## Regional Psychopharmacology Review Team (RPRT)

East Contact	ERPRT.Referrals@tn.gov
Middle Contact	MRPRT.Referrals@tn.gov
West Contact	WRPRT.Referrals@tn.gov

## **Referral Prerequisites:**

- 1. An RPRT request may be initiated by or on behalf of a DIDD supported person who is taking 4 or more psychotropic medications or 2 or more psychotropic medications from the same class.
- 2. An RPRT request may be initiated only after concerns related to psychotropic medication have been discussed with the prescribing provider (MD, Psychiatrist, or Nurse Practitioner). This shall occur prior to any involvement of the RPRT.
- 3. An RPRT request may be initiated by any member of the DIDD supported person's Circle of Support so long as the person or his/her legal representative have consented to requesting and referring.

## **Referral Process:**

- 1. Upon receipt of a request, the RPRT Coordinator sends the RPRT referral form to either the person's ISC or DIDD Case Manager who is responsible for completing and returning the referral and consent forms.
- Once the completed referral form has been received, reviewed, and determined as within the scope of the RPRT's function and expertise, the RPRT Coordinator sends the following to the person's ISC or DIDD Case Manager:
  - a. A letter from the RPRT psychiatrist to be forwarded to the prescriber outlining the purpose of the review and requesting a written response agreeing to review RPRT written products; and
  - b. A list of additional records to be gathered and submitted prior to scheduling the RPRT (see *Required Information* below)
- 3. Referrals are incomplete until all required information has been received. Referrals remaining incomplete at two months from receipt of the completed RPRT referral form will be excluded from further processing.
- 4. Upon timely receipt of a completed referral packet, An RPRT appointment is schedule. Referrals typically are scheduled on a first come, first serve basis.

## **Required Information**

Current ISP	Psychiatric Contacts Notes
Current MARS (most recent 6 month period)	Neurology Contact Notes
Medication History (as far back as possible)	Sleep Logs (most recent 6 month period)
Laboratory Results for the past year	BA: CSMR, Assessment report and current BSP
Developmental and Social History	Diagnoses
Psychological Assessment Reports &/or	
Treatment/Counseling Notes	