

## Washoe County Human Services Agency

**Child Protective Services**

**Psychiatric Care - Person Legally Responsible (PLR)**

### SECTION 15 PSYCHIATRIC CARE – PERSON LEGALLY RESPONSIBLE (PLR)

- 15.1 **Purpose:** To ensure Children in the custody of the Agency have timely access to psychiatric care and safe administration of clinically appropriate psychotropic medication to address mental/behavioral health issues. To describe Case Worker, Foster Care Licensing Case Worker, Care Provider, Person Legally Responsible (PLR) and PLR Unit responsibilities concerning oversight and monitoring when a Child in the custody of the Agency is in need of psychiatric care, which may or may not include prescribed psychotropic medications as required by [NRS 432B.197](#).

For the complete Statewide Policy go to [Statewide Policy 0209 “Use of Psychotropic Medication in Child Welfare Custody Children”](#).

- 15.2 **Scope:** This policy applies to all Children in the custody of the Washoe County Human Services Agency (WCHSA) who:
- A. Receive psychiatric care and/or are prescribed psychotropic medications at the time they enter the custody of WCHSA; or
  - B. Are in need of psychiatric care, including psychiatric evaluations, ongoing psychiatric care, and/or medication management, to address mental health or behavioral health problems, not including therapy; or
  - C. Are planning to be placed or are placed in a psychiatric facility.
- 15.3 **Legal Authority:** [NRS 432B.197](#); and [432B.4681 to 432B.469](#)
- 15.4 **Child and Family Service Review (CFSR) Components:** Psychiatric Care – Person Legally Responsible (PLR) is evaluated under:
- A. Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs.
- Item 18: Mental/Behavioral Health of the Child. To determine whether the agency addressed the mental/behavioral health needs of the Children.
- 15.5 **Corresponding Policies and Intervention Guides:**  
The WCHSA follows the statewide policy, [209 Psychiatric Care and Treatment](#) and utilizes the procedures contained in this manual section to facilitate policy adherence.
- 15.6 **Definitions:**
- A. Psychiatric Provider – a medical professional qualified in psychiatric mental health, including but not limited to a Psychiatrist who is certified by the American

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- Board of Psychiatry and Neurology or a Psychiatric Nurse Practitioner, as allowed by Nevada Medicaid (add citation).
- B. PLR – The Person Legally Responsible for the psychiatric care of a Child. The PLR is responsible for making decisions related to the psychiatric care of a Child, including consenting for such care and authorizing the administration of psychotropic medications. The PLR must be nominated by the agency and approved by the court.
  - C. Psychotropic Medication – Medication, the prescribed intent of which is to affect or alter thought processes, mood, or behavior, including, but not limited to antipsychotic, antidepressant, and anxiolytic medication and behavior medications. The classification of a medication depends upon its stated, intended effect when prescribed because it may have many different effects. If a Child who is receiving psychiatric care is prescribed or given over the counter medications intended to improve psychiatric symptoms, such as melatonin or Benadryl, that medication shall be treated as a psychotropic medication for the purposes of this policy.
  - D. Psychiatric care – The provision of psychiatric services/treatment and the prescribing of psychotropic medication.
  - E. Care Provider – Any person that the Child is placed with (Foster Parent, relative, parent, etc.).
  - F. Off-label use – use of a medication in a manner that has not been tested or approved by the United States Food and Drug Administration, including, without limitation, the use of such medication for a Child who is of an age that has not been tested or approved or who has a condition for which the use of the medication has not been tested or approved.

#### 15.7 Nomination and Appointment of PLR for the Psychiatric Care of a Child.

- A. When to Nominate a Person Legally Responsible. The Case Worker/Supervisor **must** nominate a PLR when a Child who is in custody of WCHSA is:
  - 1. Prescribed psychotropic medications or already receiving psychiatric care when the Child is placed into protective custody;
  - 2. Recommended to be evaluated for psychiatric care and/or the agency determines that a Child may be in need of psychiatric care; or
  - 3. Planning to be placed into a facility that requires psychiatric care.

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The Case Worker shall nominate a PLR within ten (10) business days from the date it was identified that the Child is receiving or is in need psychiatric care; or at the time of case transfer from Assessment to Permanency.

- B. Process to Nominate a PLR: The Case Worker and Supervisor will meet to discuss who can best oversee the Child's psychiatric needs in accordance with [NRS 432B.4684 to 432B.4685](#) and statewide policy [209 Psychiatric Care and Treatment](#). Once the PLR is determined the Case Worker will go over the PLR Duties and Responsibilities (HSACS 596) with the potential PLR to ensure they fully understand and are willing to perform the duties and responsibilities outlined.
1. To nominate the PLR, the Case Worker will:
    - a. Submit the PLR Nomination Form (HSACS 595) to HSA – Person Legally Responsible and the Foster Care Licensing Supervisor if the nominated PLR is a licensed Foster Parent. All fields and questions on the form must be completed, or it may be returned to the worker.

Note: When considering a licensed Foster Parent for the PLR the Case Worker should email HSA – Person Legally Responsible, the Foster Care Licensing Supervisor and the Foster Care Licensing Case Worker ([Foster Care Licensing Caseloads by Zip Code](#)) to screen the nomination to ensure they are appropriate based on previous adherence to the PLR Duties and Responsibilities and Foster Care Licensing history. The PLR Unit and FC Licensing will respond back within five (5) business days. If the nominated PLR is not approved by the PLR Unit or the Foster Care Licensing Supervisor, then another PLR must be identified and nominated within five (5) business days of that denial.

- b. The PLR Unit will email the worker upcoming dates for the nominated PLR to attend the PLR Training. The Case Worker will RSVP on behalf of the nominated PLR and notify them that attendance at training is mandatory prior to performing their PLR duties. During this two-hour training, the nominated PLR will learn all aspects of being a PLR. At the end of the training, the nominated PLR will sign a copy of the PLR Duties & Responsibilities (HSACS 596), will be provided an introduction letter by the agency (PLR Unit) and a copy of statewide policy [209 Psychiatric Care and Treatment](#).

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If the nominated PLR did not or cannot attend the training within a reasonable amount of time to start psychiatric care for the Child, a temporary PLR may need to be nominated for appointment. The Child's psychiatric care should not be delayed due to delays in getting the PLR trained. In this instance, a petition should be filed within the required timeframe with the temporary PLR and once the permanent PLR has attended training the petition should be amended or a new petition filed.

Note: If the nominated PLR is already serving as a PLR for another Child or has completed the PLR Training previously, they may not need to attend training again if approved by the PLR Unit. In this circumstance, the Case Worker should contact the PLR Unit to facilitate the nominated PLR's attendance at training and the completion of the required PLR Duties and Responsibilities (HSACS 596) to begin serving as the PLR.

Once the nominated PLR has completed the required training (if applicable) and signed the PLR Duties and Responsibilities (HSACS 596), they may begin performing their duties. The Case Worker has ten (10) business days from the date the PLR completed training to file the [Petition for PLR](#) with the Court as outlined below.

2. If it is determined the persons listed in statewide policy [209 Psychiatric Care and Treatment](#) policy (pg. 2 of 8) or the Case Worker are not appropriate to serve as the Child's PLR, the Case Worker will email the following information to HSA - Person Legally Responsible to request the PLR Unit be assigned to a Child.
  - a. PLR Nomination Form (HSACS 595)
  - b. Updated/completed medical passport
  - c. Clinical documentation (therapy / psychiatric / psychological / neuro psychological evaluation)

The WCHSA PLR Unit will assign the case to an agency PLR and that person will begin their duties immediately.

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#### C. Petition to Appoint a PLR:

Once the nominated PLR has been trained and has signed the PLR Duties and Responsibilities (HSACS 596) the Case Worker and Supervisor must write the petition and file it with the Court within ten (10) business days.

1. The Case Worker emails the completed Petition for Person Responsible for Psychiatric Care to their Supervisor for review.
2. The Supervisor emails the approved petition to HSA-CourtLiaison and the assigned DDA.
3. The assigned DDA reviews and edits the PLR petition, sets a hearing date/time and emails the petition back to the Supervisor with a copy to HSA-CourtLiaison. Court Liaison will log the petition for tracking purposes.
4. The Supervisor reviews the petition for final approval and emails the petition to HSA-CourtLiaison indicating the petition is ready to be formatted. The Supervisor does not need to sign, as Court Liaison will include the /s/ signature in the formatted document. Court Liaison will log the petition and email the formatted petition to the DDA and HSA - DA Secty Petition for filing.
5. The DDA will file the petition and email the Declaration of Service to HSA-CourtLiaison who will send notices via regular mail to the identified individuals.
6. Court Liaison emails a copy of all petitions to appoint and orders appointing a PLR to HSA - Person Legally Responsible. Court Liaison notifies Case Workers and Supervisors by emailing the Documentum spreadsheet, which contains a list of the petitions and orders that have been uploaded to Documentum.

#### D. Hearing to Appoint PLR:

1. The nominating worker, their Supervisor and the nominated PLR must be present at the PLR appointment hearing. At the hearing, the Case Worker/Supervisor will provide testimony regarding the rationale for the nomination, including reasons why the parent(s) are unable to serve as the PLR when applicable. The nominated PLR will also need to be prepared to provide testimony regarding their ability to perform their duties. Note: PLR Unit Staff do not need to attend the hearing unless it is expected his/her appointment will be contested by any party. The court has allowed, with the attachment of his/her resume to the petition, to take judicial notice of the qualifications of the agency PLR.

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2. The DA's office will attempt to set the PLR appointment hearing with the next scheduled permanency/review hearing unless it is more than 60 days, in which case a special set hearing may be requested.
- E. Duration of PLR Court Appointment: Once the Court appoints a PLR, the order is good for the life of the case or until:
1. The appointed PLR is no longer **willing** to perform their duties (e.g. the Case Worker is appointed and the case transfers to another Case Worker, Care Provider is appointed and Child moves to another home, etc.). In this instance, the PLR provides their resignation to the WCHSA PLR Unit and the Case Worker nominates a new PLR and completes a petition as outlined above.
  2. The appointed PLR is no longer **able** to perform their duties, but the PLR is not willing to resign. In this instance, the Case Worker arranges a special set hearing to have the current PLR unappointed and is prepared to have another PLR nominated/appointed. The new PLR should have completed the required training prior to the hearing.
  3. The Child **no longer requires** psychiatric care (psychiatrist discharges a Child from their care for a minimum of 90 days and the Child is not prescribed ANY psychotropic medications). In this instance, the Case Worker may work with the assigned DDA to have the PLR unappointed at the next scheduled review/permanency hearing. In this instance the Case Worker must ensure the PLR is served a copy of the court order ending their PLR appointment.
  4. The Child is **no longer in the custody** of WCHSA and the 432B case is closed (case closes, Child is adopted, petition is vacated, etc.). In this instance, the court appointment is automatically ended when the court closes the case.
- 15.8 **Duties of the Person Legally Responsible for the Psychiatric Care of a Child:**  
The appointed PLR shall provide for all of the duties as outlined in NRS 432B.4686 and [209 Psychiatric Care and Treatment](#) policy (pg.3 of 8).
- A. A PLR cannot:
1. Consent to general medical use medications or medical services; or
  2. Make decisions regarding other behavioral health providers/services, such as therapy or evaluations other than psychiatric evaluations.

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- B. A PLR is required to (in addition to the general PLR Duties and Responsibilities (HSACS 596)):
1. Ensure that the Child, if being prescribed psychotropic medications, is seen by his/her Psychiatric Provider at a minimum of every 60 days.
  2. Attend each appointment with the Child to receive psychiatric care or be available by telephone to discuss the appointment with the Psychiatric Provider.
  3. Complete all necessary consent forms (Psychotropic Medication Record and Informed Consent for Foster Children (HSACS 546) & Consent for Psychiatric Services (HSACS 547) and provide to the Psychiatric Provider, Care Provider, HSA – Person Legally Responsible within 5 business days of the appointment. Note: The PLR Unit will ensure the Case Worker receives a copy of these forms for inclusion in the case record.
  4. Notify the parent(s) of a Child, the caregiver and the Case Worker of the date, time and location of each psychiatric appointment at least 1 week in advance.

15.9 **Parental / Guardian Disagreements with PLR Decisions:** Pursuant to [NRS 432B.4685](#), once a person is nominated as a Child's PLR, that person has the authority to make decisions related to the psychiatric care and related treatment of the Child and act as the PLR until appointed by the court. The Case Worker and PLR must make concerted efforts to educate and involve the parent/guardian in decision-making concerning the Child's psychiatric care, with the goal of increasing their parental capacity and taking over PLR duties as soon as they are able.

- A. If a decision is made by the PLR during the period prior to being court appointed and the parent, legal guardian and/or WCHSA objects, the decision related to the psychiatric care or administration of medication will be deferred until WCHSA can set an expedited court hearing to address. The Case Worker shall consult immediately with the assigned DDA to discuss the conflict and to schedule a hearing as soon as possible.
- B. If a decision is made by the PLR after being appointed by the court and the parent, legal guardian and/or WCHSA objects, the decision related to the psychiatric care or administration of medication stands and the counsel of either party may set the matter for hearing. In this instance, the parent must be notified of the decision in writing within as soon as practical, but no later than 24 business hours, by the Case Worker and be documented in the case record.

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- 15.10 **Care Provider Responsibilities:** Proper administration and tracking of psychotropic medications by the caregiver is an essential component of the Child's psychiatric care and has a direct impact on the Child's physical/mental/behavioral health. The caregiver must make efforts to properly administer medications and ensure the Case Worker and PLR are informed of any concerns around the administration of psychotropic medications. Proper management of a Child's physical/mental/behavioral health can help to stabilize their condition, improve the Child's quality of life and help to maintain a stable placement. The Care Provider shall:
- A. Dispense psychotropic medications to the Child as directed on the Psychotropic Medication Record and Informed Consent (HSACS 546) and log medication administration on the Prescription Medication Administration Log (HSACS 590). Note: if there is a missed administration of medication the Foster Parent must submit an incident report to their Foster Care Licensing Worker, the PLR and the Case Worker immediately, but no later than 24 hours. If the Care Provider is not licensed, they must notify the Case Worker and PLR immediately or within 24 hours.
  - B. Provide copies of the HSACS 590 Prescription Medication Log and the HSACS 597 OTC Medication Log to the Agency via email to HSA-Medication Logs or the Case Worker no later than the 5<sup>th</sup> business day of the month following the month tracked on the Medication Log. If these logs are provided to the Case Worker, the Case Worker must forward to HSA-Medication Logs within five (5) business days.
  - C. For youth ages fourteen (14) and older as part of their Independent Living Plan, or other Children as developmentally appropriate, have ongoing conversations with the youth/Child about how the medications are impacting their physical/mental/behavioral health. These discussions should be focused on monitoring the effectiveness of the medications, any adverse reactions and to build the youth's capacity to understand and manage their own health needs (including medical and mental health),
  - D. Monitor the Child for any adverse reactions and immediately seek medical attention when a Child has a severe adverse reaction. Notify the PLR and Case Worker immediately when the Child experiences any adverse reactions to a medication.
  - E. Store all prescription and non-prescription medication in a locked box or cabinet that is inaccessible to Children. Medications, such as inhalers and Epi-pens, that must be kept with the Child at all times (pursuant to the instructions of a physician) are exempt from this requirement.

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- 15.11 **Case Worker Responsibilities:** Case Workers provide essential support to caregivers when Children have psychiatric or behavioral health needs. Monitoring the administration and tracking of psychotropic medications ensures the caregiver understands how medications should be administered and helps to ensure the Child's physical/mental health/behavioral health needs are being met on an ongoing basis. Proper management of a Child's physical/mental/behavioral health can help to stabilize their condition, improve the Child's quality of life and help to maintain a stable placement. The Case Worker shall:
- A. Assess and address the Child's ongoing physical and mental progress in response to psychotropic medication to ensure the Child's health, safety and physical/mental well-being. These monthly ongoing assessments should include conversations with Children, caregivers, parents and the PLR and be documented in UNITY case notes.
  - B. Attend the initial psychiatric appointment with the Child to complete intake, sign consents and provide background information.
  - C. Attend ongoing psychiatric appointments, as needed. Considerations when determining whether attending an appointment is needed include, but are not limited to:
    - 1. There are questions or concerns about the Child's medications or other treatment services; or
    - 2. There is a crisis with the Child's mental/behavioral health; or
    - 3. To provide background information that the Foster Parent or PLR may not have (i.e. new placement or PLR); or
    - 4. There is a disagreement concerning the Child's medication or psychiatric care between the Child, Case Worker, Foster Parent, the PLR and/or the parent (see 15.9 Parental / Guardian Disagreements with PLR Decisions for more information); or
    - 5. Any other circumstance where the Case Worker needs to have direct conversations with the Psychiatric Provider to discuss the Child's medications or psychiatric treatment plan.
  - D. Provide updates on the Child's psychiatric care and administration of psychotropic medication to the Child's parent(s) when the parent is not the PLR. The worker should encourage the parent on an ongoing basis to attend the Child's psychiatric appointments as a way to keep them engaged and involved in the decision-making for their Child. Conversations with parents related to the Child's psychiatric care and administration of medication and their involvement in these services (including any barriers and services provided to assist the parent) should be documented in UNITY case notes.
  - E. For youth ages fourteen (14) and older as part of their Independent Living Plan, and other Children as developmentally appropriate, discuss their ongoing treatment plan, including use of psychotropic medications to build their capacity

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to understand and manage their own health needs (including medical and mental health). Conversations with youth related to their ongoing treatment plan should be documented in UNITY case notes.

- F. Ensure the Child is participating with therapy services to complement the use of more intensive psychiatric interventions, such as psychotropic medications, whenever a Child will be accessing psychiatric care to address emotional or behavioral health care needs.
- G. Complete Psychotropic Medication Spot-Checks: The purpose of the PLR Spot Check is to ensure the Child is dispensed medication in accordance with the Psychiatric Provider's directions and the Psychotropic Medication Record and Informed Consent (HSACS 546). A PLR Spot Check is a required quality assurance process that must be completed by the Case Worker, at a minimum, on a quarterly basis for every Child who has a PLR nominated or appointed. This spot check must be completed regardless of whether the Child currently sees a psychiatrist or is prescribed psychotropic medication.
  - 1. The assigned Case Worker must complete the PLR Spot-Check Form (HSACS 589) on a quarterly basis, or more if there are concerns noted with the administration or storage of medication. Spot checks must be emailed to the PLR Unit within five (5) business days from completion. Quarters are broken down into Q1 (Jan-March), Q2 (April-June), Q3 (July-September), and Q4 (October – December).
    - a. If a Child is placed in an out-of-state Residential Treatment Center, the WCHSA staff person conducting the Child contact will complete the PLR Spot Check (HSACS 589) and provide to the assigned Case Worker and the PLR Unit within five (5) business days from completion.
    - b. If the Child is placed out of State on an ICPC, the assigned worker will ask the ICPC worker in the supervising state to complete the PLR Spot-Check Form (HSACS 589). If the ICPC worker is unwilling to complete the Spot Check, the Case Worker must document this in a case note and complete the Spot Check via video chat with the Care Provider. If the Care Provider does not have access to a video chat the worker should attempt to complete the Spot Check via phone and ask the provider to send pictures of the medication bottles and copies of the Medication Logs to complete the Spot Check. The Case Worker should forward any completed Spot Checks to the PLR Unit.
  - 2. The PLR Spot-Check Form (HSACS 589) must be completed, in its entirety, while the Case Worker is in the Child's placement (foster home, Kids Kottage, parent, relative, RTC, etc.). This form must be signed during the home visit by both the Case Worker and the Care Provider.

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3. If there are any concerns noted concerning the proper administration or storage of psychotropic medication during the spot check then the Case Worker will discuss with the caregiver action steps or changes needed to correct the concerns. These follow up steps or changes will be documented on the PLR Spot Check form and should be reported to the Foster Care Licensing Worker immediately. An additional spot check will be completed in the following month to ensure medications continue to be stored and administered properly. Results of any spot check that results in follow up steps or changes must be documented in UNITY case notes.
  4. If the caregiver is a licensed foster home or facility, the PLR Spot-Check Form (HSACS 589) must be provided to the WCHSA Foster Care Licensing Worker within five (5) business days from completion. The Foster Care Licensing Worker will monitor the foster home for any trends related to administration of medications for all Children in the home and intervene as appropriate.
  5. The Case Worker must provide a copy of the completed PLR Spot-Check Form (HSACS 589) to the Care Provider and PLR Unit within five (5) business days from completion. This may be accomplished by taking a picture of the PLR Spot Check form for the Case Worker's records then leaving the original form with the caregiver. That picture copy of the spot check must be placed into the Medical/Clinical tab in Documentum (may drag and drop the file).
- 15.12 **Foster Care Licensing Worker Responsibilities:** Foster Care Licensing Workers provide essential support to licensed Foster Parents to ensure they have the knowledge and skills to meet the needs of all Children in their care, including Children who have psychiatric or behavioral health needs. Monitoring the administration and tracking of psychotropic medications ensures the caregiver understands how medications should be administered and helps to ensure the Child's physical/mental health/behavioral health needs are being met on an ongoing basis. Proper management of a Child's physical/mental/behavioral health can help to stabilize their condition, improve the Child's quality of life and help to maintain a stable placement. The Foster Care Licensing Worker shall:
- A. Educate Licensed Foster Parents about their responsibilities outlined in the policy at the time of initial license, during renewals and ongoing as needed.
  - B. Monitor PLR spot checks for medication administration trends.
  - C. Address any concerns with the administration of psychotropic medications in accordance with Foster Care Licensing law, regulation, policy and procedure.

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15.13 **PLR Unit Responsibilities / Services:** The PLR Unit shall:

- A. **Monthly Email Reminders to Complete Spot Checks:** The PLR Unit will send out a monthly email to all Case Workers and their Supervisor with a Child on their caseload that has a PLR reminding them to complete Spot Checks. The email shall consist of the case name, case number, Child's name and a blank copy of the PLR Spot Check form.
- B. **Complete Quarterly Quality Assurance Checks:** Each quarter, the PLR Unit, along with other agency staff as able, will perform a Quality Assurance check on a representative and random sample of all Children with a PLR. During this process, the following information will be compiled in a database / spreadsheet for each Child that has a PLR assigned during that quarter:
  1. **PLR Psychotropic Medication Consent Forms:**
    - a. Was the Child prescribed a psychotropic medication during the quarter being reviewed?
    - b. Were any of the medications not FDA approved?
    - c. Was the Child under the age of 4 at the time the medication was prescribed?
    - d. Were there medications prescribed from more than 2 different classes of psychotropic medications?
    - e. Was more than 1 medication prescribed from the same class of medication?
  2. **Spot Check Forms**
    - a. Was a PLR Spot Check Form completed?
    - b. Is the Child on psychotropic medications or treated with no medications?
    - c. Do the medication bottles match the current PLR consent form on file in the home and does the Care Provider have the PLR consent form on hand?
    - d. Are Prescription Medication Administration Logs being completed and sent to HSA-Medication Logs for input?
  3. **Prescription Medication Administration Logs**
    - a. Has a HSACS 590 Prescription Medication Log been received from the Care Provider for each month of the quarter being reviewed?
  4. For all the information listed above, if the PLR has not provided a Psychotropic Medication Consent Form in the previous six months, the

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reviewer or WCHSA staff person will make contact with the PLR to find out if the Child remains on medication or if a Psychotropic Medication Consent Form was inadvertently not turned into the PLR Unit.

- B. Data collected by the PLR Unit concerning the administration of psychotropic medications to Children and Case Worker quality assurance processes will be included in quarterly data presentations conducted by the CQI Unit.
- C. Case Staffing: The PLR Unit can assist Case Workers or PLRs who have questions about or need assistance with finding an appropriate provider, medications, or any other issue that may come up concerning psychotropic medications or psychiatric care. Note: the PLR Unit cannot give medical advice but can provide guidance to Case Workers and may refer the Case Worker back to the psychiatric Care Provider when appropriate.

#### 15.14 Procedures for Handling and Disposal of Psychotropic Medications:

- A. Transfer of Medication(s): In the event a Child changes placement (planned move, disruption, or runaway), the Child's medications must be accounted for from one placement to the next utilizing the HSACS 803 Medication Handling Form. This form must be completed by all parties as noted on the form. All medications must be identified by name and counted. The person turning over the medications (i.e., Care Provider) and the person receiving the medications (i.e. Case Worker, new Care Provider) must sign as indicated. The new Care Provider then signs upon receiving the Child's prescribed medications. The original form (once completed) must be provided to the assigned Case Worker who will scan the form in the Medical/Clinical tab in Documentum.
- B. Medication Protocol for Children on runaway:
  - 1. If the Child is expected to return to the foster home, the Foster Parent may keep the medication and store as appropriate to the medication type for up to thirty (30) calendar days. If the Child does not return to the foster home within thirty (30) days the Foster Parent will dispose of the medications as outlined in 15.14, C. below.
  - 2. If the Child will not return to the foster home medications should be turned into the WCHSA Medical Unit no later than five (5) business days from the date the Child ran away or the decision not to return the Child to the foster home. The WCHSA Medical Unit will retain the medications for thirty (30) calendar days in a locked box. If the Child does not return within thirty (30) calendar days, the Medical unit will dispose of the medications, as outlined in 15.14, C. below.

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3. When transferring the medications from the foster home to the Medical Unit the Foster Parent or Case Worker will utilize the process outlined in 15.14 A above.
  4. If a Child returns from runaway, the Case Worker shall immediately consult with the PLR and Psychiatric Provider about the plan to resume medications and a new Psychotropic Medication Record and Informed Consent (HSACS 546) shall be provided to the Case Worker, caregiver and prescriber. If the retained medications are no longer appropriate for administration, the caregiver or medical unit shall dispose of the medications as outlined below.
- C. Disposal of Medications: Prescribed medications, once no longer needed for a Child, must be destroyed by the Care Provider and must NEVER be provided to the Child's next placement. All medications may be discarded in a medication drop box or may be destroyed at home. For pills, tabs, etc. place in a sealed opaque bag with used/moist coffee grounds or wet kitty litter and discard in the trash. All liquid medications should be placed in a sealed opaque bag with either used coffee grounds or kitty litter and discarded in the trash. Destruction of medications must be documented on the Medication Handling Form (HSACS 803) and must list the reason for disposal, i.e., medication has expired, been discontinued, or unused for any other reason. The original form (once completed) must be provided to the Case Worker who will scan the form into the Medical/Clinical tab in Documentum.
- D. Children administering their own psychotropic medications: The Permanency Coordinator may approve for a youth to administer his/her own medication as part of their Independent Living Plan with team approval. To assess and obtain approval the Case Worker shall facilitate the following:
1. Conduct a team meeting with the Youth, Case Worker, PLR, Psychiatric Provider, Foster Parent and Foster Care Licensing Worker to develop a written plan to safely allow for the youth to self-administer their medication. This plan must take into consideration the safety of the youth and all other Children living in the home. This written plan shall be documented in a UNITY case note and provided to the Youth and the Foster Parent.
  2. The Permanency Coordinator must approve the written plan in a UNITY case note prior to implementation.
  3. A lock box will be provided for the youth and must be retained by the Care Provider;
  4. The youth may retain the key and access the lock box to administer their own medications;
  5. The youth and care provider will complete and initial the HSACS 590 PSYCH MED LOGs daily.

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6. When Children are approved to administer their own medication, the is still responsible for all duties outlined in 15.11 Case Worker Responsibilities above.