State of New Mexico
CHILDREN, YOUTH and FAMILIES DEPARTMENT

PROGRAM INSTRUCTION GUIDELINE 08-2022-#5

TO: **All PSD Staff**

FROM: **Emily Martin, Protective Services Division Director**

DATE: **August 30, 2022**

RE: **Re-ISSUE CATS/CANS Requirements, Medicaid/Medical Coverage and Well-Child Checkups**

The purpose of this Program Instruction Guideline (PIG) is to provide guidance to all PSD staff on:

- Crisis Assessment Tool (CAT);
- Child and Adolescent Needs and Strengths (CANS) tool;
- Medical Services for Children In Care;
- Medicaid/Medical Coverage for Children in Care; and
- Well-Child Check-Up Requirements

Please review the entirety of this document as there were substantive changes since the last issuance (December 2021).

This PIG replaces PIG 12-2021-#21: RE-ISSUE CAT, CANS and Medicaid updates.

If you have any questions or concerns regarding this instruction, please contact Serra Dittel-Payne, PSD Policy & Procedure Coordinator (Serra.Dittel-Payne@state.nm.us).

5 **MEDICAL SERVICES FOR THE CHILD:** Every child or youth in state custody will receive a comprehensive well-child checkup within 30 days of entering state custody. Once the initial well-child check is completed, the child or youth will receive annual well-child checks, annual eye exams, and bi-annual dental exams and cleanings. The child or youth's PPW documents information regarding the child's medical care, behavioral health care, dental care, and eye care on the "Medical Profile" tab in the "Medical" window in FACTS. Hard copies of records are maintained in the hard file as well as provided to the resource family. If the child is 14 years or older, the child's written consent is required for the release of behavioral health and medical records. Any medications, prescribed or over-the-counter medications, administered must be clearly documented in every court report filed (see paragraph 9 below for further guidelines on psychotropic medications). [12-31-1997; 09-29-2015; 03-15-2016;12-01-2021; 08-30-2022]

5.1 **Immunizations:** Immunization records, if they exist, are to be kept current. In any case

where the parent, guardian, or custodian objects to immunizing the child, the PPW informs the parent, guardian, or legal custodian they may obtain an exemption certificate from the Department of Health. The PPW obtains a copy of the exemption certificate, provides it to the child's school, and maintains it in the child's record. The PPW also notifies their supervisor of the parent, guardian, or custodian's objection to immunizations. The exemption certificate is filed in the child's case record and is also provided to the child's guardian ad litem or youth attorney. [12-31-1997; 09-24-2001; 12-15-2004; 12-01-2021; 08-30-2022]

5.2 **Medical Decisions:** If the rights of the parent, guardian, or custodian have not been terminated, they maintain the right to make medical decisions regarding their child. If the child is 14 years or older, New Mexico law allows the child the right to make medical and behavioral health treatment decisions for him or herself. [NM Stat §§ 32A-6A-14 through 16 (2019)] The PPW must involve the child's parent, guardian, or custodian in any and all medical decisions and keep them informed of the child's health status. Children under 14 should be involved in medical decisions about their health, whenever possible. Children and youth aged 14 years or older must be involved in any and all medical decisions and be kept informed of any health-related issues. When there is an injury or medical condition requiring medical attention for any child or youth, the PPW notifies the child's guardian ad litem or youth attorney via email within one business day of learning of the injury or condition.

1. Non-routine Emergency Medical Treatment: When a child requires emergency medical treatment, especially for a life-threatening condition, the PPW's primary task is to arrange for immediate treatment. Notification to the child's parent, guardian, or legal custodian and guardian ad litem or youth attorney is secondary.

2. Non-routine Non-emergency Medical Treatment: When a child requires non-routine, non-emergency medical treatment, the PPW assists the parent, guardian, or custodian in gathering information to make an informed decision regarding the recommended medical treatment. The decision-making process includes parents, guardians, custodians, and resource parents. The PPW requests the parent, guardian, or custodian to review and sign all required medical consent forms. If a parent, guardian, or custodian's whereabouts are unknown and the PPW has documented efforts to locate them, or if the parent, guardian, or legal custodian refuses to sign consent forms, the PPW consults with the CYFD Children's Court Attorney (CCA) to determine next steps. The guardian ad litem and youth attorney are contacted and consulted on all medical issues. [12-31-1997; 09-24-2001; 12-15-2004, 06-30-2005; 03-15-2016; 12-01-2021; 08-30-2022]

6 **MEDICAID/MEDICAL COVERAGE:** Nearly all children and youth who enter CYFD custody will qualify for Medicaid under the category of eligibility (COE) 066, however, there are additional Medicaid COEs for CISC. The primary assigned worker must ensure the child or youth has an open and approved placement in FACTS for the Title IV-E specialist to approve Medicaid in the IV-E/XIX Tab in FACTS.

Until parental rights have been terminated, the child's parents continue to be responsible for assisting with the child's medical needs and expenses when they can and are responsible for providing the PSD worker with information about Medicaid enrollment under the parent's case, or any private medical insurance coverage. The PSD worker provides this information to their Title IV-E/Medicaid Specialist. The Title IV-E/Medicaid Specialist works with the Human Services Department (HSD), and Medical Assistance Division (MAD) to qualify the child under the correct category of eligibility to begin coverage or to ensure continued Medicaid coverage.

The child or youth's primary worker contacts the assigned Title IV-E/Medicaid Specialist about questions regarding a child's Medicaid eligibility or status. [12-31-1997; 09-24-2001; 12-15-2004; 12-01-2021; 08-30-2022]

6.1 Foster Care Medicaid; Code of Eligibility 066 (COE 066): All Title IV-E eligible children will qualify for Medicaid under COE 066. Most non-IV-E eligible children or youth will qualify for Medicaid under COE 066, however there may be exceptions. The child or youth's primary worker may have to apply for Medicaid at the local ISD office under a different category of eligibility when the following exceptions apply:

1. the child or youth has a personal income, including unearned income and other countable benefits, over $231 during the AFDC removal month (see paragraph 6.2 below);
2. the child or youth receives SSI, (see paragraph 6.3 below); or
3. the child or youth is not a U.S. Citizen (see paragraph 6.4 below). [12-01-2021; 08-30-2022]

6.2 Title II, Retirement, Survivors, Disability Income (RSDI) Benefits: Children or youth in CYFD custody may receive Title II (RSDI) based on a disabled or deceased parent's earnings record. These benefits, also known as SSA benefits, are counted as unearned income when determining eligibility for Medicaid. If a child receives over $231 per month in RSDI benefits, then the Title IV-E Specialists will direct the PPW to apply for Medicaid at their local Income Support Division (ISD) office. In most cases, the child will qualify under another category of eligibility. The Title IV-E Specialist will notify the worker when a child receives RSDI benefits over $231 per month. No information is entered into the IV-E/XIX Tab in FACTS. [12-01-2021; 08-30-2022]

6.3 Supplemental Security Income (SSI) Benefits: SSI benefits are Social Security benefits paid to a child or youth with a documented disability. Children or youth who receive SSI are automatically eligible for Medicaid through the Social Security Administration under COE 004. If a child or youth comes into custody already receiving SSI, then the Title IV-E Specialist will not approve COE 066 in FACTS. The child or youth will remain active under the COE 004 if they are actively receiving those benefits. If the PPW applies for SSI while the child or youth is in custody, then the PPW notifies the Title IV-E Specialist when the child or youth is approved for SSI benefits, so that the Title IV-E Specialist can stop the COE 066 and there are not two COEs active for that child or youth. [12-01-2021; 08-30-2022]

6.4 Non-Citizens: Children and youth who are non-citizens may not qualify for Medicaid under the COE 066. The Title IV-E Specialist will work with HSD MAD Eligibility Bureau to determine if the child or youth can qualify for Medicaid under another category of eligibility. If the child or youth cannot qualify for Medicaid, then CYFD PSD is responsible for paying all medical and therapeutic expenses through Title XX or the State General Fund. The PPW completes a Memorandum for Decision to request coverage expenses through Extraordinary Medical Expense service type in FACTS.

The Title IV-E Specialist can approve COE 066 for non-citizen children and victims of human trafficking. If a child or youth secures SIJS (special immigrant-juvenile status), the Specialist can approve COE 066. [12-01-2021; 08-30-2022]

6.5 Medical Coverage Provided by Parent or Guardian: The PPW asks the child or youth's parent, guardian, or custodian about medical coverage or private insurance that may be provided through the parent, guardian, or custodian's place of employment or

other organization, such as military. The PPW provides the information to the Title IV-E Specialist in writing and the Specialist documents information in the Title XIX tab of the Eligibility Information window in FACTS. Medicaid is always the payer of last resort, and the parent, guardian, or custodian's own medical coverage or private insurance is billed first. In these cases, Medicaid acts as secondary coverage. [12-31-97; 09-29-15; 12-01-2021; 08-30-2022]

6.6 Out of State Placements: When a child or youth is placed out of state through the Interstate Compact for the Placement of Children (ICPC), medical coverage is obtained in the following ways:

1. When New Mexico is the Sending State and the Child or Youth is IV-E Eligible: The PPW verifies the child or youth's IV-E status with their assigned Title IV-E Specialists and indicates the child or youth is IV-E eligible by checking the box on the 100B ICPC (Interstate Compact for the Placement of Children).
2. When New Mexico is the Sending State and the Child or Youth is not IV-E Eligible: The PPW must work with the receiving state to set up Medicaid in that state. New Mexico Medicaid will not follow the child across State lines. For non-IV-E eligible children, the PPW provides the out-of-state resource family a copy of the child's ex-parte custody order so that family can successfully apply for Medicaid in the receiving state.
3. When New Mexico is the Receiving State and the Child or Youth is IV-E Eligible: The child's IV-E eligibility will be indicated on the 100B, and the Title IV-E Specialist will approve New Mexico Medicaid.
4. When New Mexico is the Receiving State and the Child or Youth is Not IV-E Eligible: The PPW will have to apply for Medicaid at their local ISD office to qualify the child for Medicaid under a COE other than 066. [12-01-2021; 08-30-2022]

6.7 Medical or Behavioral Health Expenses Not Covered by Medicaid: For children and youth in custody, CYFD PSD is responsible for paying through Title XX or State General Fund all medical or therapeutic services, including co-pays, that are not covered by Medicaid. To request payment of expenses not covered by Medicaid, the PPW completes a Memorandum for Decision for approval by the PPW's chain of command. The medical provider or clinic will have to be set up as a provider in FACTS in order to make payment using the Extraordinary Medical Expense service type in FACTS. The MFD process and Extraordinary Medical Expense service type can also be used to reimburse resource families that have paid for expenses out of pocket. [12-01-2021; 08-30-2022]

CYFD has developed a new service type in FACTS, that has no spending limit called "ICWA Medical/Traditional Healing". This is an Out of Home Placement Incidental under the payment request window and the provider maintenance window in FACTS for cultural activities and traditional services for Native American children in state custody (CISC). This service type will be implemented following the approval of: the Cultural Strengths Inquiry (CSI) and related PIG 01-2022-#3, modification of the Memorandum for Decision (MFD) and associated payment matrix, and staff training. Relevant sections of the PIG will be incorporated into future internal procedures and policy pursuant to the New Mexico Administrative Code (NMAC). If the CISC is not Medicaid eligible, the state will cover the costs via state general funds if not covered by the MCO Medicaid benefit or Title IV-E. CYFD plans to use the MFD process for documentation regarding financial control and Federal audit purposes. The MFD request for either payment or

reimbursement shall not include any inappropriate detail of the specific healing and traditional services to protect the sacred practices of the Tribes, Nations, and Pueblos. [08-30-2022]

6.8 Youth Who Run Away from Foster Care Placement: When youth run away from their foster care placement, the placement is closed in FACTS, although the case remains open. This placement closure will also trigger a closure of COE 066 in ASPEN as part of the nightly batch process between ASPEN and FACTS. The PPW notifies the Title IV-E specialist of the runaway status. The Title IV-E specialist works with Human Services Division (HSD) Medical Assistance Division (MAD) Eligibility Bureau to continue Medicaid coverage for those youth on runway status. The PPW needs to notify the Title IV-E Specialist when youth are no longer on runway status so the Specialist can notify HSD MAD Eligibility Bureau and re-approve COE 066 in FACTS. [12-01-2021; 08-30-2022]

6.9 Trial Home Visits: When a child or youth goes home on a trial home visit, the PPW must tell the parent to reapply for benefits under their parent's case. Medicaid benefits through COE 066 close 30 days after the placement closes. The parent will need to go to the local ISD office to apply for benefits and reinstate the child or youth under their case. [12-01-2021; 08-30-2022]

6.10 Managed Care Organizations (MCOs): Most children and youth who are covered by Medicaid are enrolled in one of the MCOs in the state. The worker ensures every child in care is referred to and assigned an MCO care coordinator. The PPW verifies this immediately upon assignment of the permanency planning case. The MCO care coordinator assigned to the child or youth must work in conjunction with the PPW, the resource family, and the child or youth to identify needed services. A Native American child or youth may elect to opt-out of Medicaid Managed Care and will have medical coverage under a Medicaid "Fee for Service" model.

Within three business days of notification of the child's or youth's entry into CYFD custody, the MCO care coordinator must contact the child or youth's permanency planning worker to engage with the child or youth and the child's or youth's team.

The Title IV-E Specialist can assist the MCO in locating contact information for the PPW and can assist the PPW in contacting the MCO care coordinator when needed.

If a resource parent refuses care coordination, the MCO care coordinator must contact the child or youth's permanency planning worker to inform them of the refusal. The PPW contacts the resource parent to ensure that the resource parent accepts care coordination. [12-01-2021; 08-30-2022]

7 BEHAVIORAL HEALTH SERVICES FOR THE CHILD: The effects of foster care can be extremely traumatic and stressful for children and youth. Children and youth may have also experienced some level of trauma prior to coming into care. These exposures and experiences may lead to an increased need for behavioral and mental health services and supports. These needs may be evidenced through various behaviors such as:

1. self-harm;
2. putting themselves in unsafe settings;
3. changes in mood (such as anger or depression);
4. changes in social connections;
5. truancy or decreased school performance; and

6. an overall increase in withdrawn or negative behaviors.

In order to support the child through the experience of foster care, and to address their history of trauma, the Investigation Worker or the PPW conducts a New Mexico Crisis Assessment Tool (CAT) or a New Mexico Child and Adolescent Needs & Strengths (CANS) Tool screening to better understand the needs and strengths of the child or youth and to make appropriate referrals to community providers. (See paragraph 7.1 for more details on the CAT.)

In addition to the CAT or CANS screening, the worker can provide additional support to children or youth by:

1. actively engaging with and listening to the child or youth during home visits or contacts;
2. obtaining information from the child or youth about mood, school performance, extracurricular activities, patterns of behaviors and friends;
3. providing ongoing assessment of the child or youth's mental and behavioral health needs and making appropriate referrals to meet their needs;
4. encouraging the child or youth to participate in the recommended services and respecting the child or youth's decision to participate in services. If a child or youth chooses not to participate, the worker assists the child or youth in identifying alternative methods to ensure the child or youth's safety and well-being;
5. identifying community resources and supports through a team-based approach to address underlying needs that may be causing unsafe or concerning behaviors, and
6. discussing medications the child or youth is taking during every visit or contact to determine if the medication is working or not working for them (see paragraph 9 below for more guidance on psychotropic medications). [12-31-1997, 06-30-2005; 12-01-2021; 08-30-2022]

7.1 New Mexico Crisis Assessment Tool (CAT): The CAT is a decision support and communication tool that is used as a way of communicating the needs and strengths of the child or youth and their caregivers in a quick and consistent manner. It is used to make decisions regarding a child or youth's foster care level of care, treatment, services, supports, etc. Once an abuse and neglect petition has been filed, all children in the case will have a CAT completed by the investigator and filed with the court clerk no less than 24-hours before the 10-day hearing. If this deadline falls on a weekend or holiday, the screening results must be filed no less than one business day prior to the 10-day hearing. A Community Behavioral Health Clinician (CBHC) may consult with the Investigation or Permanency Worker regarding the CAT as needed. [12-01-2021; 08-30-2022]

7.2 New Mexico Child and Adolescent Needs & Strengths (CANS) Tool: The CANS is a screening tool that summarizes and integrates information that the Investigation Worker or PPW has gathered during the case. The CANS is completed by the assigned Investigation Worker or PPW or an available CANS-certified PSD worker within 45 days of removal from the home. The CANS is re-administered before the initial judicial review and every judicial review and permanency hearing (or within six months, whichever comes first) to review progress in the case plan or to adjust services and supports as results may indicate. The CANS shall also be updated upon discharge from CYFD custody. In addition, the CANS shall be completed whenever any change in behavior is identified, and after any significant life-changing event. Life-changing events may include (but are not limited to) the following:

1. change in placement;
2. change in the clinical level of care;

3. a safety or crisis event;
4. a traumatic event; and
5. a birth or death of a family member.

Results from the CANS may indicate the need for additional assessments or evaluations, including screening for intellectual and developmental disabilities and/or sexual exploitation; CANS results drive discussions with teams related to treatment services and evaluations. Follow-up screenings, evaluations, or assessments that are indicated by the CAT/CANS will be conducted immediately when possible, or within 10 days of indication otherwise. If a child or youth is discharged from legal custody before screenings, evaluations, or assessments are completed, then the Investigation Worker or PPW must make a referral for those services. The worker is responsible for coordinating these additional assessments or evaluations by collaborating with the provider, the Resource Family, the parent, guardian, or custodian, and other interested parties, such as the CBHC. Recommendations for behavioral health services are documented in the case file.

The assigned PSD worker must share the areas of need identified in the CANS with the child/family team to gain consensus and input as to the needs identified and as to their level of intensity. This will inform the team, develop a direction for the team, and benchmark progress, or lack thereof, for the team. [12-01-2021; 08-30-2022]

7.3 Sharing and Documentation of CAT/CANS Results: A copy of the initial and any updated CAT/CANS shall be provided to all providers as well as to the MCO care coordinator (or other coordinating provider/entity), guardian ad litem, youth attorney, and parent, guardian, or custodian (if parent, guardian, custodian rights have not been terminated) within five business days of the screening results, and to the court prior to scheduled judicial reviews and permanency hearings. If the child is age 14 or older, written consent by the youth is required for release of the CAT/CANS results.

For every instance the CAT/CANS results are shared, the Investigation Worker or PPW must indicate in the survey monkey link in the FACTS casefile to whom and what date they sent the CAT/CANS results to. If the CAT/CANS results are shared with a mental health provider or other service provider, the Investigation Worker or PPW must indicate this in the FACTS casefile survey monkey link. The PSD worker must specify who and date sent (courts and MCO's for ex.) in the survey monkey link in the FACTS casefile. A copy of the completed CAT/CANS is placed in the hard file. [12-01-2021; 08-30-2022]

7.4 Child or Youth Dismissed from Custody:

1. Case Dismissal at the 10-Day Custody Hearing: When a case is dismissed at the 10-day custody hearing and a child or youth returns to the custody of the parent, guardian, or custodian, the Investigation Worker makes a referral for the child or youth for a CANS screening within the community. If the child or youth has Medicaid, the Investigation Worker will work with the child or youth's MCO Care Coordinator to schedule the CANS screening.
2. Reunification: Before reunification with the child or youth's parent, guardian, or custodian, the PPW conducts a CANS screening. The PPW shares the results of the screening with the parent, guardian, or custodian and facilitates a warm hand-off with appropriate community providers to meet the child or youth's needs.
3. Guardianship: Before finalizing the guardianship, the PPW conducts a CANS screening and makes referrals (based on results of CANS) to appropriate community services. The PPW shares the results of the screening with the legal

guardian and facilitates a warm hand-off with appropriate community providers to meet the child or youth's needs.

4. Adoption: Before finalizing the adoption, the Placement Worker or PPW conducts a CANS screening and makes referrals (based on results of CANS) to appropriate community services. The Placement Worker or PPW shares the results of the screening with the adoptive parent and facilitates a warm hand-off with appropriate community providers to meet the child or youth's needs.

5. Youth Aging Out of Custody: Before the youth ages out of custody, the PPW conducts a CANS screening and makes referrals (based on results of CANS) to appropriate community services. The PPW shares the results of the screening with the youth and facilitates a warm hand-off with appropriate community providers to meet the youth's needs. If the youth enters into Fostering Connections (extended foster care), the PPW will share the results of the screening with the Fostering Connections worker. [12-01-2021; 08-30-2022]

7.5 Certification for CANS: Only those PSD Workers who have a current CANS certification are authorized to complete both the CAT and the CANS. All Investigation Workers and Supervisors, Permanency Planning Workers and Supervisors, and Placement Workers and Supervisors will complete CANS training and certification before being assigned a caseload. PPWs are responsible for ensuring that recommendations from the CANS results are completed and included in the child or youth's case plan. Timely and appropriate services for each child shall begin within 10 days of the service being recommended. All indicated services shall be coordinated with the appropriate providers.

All CANS-certified workers must complete ongoing training on an annual basis. Under no circumstances can a PSD Worker with an expired certification conduct a CAT/CANS. [03-15-2016; 08-10-2018; 12-01-2021; 08-30-2022]

8 Referrals for Evaluations or Other Assessments: Based on the CAT or CANS results, referrals for further assessment or evaluation may be needed. Other assessments or evaluations may include (but are not limited to) psychological, neuropsychological, and developmental assessments. Referrals to providers must reflect the individual needs of the child or youth as identified in the CAT and CANS screening. [12-01-2021; 08-30-2022]

8.1 Selecting a Provider: When it is determined further assessment or evaluation is needed for a child or youth, the worker consults with the child or youth's team (including resource parents and parent, guardian, or custodian when rights have not been terminated) to identify and select an appropriate provider to meet the needs of the child or youth. [09-29-2015; 12-01-2021; 08-30-2022]

8.2 Identifying Parameters of an Evaluation: When making a referral, the worker ensures the results of the CANS yields an appropriate referral to meet the needs of the child or youth. The PPW attaches to the referral any other necessary collateral information, in addition to the results from most recent CANS or CAT. If the child is 14 years or older, written consent by the child is required for release of behavioral health and medical records. [12-31-1997, 06-30-2005; 12-01-2021; 08-30-2022]

9 PSYCHOTROPIC MEDICATION: The use of psychotropic medication is one of several interventions used to address the emotional and behavioral needs of children in PSD custody and is used in concert with other interventions in accordance with the treatment plan. Children are to be free from unnecessary or excessive medication as expressed in the Children's Code 32A-6A-12A (12). Depending on the age of the child or number of medications prescribed, a higher level

of monitoring may be warranted. See matrix in paragraph 9.6 below to identify when a higher level of monitoring is needed by the PPW or another assigned PSD worker. [09-29-2015; 03-15-2016; 12-01-2021]If there are concerns with the medications (type, dose, multiple, off-label) The PPW asks psychiatric clinical experts about the most appropriate use of medication, dosage, and ongoing monitoring.[08-30-2022]

9.1 Prescription and Use of Psychotropic Medications:

1. Prescription: PSD only accepts prescriptions of psychotropic medications, including "as needed" (PRN) psychotropic medications, prescribed by professional providers who have been licensed to prescribe such medications.

   Prior to the initial prescription, the PPW requests the prescribing provider to conduct a comprehensive evaluation to include any applicable lab work and explain the need for the medication related to the child's mental health diagnosis. The PPW requests that the prescribing provider discuss the potential side effects, as well as risks and benefits of taking the medications versus not taking the medication (See Informed Consent below). The PPW or the child or youth's parent, guardian, or custodian retains the right to request a second opinion if there is reason to question the prescription of psychotropic medication for a child.

2. Consent. For a child under 14 years of age, the parent, guardian, or custodian decides whether to consent to the psychotropic medication, unless parental rights have been terminated. If parental rights have been terminated, the PPW consults with the supervisor and the child's resource parent or other caretaker, before consenting to any psychotropic medication. (See PSD Approval Process in Paragraph 9.2 below).

   Youth 14 years of age or older decide whether to consent to psychotropic medication.

3. Therapeutic Use: Psychotropic medications may be an appropriate part of a treatment plan when needed to help a child or youth in PSD custody attain and maintain their highest level of functioning and well-being. Psychotropic medication is only one component of the total therapeutic approach and use of such medication must be included in the child or youth's treatment plan. The treatment plan must be reviewed at regular intervals by the child's treatment team, and should also include monitoring of lab work of which the PPW is an active participant. The treatment plan is located in the Treatment Planning section in FACTS. Psychotropic medication will only be used for the purpose of treating the symptoms related to the child or youth's diagnosed psychiatric condition. Other interventions to address the symptoms should be considered in the overall behavioral health treatment plan. [09-29-2015; 03-15-2016; 08-30-2022]

9.2 PSD Approval Process: Prior to approving the prescribed medication (including off-label usage and over-the-counter medication) for the child or youth, the PPW consults with the prescribing provider, parent, guardian or custodian, and their supervisor within seven calendar days of the medication recommendation.

1. Informed Consent: Informed consent must be obtained for a child or youth in custody to receive psychotropic medication. At a minimum, informed consent is the process of the prescribing provider presenting information to the child and parent, guardian, or custodian, or the youth, about the risks and benefits of

medication and presenting all other possible treatment options for the child. The intent being that youth 14 years and older and the parent, guardian, or custodian of a child under 14 years of age are able to make an informed decision regarding which treatment option is most appropriate for the child. The PPW uses the following questions from *"Questions for Parents, Guardians and Workers to Ask Doctors"* to guide medication discussions with the provider:

a. What is the medication being prescribed for?

b. What changes should we expect to see from the use of this medication?

c. How long before the medication begins to have a therapeutic effect?

d. What are the possible side effects that I should be watching for? What can I do to address any side effects from the medication?

e. Are there any drug interactions that I should be aware of while this child is on this medication?

f. How long will the child need to be on the medication? (Is this a long-term medication, a trial medication, or a short-term solution?)

g. Are there any alternatives that could be used instead of medication to treat the behavior or the symptoms that we could try at home?

2. Differing Parental Opinion or Absent Parent for a Child under 14 Years of Age:

a. When the child's parent, guardian or legal custodian, or PPW does not agree with the treatment option of using psychotropic medication to address symptoms of a diagnosed psychiatric condition, the PPW contacts another prescribing provider for a second opinion regarding the use of psychotropic medication. The PPW invites the parent, guardian or custodian to the child's appointment. If the parent, guardian or custodian is unable to attend, the PPW worker discusses the second opinion with the child's parent, guardian or custodian. If the parent, guardian or custodian continues to object to the use of psychotropic medication, but PSD supports the use of psychotropic medication to address the symptoms, the worker requests a family-centered meeting (FCM), or court mediation.

b. In cases where there is an absent parent, PSD will continue its efforts to locate the parent and document those efforts in the case record.

3. Youth Age 14 and Older: Consent to the use of psychotropic medication is required from the youth age 14 and older. The PPW seeks consent from the youth for the use of the psychotropic medication. The PPW discusses what medication is used for and the possible side effects. In accordance with NMSA 32A-6A-15, when the youth does not give consent, but the PPW and parent, guardian, or custodian support the use of psychotropic medication to address the symptoms of a diagnosed psychiatric condition, then the PPW may obtain two physician evaluations to determine incapacity, or may seek a court order to determine whether the youth has the capacity to make such a decision. If the court determines the youth does not have the capacity to make such a decision, the PPW may request the appointment of a mental health treatment guardian who then will decide whether to consent to the medication on behalf of the youth. If PSD seeks a court order, the prescribing provider must be willing and able to testify. PSD must tell the youth what is happening and why, and must inform the youth's attorney of CYFD's decision to assess the youth's capacity to consent to medication, as well as the youth's right to request an FCM, court mediation or a

hearing related to the use of psychotropic medication.

Obtaining informed consent by a youth 14 and older is a three-part process that ensures the youth's understanding regarding the use of psychotropic medication and its potential effects, side effects, and drug interactions with other medications or substances. When discussing psychotropic medication and informed consent with the youth, the PPW must take into consideration:

a. the child's developmental abilities:

b. the child's treatment options;

c. the child's right to speak with a youth attorney regarding the presumption of capacity to consent;

c. the child voluntarily choosing to undergo treatment options; and

d. how the child is communicating this choice or refusal to consent and how it is documented. This process should be clearly documented in the child's case record in FACTS. [09-29-2015; 03-15-2016; 12-01-2021]

The PPW should communicate to the foster parent or other person with whom the child is staying the nature and purpose of the medication, and the instructions for safe storage of any medications, including a requirement that any medications in the household or facility be locked up such that the children/youth in the household or facility are unable to access the medication without adult supervision. [08-30-2022]

9.3 Emergency Use of Psychotropic Medication: The emergency use of psychotropic medications will be allowed only for children placed in a hospital facility or a Psychiatric Residential Treatment Facility per federal guidelines and must follow the requirements of state law (the Children's Mental Health and Developmental Disabilities Act).

If emergency use of psychotropic medications or chemical restraints is a frequent use for emergency behavior modification for a child or youth (more than twice during an entire placement), an emergency treatment team meeting must take place to explore other alternatives or to discuss root causes and determine approaches other than medications or chemical restraints to address the exhibited behavior. CYFD will assure all in-state and out-of-state hospital and psychiatric residential treatment facilities to which children and youth in CYFD custody are admitted understand these limitations, document the use of emergency medications in a consistent and timely manner in the facility's records regarding the child or youth, and notify via email or other written communication the PPW or PSD Worker within 24 hours of their use. The PPW or PSD Worker so notified shall document this medication use in the CYFD FACTS system. [09-29-2015; 12-01-2021; 08-30-2022]

9.4 Documentation of Medical Information: The PPW documents in FACTS all appointments with the child or youth's medical provider, medications and health recommendations. Upon the completion of each visit with the provider, changes to medication or other health updates are entered into the electronic case record.

Prior to every court hearing, the PSD worker documents, within the court report, answers to the following questions (which are questions on *"Considerations for Courts in Child and Family Cases Involving Children and Youth on Psychotropic Medications"* handout located on the intranet):

1. What other supportive therapeutic interventions are being used? Ask for details, as appropriate. (Were these interventions tried without the medication first?)

2. Who has assessed or evaluated this child? (Was there an evaluation?)
3. How has this child or youth been assessed or evaluated?
4. What medication has been prescribed by a psychiatric prescriber?
5. What other medications or substances have been prescribed by another prescriber or are being used by the child or youth?
6. Why has this child or youth been prescribed a psychotropic medication and what specific symptom/s is this medication designed to address?
7. How many psychotropic medications have been prescribed?
8. What dosage? Is this the smallest possible dosage? If not, why?
9. Is it off-label for this particular child or youth (age, symptoms, etc.?) and if so, is it prescribed for a good, defined reason?
10. Was a history of the child or youth gathered from parents and past caretakers for the child or youth?
11. Were the parents asked to provide input on the use of medication, and have they?
12. How has the child or youth 14 years or older, or the guardian for the child or youth under 14, given consent?
13. Was the advisement couched in developmentally appropriate language and in a language the child/youth understood? Was the consent informed?
14. Who gave permission for this child or youth to take this medication?
15. Is this child or youth able to comply with the proper use of this medication?
16. Was there a second opinion, if so, who provided it?
17. Who is monitoring this child or youth?
18. What monitoring for effectiveness is occurring? What benefit, if any, has occurred?
19. What side effects are possible? What side effects have been seen?
20. What monitoring for side effects is occurring?
21. Has this child or youth gained or lost weight since taking this medication?
22. Does this child or youth have involuntary movements?
23. What duration is expected for this treatment and why?
24. When is the child or youth's next psychiatric or medical appointment? [09-29-2015; 03-15-2016; 12-01-2021; 08-30-2022]

9.5 **Monitoring and Tracking:** When a psychotropic medication has been prescribed to a child, the PPW is responsible for regularly assessing the impact of the medication on the child. The PPW participates in every medication management meeting with the treatment team either in person or by phone. The meetings occur with the prescribing physician at least monthly if the child is in TFC/RTC or more frequently if recommended by the prescriber. Meetings with the prescribing physician must be held at least every 90 days for children in other settings, or more frequently as recommended by the prescriber. The child or youth's CYFD and MCO care coordinators must participate in the treatment team meetings. Other treatment team members may participate as requested or applicable.

PSD monitors and tracks trends of psychotropic medication for children in care through its management information system (FACTS). Reports are monitored and reviewed by

the Research, Assessment and Data unit. Information is shared with field staff to monitor the well-being of children in care.

Ongoing training is provided to PSD staff on the use of psychotropic medication regarding diagnosis, symptoms, and typical classes of medication.

A list of potential medications to be considered psychotropics and any potential side effects or interactions with other medications (medical or behavioral health) will be maintained by the agency clinical expert and reviewed and updated regularly. [08-30-2022]

9.6 **Higher level of monitoring:** While there are specified practices when the child is prescribed psychotropic medication, most of these practices are also relevant for children who have chronic health conditions. Prescription medication should always be monitored closely; however, there are certain criteria the PPW must always be aware of, which indicate a higher level of review and monitoring are needed.

Below is a matrix outlining the criteria indicating when a higher level of review or staffing is needed. If a child meets any of the below criteria, the PPW must submit a request for consultation from an independently licensed clinician authorized by New Mexico law to prescribe psychotropic or other medications for behavioral health conditions and who has knowledge of and experience with such medications.

The PPW will schedule staffings at least every 60 days to review the child or youth's medication use. More frequent staffings will be called if the child or youth is experiencing difficulties with the medications or side effects, or recurring or uncontrolled symptoms. The PPW should invite the following individuals to participate:

1. PSD supervisor;
2. Psychiatry consultant;
3. Assigned CBHC, if applicable;
4. MCO care coordinator;
5. Youth if 14 years or older;
6. Child if less than 14 years old, if applicable or appropriate;
7. Parent, guardian or custodian, unless the child (especially those 14 or older) requests they not be present;
8. Resource parent;
9. GAL, Youth Attorney, CASA, mental health treatment guardian, or other representative unless the child, youth, or legal guardian requests they not be involved.

During the case staffings/reviews, the following topics are discussed:

1. What psychotropic medications are currently prescribed and their dosages;
2. What other medications, supplements, or substances is the child currently using;
3. A review of the child's height, weight and any recent lab work or studies conducted;
4. If there are any medical or nutritional issues experienced;
5. What is working or not working with the medication;
6. Side effects or interactions with other medications or substances the child/youth may be experiencing;
7. What other therapeutic interventions the child or youth is engaging in;

8. How long the child or youth is expected to be on the medication;
9. Where the medications are or will be stored and how they will be administered; and
10. Next steps.

CRITERIA INDICATING NEED FOR FURTHER REVIEW & MONTHLY STAFFINGS *If a child or youth in PSD foster care has one or more of the six criteria below, a referral for "Medication Consultation" must be submitted and 60 day staffings must occur to monitor medication use until the child no longer meets the criteria.*	
Criteria One	The child/youth is taking medications and does not have an assessment, including a DSM-5 diagnosis, in the child's case file.
Criteria Two	The child/youth has been on psychotropic medications for a period of 3-6 weeks and their symptoms are worsening or not improving.
Criteria Three	The child/youth is prescribed three or more psychotropic medications at the same time (excluding over the counter medications or vitamins/supplements).
Criteria Four	The child/youth is prescribed of any of the following at the same time: **A)** Two or more stimulants **B)** Two or more alpha agonists/antihypertensives **C)** More than two antidepressants **D)** One or more antipsychotics **E)** One or more mood stabilizers (*including Lithium and anticonvulsants*)
Criteria Five	The prescribed psychotropic medication is not consistent with appropriate care for the child or youth's diagnosed mental disorder or with documented targeted symptoms usually associated with a therapeutic response to the medication prescribed.
Criteria Six	Psychotropic medications are prescribed for children of very young age, including children receiving the following medications with an age of: **A)** **Stimulants**: *Less than four years of age* **B)** **Alpha Agonists**: *Less than five years of age* **C)** **Antidepressants**: *Less than five years of age* **D)** **Mood Stabilizers**: *Less than twelve years of age* **E)** **Antipsychotics**: *Less than twelve years of age*

**Adapted for The New Mexico Department of Children, Youth and Families by The Children's Psychotropic Task Force for New Mexico Department of Children, Youth and Families with permission from Texas Department of Family and Protective Services

[09-29-2015; 03-15-2016; 12-01-2021; 08-30-2022]