Appendix F:

Mississippi Psychotropic Medication Monitoring Plan for Children in Foster Care

Mississippi Psychotropic Medication Monitoring Plan for Children in Foster Care
In Collaboration with Division of Medicaid andMississippi Department of Mental Health

Mississippi Department of Human Services, Division of Family & Children Services
In order to develop a plan for ongoing oversight and coordination of better health care services for children in foster care, DFCS, Department of Mental Health (DMH) and Division of Medicaid are collaborating together to develop protocols for the appropriate use and monitoring of psychotropic medications for our foster children. Each agency is working on techniques according to their expertise to provide the best oversight service available. Each agency is represented by two representatives: a child psychiatrist from DMH, a mental health therapist (Director of Children and Youth Services, DMH) a doctor of pharmacy from the Division of Medicaid, and the Children and Youth Director from DOM, a nurse from DFCS, and a bureau director (LMSW) representing Resource Development at DFCS.

MDHS/DFCS also consulted with a child psychiatrist from a private non-profit agency stakeholder who is also affiliated with the University of Mississippi Medical School.

MDHS/DFCS "Psychotropic Medication Management Plan" is as follows:

- Within 30 days of entering foster care the child shall have had a comprehensive health assessment as well as a mental health assessment as stated above in this document.
- If the physician is recommending a prescription for psychotropic medication for the child, the caseworker will provide a signed request to the prescribing physician.

Mississippi Division of Medicaid
Mississippi DOM has actively addressed the use of antipsychotics in children during the last decade. Some of the actions that have been taken previously include:

- September 2003 DUR Board added therapeutic duplication of atypical antipsychotics to monitoring and initiating aggressive intervention strategy among prescribers.
- September 2008 FDA minimum age limits implemented on all atypical antipsychotics as part of point-of-sale (POS) clinical edits.
- February 2009 DUR Board began another review of atypical antipsychotic use in children and review of potential actions needed.
- September 2010 changed Quetiapine XR age limit to >/=18 years of age in POS clinical edits.

The information provided by the Mississippi Division of Medicaid (DOM) is for all children in the State that receive regular Medicaid benefits. For those children that are covered by Mississippi (MSCAN) and receive services contracted by DOM to Magnolia Health Plan are being monitored by that managed care provider. Data will be provided on children by Magnolia Health Plan on an ongoing basis.

Through these and other actions, Mississippi DOM has aggressively monitored and managed antipsychotic use in children. The success of these actions is evident when data have existed for comparing rates of quality indicators in Mississippi to other state Medicaid programs. Based on the results from this study and from information about clinical edits, etc. utilized in other states, the following actions were presented at the August 2012 Drug Utilization Review (DUR) Board

meeting for discussion and approval of recommendations. DOM will provide data on children receiving regular Medicaid on an ongoing basis.