Overview

The supervising agency must obtain informed consent for each psychotropic medication prescribed to a foster child. The DHS-1643, Psychotropic Medication Informed Consent form, or a medical office’s consent document that has been approved by the Foster Care Psychotropic Medication Oversight Unit (FC-PMOU) documents the consent process.

A signature or documentation of a witnessed verbal consent (see Witnessed Verbal Informed Consent Job Aid) is required to authorize consent to administer all psychotropic medications. The time frames in which the consenting signature must be obtained or the court must be petitioned are found on page 4 of this job aid.

DHS-1643, Psychotropic Medication Informed Consent or Alternative FC-PMOU Approved Form

The Psychotropic Medication Informed Consent form:

- Documents psychotropic medications and the informed consent process.
- Authorizes the administration of psychotropic medications.
- Facilitates tracking of the informed consent process to facilitate timely access, review and monitoring of psychotropic medications.

Psychotropic Medications and the Informed Consent Process

1. Prior to prescribing psychotropic medication the following must occur:

   - Mental health assessment resulting in the diagnosis of the mental health disorder. The diagnosis must be entered into the Health Section of MiSACWIS. A comprehensive examination will include all of the child’s medical, developmental and mental health history, including that predating entry into foster care

   - Explanation by the prescriber of the purpose and effects of the medication in a manner consistent with the ability to understand must be given to the:
     - Child (age-appropriate) – note: assent only.
     - Foster parent/caregiver – note: informational.
     - Birth parent/legal guardian (temporary court wards) – consenting party.
     - Assigned caseworker – note: informational or consenting party (MCI wards).

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1 See Informed Consent-Caseworker Role in Engaging Parents Job Aid for more information on authorizing consent.
• The explanation for the need for the prescribed psychotropic medication must include the following:
  o Child/youth’s mental health diagnosis.
  o Treatment options (nonpharmaceutical and pharmaceutical).
  o Treatment expectations or benefits to the target symptoms.
  o Potential side effects.
  o Baseline and ongoing monitoring needs for the medication (as applicable).
  o Risks and benefits of taking the medication versus not taking the medication.

• The caseworker provides the most recent valid consent document to the prescribing clinician. This documentation is critical to the comprehensive examination and each follow up visit as it provides:
  o Information needed to provide care (i.e. key individuals who need to be included in the assessment process, status of current medication regimen)
  o Guidance to the prescribing clinician in determining whether new informed consent documentation is needed when making treatment recommendations.

2. Informed consent documentation (DHS-1643 or an organization’s own form if approved by MDHHS Foster Care Psychotropic Medication Oversight Unit) is completed for each of the following circumstances:

• Prescribing new psychotropic medications for a child in foster care.
• At the time of entry into care for any psychotropic medication that the child is currently prescribed. **Note:** The expected time frame to complete informed consent documentation is 45 days after entry into foster care.
• The existing consent is expired. Consent must be renewed yearly.
• Increasing dosing beyond the range that was documented in the most recent valid consent documentation.
• At the next scheduled appointment with the physician following the youth’s 18th birthday, or after a change in the legal status of the child/youth from temporary ward to permanent state ward.

The DHS-1643 consists of five sections:

- **Section A, Youth Identifying/Demographic Information.** This section may be completed by caseworker\(^2\), agency staff, medical staff, etc. Section A contains:
  - Identifying information for the child/youth.
    - Name.
    - Date of birth.
    - Medicaid ID.
    - MiSACWIS Person ID
    - Legal status.

\(^2\) Assigned caseworker must provide the information necessary for Section A of the DHS-1643 Informed Consent.
- Child/youth demographic information.
  - Current placement type and placement date.
  - Authorized consenter’s name, relationship to child/youth and phone number.

- Assigned caseworker name and contact information.

- Consent documentation on file:
  - Listing each current psychotropic medication and for each:
    - Maximum dose on most recent valid consent
    - Annual review due date

**NOTE:** If the DHS-1643 is initiated by the Foster Care Psychotropic Medication Oversight Unit, any information in MiSACWIS will pre-populate this section.

**NOTE:** The discontinued column is to be used by the prescribing clinician if they recommend discontinuing any of the current medications.

- **Section B, Health Information.** Section B is completed by health care personnel (i.e. nurse, medical or physician assistant, physician, etc.) and contains the following clinical information about the child/youth:
  - Physician name and phone number.
  - Appointment date.
  - Location of appointment.
  - Mental health diagnosis.

- **Section C, Medication Recommendations.** This section is completed by the physician or medical staff.
  - List each continuing psychotropic medication (from Section A) and new recommended medications. Include for each medication listed:
    - Maximum dosage recommended.
    - Current status, indicated as one or more of the following:
      - New
      - Dose exceeds prior consent
      - Annual review
      - No change. **Note:** the “no change” box may also be checked when a dosing changes but does not exceed the dosing range indicated on prior consent.

**NOTE:** If no medication changes are recommended, the form does not need to be completed. If it was generated before an appointment, it is used only for reference.

- Physician signature and date.
REMINDER: Foster parents, relative/unrelated caregivers cannot consent to the administration of psychotropic medications.

- **Section D, Youth Attestation.** The child/youth should sign and date this section indicating participation in the medication recommendations discussion. The prescribing clinician can check and initial if s/he believes the child/youth is unable to attest, for example, if the child/youth is too young, or has limitations in cognitive/adaptive functioning.

- **Section E, Consent.** The legally empowered consenting authority:
  
  - Signs and prints their name and dates signature.
  - Indicates how the clinical information was provided by checking the appropriate box below the signature line.
  - May deny consent for recommended medications.

If the consenting party denies consent, the prescribing clinician may discuss alternative treatments. If the prescribing clinician believes that a medication is medically necessary, s/he can request that the caseworker pursue a court order.

Consenting authority is as follows:
  
  - Birth parent or legal guardian for temporary court wards.
  - Supervising agency (DHHS or private agency) caseworker or representative for MCI state wards (Act 220 or Act 296) only.
  - Youth age 18 and older.
  - Permanent court wards (Legal Status 41) require the caseworker to file a petition with the court to obtain EITHER an order for the recommended medication(s) OR an order designating an alternate consenting party. The latter is more flexible.

In some instances, the consenting party for temporary court wards will not be the legal parent; for example, court order for specific medications, or court order designating an alternate consenting party (e.g. the caseworker). In this instance, include a copy of the court order in the information sent to the FC-PMOU.

**NOTE:** The bottom of Section E – “For PMOU Office Use” is used by the FC-PMOU to document witnessed verbal consent;

**Time Frames to Obtain Authorized Consent Signature or Court Order for new medications or when dosing exceeds prior consent:**

- **For temporary court wards**, obtain consent from parent or legal guardian within 7 business days. The worker must document all efforts (including dates) made to obtain parental consent must be documented in Social Work Contacts in MiSACWIS. After a diligent effort has been made for parental signature with no response, the worker must petition the court for an alternative to consent on the 8th business day.
• **For state wards** (Act 220 or Act 296), ensure that the consent process is completed, and documentation is returned to the prescribing physician within 7 business days.

• **For permanent court wards** (Legal Status 41), seek an order by petitioning the court within 3 business days.

• **For Temporary Court Wards in hospital settings**, consent is required in 3 business days. After a diligent effort has been made to engage the parent in the consent process with no response, the worker must seek an order by petitioning the court on the 4th business day.

**Best Practice Tip:** The informed consent authorization time frames provide the maximum number of days to obtain signature or petition the court. Best practice is to initiate immediate efforts to obtain signed consent and return the completed, signed DHS-1643 to prescribing physician as early as possible, for prompt medication administration.

**Final Steps**

1. Email a scanned copy of each completed (including authorizing signature) consent document (DHS 1643 or the FC-PMOU-approved agency document) to the Foster Care Psychotropic Medication Oversight Unit at PsychotropicMedicationInformedConsent@michigan.gov or send by fax 517-763-0143 within 5 days after worker receipt. If emailing from outside of the State Of Michigan email system (i.e. from a private agency), the email or the attachment must be encrypted.

2. Distribute a copy of the Informed Consent form to all parties connected to the child/youth/family.

**NOTE:** Until further notice, there is no need to enter psychotropic medication information into MiSACWIS for children/youth in foster care. The FC-PMOU will enter this information using Medicaid Prescription Claims data and information from the informed consent documents.