic Person Centered Planning approach. Medication alone is not sufficient to live in Recovery for SUD or COD issues.

II. The Scope of WMCMHS Psychopharmacological Interventions for SUD

1. WMCMHS MAY Provide:

   A. Ambulatory/Outpatient Detoxification Medication Regimens for alcohol, certain Illicit drugs and/or Prescription Medications:

   Detoxification is a set of interventions aimed at managing acute intoxication and withdrawal. It denotes a clearing of toxins from the body of the individual who is acutely intoxicated and/or dependent on substances of abuse. A second, but equally important goal of detoxification is successful transition into treatment that will foster a person's health and recovery.

   Ambulatory Detoxification is an organized outpatient service without onsite monitoring which is delivered in an office setting for mild to moderate withdrawal symptoms. Services are scheduled in regularly scheduled sessions at the discretion of the treating prescriber according to a defined set of protocols.

   Addictive Substances our agency will provide Ambulatory detoxification for include:

   - Alcohol
   - Benzodiazepines: Common Benzodiazepine medications that people form addictions to include Xanax, Valium, Librium, and Ativan.
   - Sedatives/Hypnotics: Common Hypnotics that individuals form addictions to may include certain sleep aides.
   - Barbiturates: Medications that people form addictions to include Seconal, Tuinal, and Phenobarbital.

   Substances our agency will NOT provide detoxification for include:

   - Opiates: Heroin, methadone, oxycodone, etc.
   - Nicotine
   - Marijuana
   - Anabolic Steroids
   - Inhalants
   - Stimulants

This is a process whereby a person addicted to a prescription medication:

- Is gradually tapered from current levels of medications they are abusing, in order to reduce experienced withdrawal symptoms and achieve detoxification.
  AND/OR
- The consumer is switched to a non-addictive psychotropic medication that addresses the issue for which the addictive medication was being taken.

B. Medications for Alcohol Dependency:

i. Anti - Craving & Withdrawal Reduction: Naltrexone and Acomprosate/ Campral are medications that help people stay alcohol-free in combination with counseling or support groups once they have stopped drinking. They are thought to restore the normal brain balance, which has been disturbed in someone who is alcohol dependent. They help reduce the physical distress and emotional discomfort (e.g. sweating, anxiety, sleep disturbances) associated with staying alcohol-free. This, in combination with counseling and support groups, makes it easier for people not to drink.

ii. Aversive Deterrents: Medications such as Disulfiram/Antabuse interfere with the metabolism of alcohol resulting in unpleasant effects when alcohol is consumed. Normally used to treat chronic alcoholism.

2. **WMCMH WILL NOT Provide:**

A. Medication for Opioid Addiction

At this time, WMCMH will **not** provide detoxification or maintenance medication for Opioid addiction to drugs/medications such as Heroin, Oxycontin, Tylenol 3 with Codeine, Vicodan, etc. Common medications for this found elsewhere are:

- Methadone,
- Buprenorphine/Suboxone,
- levo-alpha acetyl methadol [LAAM]

B. Medication for Marijuana Dependency

This is a newer area of research with no current FDA approved medications for the treatment of marijuana dependency. Acomplia (rimonabant) is one medications used to treat obesity that has some related research. Others include lofexidine and oral THC to help reduce craving and withdrawal symptoms.

III. Protocols for Opiate Addiction Treatment:

For individuals with a Co-occurring Opiate Addiction consider the following:

i. If needing Detoxification Services, consider:

- Referral to a Residential Sub-acute Detoxification Program
- Referral to Suboxone Prescribing Physician, as available.
- Coordinating with and refer to a his/her family physician
- When applicable, a referral to a Pain Clinic.
- When applicable, a referral to the Methadone Program in Muskegon.

ii. Adopt a COD Treatment Approach addressing the following elements, as warranted:
    - Creation of a Plan that addresses all significant life domains (psychological/emotional, housing, meaningful activity, employment, trauma, etc.).
    - Education about Addiction, Recovery, and Relapse Prevention.
    - Learning and implementing coping skills.
    - Stage-Matched Interventions for each disorder
    - Education on alternatives for Acute and Chronic Pain Management, when applicable.
    - Crisis Planning
    - Connection with a Peer and Self-Help Network
    - Medical Support
    - Individual and/or Group Counseling
    - Family Involvement

iii. The clinician should seek consultation from his/her clinical supervisor when complexity of the situation warrants.

Appendix 2-10-1C

PSYCHOTROPIC MEDICATION INFORMED CONSENT

Michigan Department of Human Services

Section A – Youth Identifying/Demographic Information (Information may be completed by worker, agency staff, medical staff, etc.)		
Identifying Information: Please Print		
Child/Youth name:	Date of birth:	Sex: ☐ Male ☐ Female
Assigned Caseworker:	DHS or AGENCY and DHS Local Office or Agency Address:	Telephone:
Legal Status: ☐ Temporary Ward Court ☐ State Ward ☐ Permanent Ward Court	Current Placement: ☐ CCI (residential) ☐ Hospital ☐ Other: ☐ Own Home ☐ Relative ☐ Foster Home	Date of Current Placement:
Birth Parent/Legal Guardian (Temporary Court Ward):	Address:	Telephone:

Existing DHS-1643 Informed Consent For any psychotropic medication currently prescribed to the youth, the assigned caseworker must ensure that:

- The existing DHS - 1643 informed consent is passed on to the current prescribing physician.
- If the informed consent was not completed, is unavailable or expired the required DHS-1643 informed consent process for the medication(s) must be completed.

An existing DHS-1643 Psychotropic Informed Consent for this youth (check applicable box) is:

☐ **Not Applicable**. Youth is not currently prescribed psychotropic medication.
☐ **Attached**. A copy of the DHS-1643 informed consent for the child/youth's current psychotropic medications is included.
☐ Not completed**. A DHS-1643 informed consent has not been completed or is unavailable for the child/youth's current psychotropic medications. The informed consent process must be completed.**

Section B – Health Information (Information to be completed by health care personnel – nursing, MA, PA, etc.)			
Appointment Date	Height:	Weight:	Medical Diagnoses:
Non-psychotropic Medications:			
Mental Health Diagnoses:			

Section C – Consent for psychotropic medications and treatment plan (signed by those with authority to consent)
NOTE: Foster Parents and relative caregivers **cannot** consent to administration of psychotropic medications.

PSYCHOTROPIC MEDICATIONS – Completed by Physician or Medical Staff
See box on page 4 for guidance when a DHS-1643 must be completed

Medication Name	**Ongoing No Change**	**Ongoing Change Dose**	**New**	**Discontinued**	**Dosage** Exceeds previous dosage range	**Annual Renewal**
	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐

NOTE to licensed physician: If new medication, increased dose beyond previous consent range or annual review, complete page 2.

*I understand that I can withdraw consent at any time during treatment.

Signature of Consenting Party* (Consenter must sign/date in appropriate box below.) New medications or dosage increases beyond previous informed consent cannot be administered until signed consent or court order is received from appropriate consenting party (as indicated below).

Birth Parent/Legal Guardian (for temporary court wards).	Supervising Agency (DHS or Private Agency) Foster Care Worker or Representative (for Act 220 or Act 296 state wards only)	Youth (age 18 and older)

During transition of care where current DHS-1643 is not available, ongoing medication can continue up to 45 days pending completion/ receipt of DHS-1643

Section D – Prescribing Physician Information (Information may be completed by caseworker, agency staff, medical staff, physician, etc.)

Prescribing Physician Name (Please Print):	Telephone:
Name of office/facility (if applicable):	Office/Facility Address (include address number and zip code):

Section E – Psychotropic Medication Information (to be completed by licensed physician) include:

- New medication(s),
- Existing medications for which no consent exists,
- Previous DHS-1643 informed consent is expired (renew annually),
- Increasing dosing beyond approved dosing range,
- Discontinuing existing medication, and/or
- Youth reaches age 18.

Medication Name:	Approved Dosage Range: –	Directions for Use:
Target Symptoms(for new or continuing medication or reasons for discontinuing medication):	Potential Side Effects (Information Sheet may be attached):	
Treatment Alternatives:	Pre-treatment/Ongoing Monitoring Recommended:	

CRITERIA TRIGGERING FURTHER REVIEW

To the physician: In compliance with the MDHS Guidelines for the Use of Psychotropic Medication for Children in State Custody, any medication regimen meeting the triggering criteria below will be reviewed by DHS. The review does not denote that treatment is inappropriate, only that further review is warranted. Please check any boxes that apply, and provide the clinical rationale for the medication regimen. You may be contacted after the review.

Does use of this medication fall within the triggering criteria? If any of the following criteria are checked, complete the Rationale field below.

☐ Prescribed four or more concomitant psychotropic medications.	☐ Prescribed two or more concomitant anti-depressants.
☐ Prescribed two or more concomitant anti-psychotics.	☐ Prescribed two or more concomitant stimulant medications.
☐ Prescribed two or more concomitant mood stabilizer medications.	☐ Prescribed two or more concomitant alpha agonist medications.
☐ Prescribed psychotropic medications in doses above recommended doses.	☐ Prescribed psychotropic medication and child is five years or younger.

Rationale (if applicable)

The above medication was discussed/reviewed with:

Youth	☐ No ☐ Yes	Date	Youth Signature: _____	
Foster Parent/Relative Caregiver	☐ No ☐ Yes	Date	Method of review: ☐ In-Person	☐ Telephone
Birth Parent or Legal Guardian – for temporary court wards	☐ No ☐ Yes	Date	Method of review: ☐ In-Person	☐ Telephone
Assigned Foster Care Worker (DHS or Private Agency) – for state wards	☐ No ☐ Yes	Date	Method of review: ☐ In-Person	☐ Telephone

Medication Name:	Approved Dosage Range: –	Directions for Use:
Target Symptoms (for new or continuing medication or reasons for discontinuing medication):	Potential Side Effects (Information Sheet may be attached):	
Treatment Alternatives:	Pre-treatment/Ongoing Monitoring Recommended:	

CRITERIA TRIGGERING FURTHER REVIEW

To the physician: In compliance with the MDHS Guidelines for the Use of Psychotropic Medication for Children in State Custody, any medication regimen meeting the triggering criteria below will be reviewed by DHS. The review does not denote that treatment is inappropriate, only that further review is warranted. Please check any boxes that apply, and provide the clinical rationale for the medication regimen. You may be contacted after the review.

Does use of this medication fall within the triggering criteria? If any of the following criteria are checked, complete the Rationale field below.

☐ Prescribed four or more concomitant psychotropic medications.	☐ Prescribed two or more concomitant anti-depressants.
☐ Prescribed two or more concomitant anti-psychotics.	☐ Prescribed two or more concomitant stimulant medications.
☐ Prescribed two or more concomitant mood stabilizer medications.	☐ Prescribed two or more concomitant alpha agonist medications.
☐ Prescribed psychotropic medications in doses above recommended doses.	☐ Prescribed psychotropic medication and child is five years or younger.

Rationale (if applicable)

The above medication was discussed/reviewed with:				
Youth	☐ No	☐ Yes	Date	Youth Signature: _____
Foster Parent/Relative Caregiver	☐ No	☐ Yes	Date	Method of review: ☐ In-Person ☐ Telephone
Birth Parent or Legal Guardian – for temporary court wards	☐ No	☐ Yes	Date	Method of review: ☐ In-Person ☐ Telephone
Assigned Foster Care Worker (DHS or Private Agency) – for state wards	☐ No	☐ Yes	Date	Method of review: ☐ In-Person ☐ Telephone

Prescribing Physician Signature: **Date:**

NOTE: If additional medications are required, save current page 2, and add other medication information on new page 2.

Legal Status:

Section F – Caseworker Record To ensure timely access, review and monitoring of the psychotropic medications, the assigned case worker must track the informed consent process. Per DHS policy, upon receipt of the DHS-1643 from the prescribing physician, the assigned worker (or other department/agency designee) must:

- For temporary court wards, obtain parental signature (consent) within 7 business days. If worker is unable to obtain parental signature in 7 business days, all efforts made to obtain parental consent **must be documented** in the Comment Section of the Consent Process below (including dates). After a diligent effort has been made for parental signature with no response, the worker must seek consent by petitioning the court on the 8th business day.
- For state wards (Act 220 or Act 296), ensure that the completed, signed DHS-1643 is returned to the prescribing clinician within 7 business days.
- For permanent court wards (Legal Status 41), the worker must seek consent by petitioning the court within 3 business days.
- For hospital settings, written consent is required in 3 business days. After a diligent effort has been made for parental signature with no response, the worker must seek consent by petitioning the court on the 4th business day.

Document the following information regarding the DHS-1643.

Activity	Date	Comments
1. CONSENT PROCESS		
DHS-1643 received from prescribing physician.		
Sent to _____ for consenting signature.		
Received from consenting party.		
Returned to prescribing physician.		
Consent Process Requiring Court Order to Administer Psychotropic Medication for: • Temporary Court Wards, birth parent/legal guardian whereabouts are unknown or is unwilling to provide consent and child's physician or psychiatrist has determined there is a medical necessity for the medication. • Permanent Court Wards (Legal Status 41).		
Motion filed with the court by supervising agency requesting court order for the prescription and administration of necessary medication.		
Court order received.		
Copy of court order submitted to prescribing physician.		
2. MEDICATION OVERSIGHT PROCESS		
Review Criteria Triggering Further Review (in Section E)*		
Sent to DHS Central Office (Medical Consultant Review).		
Received from DHS Central Office (Medical Consultant Review).		
3. TRANSITION OF CARE, if and when applicable		
Copy of DHS-1643 submitted to new treating psychiatrist or physician. _____ Provider's name above		
Copy of DHS-1643 submitted to placement facility (CCI, Treatment Facility, Detention, etc.) _____ Facility name above		
Copy of DHS-1643 sent to Hospital _____ Hospital name above		
Use Additional Lines as Needed		

Additional Comments for Medical Consultant:	
Assigned Caseworker Name	Assigned Caseworker Email Address

A copy of the completed, signed Psychotropic Medication Consent form must be emailed to the DHS Medical Consultant at PsychotropicMedicationInformedConsent@michigan.gov within 5 business days upon worker receipt.

A signed DHS-1643, Psychotropic Medication Informed Consent form is completed for each of the following circumstances:

- Prescribing new psychotropic medications.
- Documenting the current existing medications for children entering foster care.
- Existing DHS-1643 is expired. DHS-1643 must be renewed yearly.
- Increasing dosing beyond the approved dosing range.
- Discontinuing existing prescribed psychotropic medications.
- Youth reaches age 18.

Distribution:
Primary Care Physician (if different from Prescribing Physician)
Placement (foster parent, relative caregiver, residential facility)
Prescribing Physician
Consenter (Parent/Legal File/Youth)
DHS Medical Consultant
Case File

Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.

Appendix 2-10-1D

Case#: _____

WEST MICHIGAN COMMUNITY MENTAL HEALTH

HEALTH ASSESSMENT

Consumer Name: _____ Case#: _____
Case Manager: _____ DOB: _____

Height:_____ Weight:_ _____ BP: _____ Pulse: ____ Respirations: _____

Review of annual Health and Safety Questionnaire Yes ☐ No ☐
Comment: _____

Has there been a change in general health status over the past year: _____

Name of their Primary Care Physician: _____
Has the consumer seen their PCP in the past year and why? Yes ☐ No ☐
Comment: _____
Has the consumer has had a Physical Exam in the past year? Yes ☐ No ☐
Has the consumer's PCP released them from care? Yes ☐ No ☐
Comment to the circumstances of the discharge: _____

Hospitalizations:
Used the emergency room in the past year? Yes ☐ No ☐
Comment to the circumstances: _____

Has been on a medical unit or psychiatric unit in the past year Yes ☐ No ☐
Name of Hospital: _____ **Medical/Psych** **Dates:** _____
Name of Hospital: _____ **Medical/Psych** **Dates:** _____

Pain:
Is there currently or in the past any pain issues? Yes ☐ No ☐

Location/description of the pain: _____

How long has the pain been occurring? _____ Days _____ Weeks _____ Months _____ Years

What treatments have you tried for this pain? Yes ☐ No ☐
Comments: _____

- Provide a rating scale of current pain between 1 – 10 (one being no pain)

☺ 1 2 3 4 5 6 7 8 9 10 ☹

Health History*: including physical assessment and historical information on overall health, neurological, musculoskeletal, elimination, GI, endocrine system, circulatory system, hepatitis, high cholesterol diabetes, heart disease allergies, etc.*

_____

Current Medications and Immunizations:

_____

Dental Services:
Do you have a Dentist? Yes ☐ No ☐
When was the last visit to the dentist? Month: _____ and/or Year: _____
Are there any dental problems (sores, loose teeth, swelling, etc…?) Yes ☐ No ☐
Comment: _____

Risk Factors: *Use of tobacco, alcohol and/or drug abuse, misuse, nutrition, caffeinated drinks, exercise and stress factors.* ____

Recommendations:
Will consult with the Case Manager regarding the following recommendation;

Signature and Credentials **Date**

Appendix 2-10-2A

WEST MICHIGAN COMMUNITY MENTAL HEALTH SYSTEM
CONSENT FOR MEDICATION TREATMENT

CUSTOMER NAME:	**CASE #:**
DATE:	

I hereby grant consent for: ☐ **myself** ☐ **my child** ☐ **my ward** to receive the following prescribed medication/medications under the supervision of West Michigan Community Mental Health System's physician and staff:

Name of Medication Prescribed	Average Range	Medication Instruction Sheet Provided/Offered	Discontinued Date
		☐	
		☐	
		☐	
		☐	
		☐	
		☐	
		☐	
		☐	

I certify that the proper use and potential side effects of the above medication/medications have been explained to my satisfaction and that written material has been given to me explaining the proper use and potential side effects of the above medication/medications.

I acknowledge understanding that if the West Michigan Community Mental Health System's physician should change the medication(s), a new medication consent shall be obtained.

I acknowledge understanding that it is the customer's responsibility to attend all scheduled medication review appointments to enable the physician to evaluate the customer's response to medication, and monitor for potential side effects.

I acknowledge that it is my responsibility to notify West Michigan Community Mental Health System and/or physician of any suspected medication side effects.

I understand that I may revoke this consent at any time without prejudice to my further treatment.

This medication consent expires when the WMCMHS physician discontinues medication, or one (1) year from the date it is signed.

Customer or Guardian Signature _____ Date _____

West Michigan CMH System Health Care Professional _____ Date _____

Appendix 2-10-2B

Customer Name _____ Case #_____
Date: _____

MODIFIED ABNORMAL INVOLUNTARY MOVEMENT SCALE (AIMS)

INSTRUCTIONS

Complete examination procedure before making ratings

For movement ratings, rate highest severity observed.

After completion, record results on AIMS Flowsheet.

0=None 1=Minimal, may be extreme normal 2=Mild 3=Moderate 4=Severe

		FACIAL AND ORAL MOVEMENTS (Circle one)
1.	Muscles of facial expression, e.g. movements of forehead, eyebrows, periorbital area. Include frowning, blinking, grimacing of upper face.	0 1 2 3 4
2.	Lips and perioral area. E.g. puckering, pouting, smacking	0 1 2 3 4
3.	Jaw. E.g. biting, clenching, chewing, mouth opening, lateral movement.	0 1 2 3 4
4.	Tongue. Rate only increase in movement both in and out of mouth, NOT inability to sustain movement.	0 1 2 3 4
		EXTREMITY MOVEMENTS
5.	Upper (arms, hands, wrists, fingers). Include choreic movements (rapid, objectively purposeless, irregular, spontaneous) and athetoid movements (slow, irregular, complex, serpentine). DO NOT include tremor (repetitive, regular, rhythmic)	0 1 2 3 4
6.	Lower (legs, knees, ankles, toes). E.g., lateral toe movement, foot tapping, heel dropping, foot squirming, inversion and aversion of foot.	0 1 2 3 4
		TRUNK MOVEMENTS
7.	Neck, shoulders, hips. E.g., rocking, twisting, squirming, pelvic gyrations. Include diaphragmatic movements.	0 1 2 3 4

			GLOBAL JUDGEMENTS
8.	Severity of abnormal movements Score based on highest single score on items 1 – 7 above.	None, normal Minimal Mild Moderate Severe	0 1 2 3 4
9.	Incapacitation due to abnormal movements.	None, normal Minimal Mild Moderate Severe	0 1 2 3 4
10.	Patient's awareness of abnormal movements.	No awareness Aware, no distress Aware, mild distress Aware, moderate distress Aware, severe distress	0 1 2 3 4

DENTAL STATUS

11.	Current problems with teeth and/or dentures.	No Yes	0 1
12.	Does patient usually wear dentures?	No Yes	0 1

Physician's Signature _____ Date _____

HOW TO CONDUCT THE EXAM

Either before or after the examination procedure, observe the patient unobtrusively, when the patient is at rest (for example, in the waiting room). The chair to be used in the examination should be a hard, firm chair without arms.

Instruction 1: Ask the patient whether there is anything in his or her mouth (such as gum or candy), and if there is, to remove it.

Instruction 2: Ask about the current condition of the patient's teeth. Ask if he or she wears dentures. Ask whether the dentures bother the patient or not.

Instruction 3: Ask whether the patient notices any movements in his or her mouth, face, hands, or feet. If the answer is yes, ask the patient to describe the movements and to what extent they currently bother the patient or interfere with activities.

Instruction 4: Have the patient sit on a chair with hands on knees, legs slightly apart, and feet flat on the floor. (Look at the entire body for movements while the patient is in this position.)

Instruction 5: Ask the patient to sit with hands hanging unsupported – for male patient, hands hanging between his legs, and for a female patient wearing a dress, hands hanging over her knees. (Observe hands and other body areas.)

Instruction 6: Ask the patient to open his or her mouth. (Observe the tongue at rest within the mouth.) Do this twice.

Instruction 7: Ask the patient to protrude his or her tongue. (Observe abnormalities of tongue movement.) Do this twice.

Instruction 8: Ask the patient to tap his or her thumb with each finger, as rapidly as possible for 10 to 15 seconds, first with the fingers of the right hand, and then with the left hand. (Observe facial and leg movements.)

Instruction 9: Flex and extend patient's left and right arms, one at a time. (Note any rigidity.)

Instruction 10: Ask the patient to stand up. (Observe the patient in profile. Observe all body areas again, hip included.)

Instruction 11: Ask the patient to extend both arms out front, with palms down. (Observe trunk, legs, mouth.)

Instruction 12: Have the patient walk a few paces, turn, and walk back to the chair. (Observe hands and gait.) Do this twice.

CONVENTIONS FOR SCORING THE AIMS EXAMINATION

1. Score all involuntary hyperkinetic movements other than tremor (but including tic like and dystonic movements) regardless of presumptive etiology. For example, score movements of Huntington's disease or Tourette's syndrome.
2. In scoring severity, consider the three dimensions of quality, frequency, and amplitude.
3. Do not follow the original AIMS instruction to subtract 1 point from movements seen only on activation. Instead score by considering the composite amplitude and frequency of movements that are qualitatively consistent with tardive dyskinesia.
4. Consider frequency in distinguishing tremor from choreiform movements. Parkinsonian tremor generally occurs at three to six cycles per second, while tardive dyskinesia movements are rarely faster than two per second.
5. Use a score of 1 (minimal, may be extreme of normal) when movements are of marginal quality, amplitude, or frequency.
6. Generally do not rate mirror movements, which are nonspecific. If it is unclear whether the movements seen are mirror movements, rate them 1.
7. On AIMS item 1, muscles of facial expression, rate only movements of the upper face (forehead and periorbital areas.)
8. In distinguishing lip from jaw movements:
   a) Consider the cranial nerve responsible for the movement noted. Rate movements involving the lower distribution of the facial nerve (for example, puckering or smacking) as lip movements; rate movements brought about by the lower two-thirds of the trigeminal nerve (such as grinding or chewing) as jaw movements.
   b) Do not rate lip movements if they are passive secondary to tongue or jaw movements. If both upper and lower lips move, the movements are not considered passive.
9. If necessary, rate movements with the patient's mouth closed, by observing movements in the larynx. As Lane and others propose, "A sufficient condition for giving tongue movement a score of three is if the tongue breaks the imaginary plane connecting upper and lower teeth."
10. Score toe tapping and other restless-extremity movements (other than tremor) if they appear to be involuntary rather than classical akathisia movements. If the voluntariness of such movements is uncertain, rate them 1 regardless of amplitude or frequency.
11. Note that severity can be assessed in two complementary ways: by the global severity score (item 8), which equals the highest single score in the seven body areas (items 1 through 7), and by the total severity score, which is the sum of items 1 through 7.