

Cognition and Lack of Medication & Medication Management

According to OAR 411-015-0006(5)(a), the individual's ability to manage each component of cognition/behavior is assessed by how the person would function without supports, meaning the assistance of another person, a care setting or an alternative service resource as defined in OAR 411-015-0005. **Lack of medication or lack of medication management is not considered when evaluating cognition/behavior.**

The above statement is as written in OAR 411-015-0006. The purpose of “lack of medication or lack of medication management...” is because many individuals with chronic psychotic disorders lack insight into the nature of their illness, resulting in medication non-adherence. At times, it is necessary to view this portion of the rule as “Lack of medication or lack of medication management is **usually** not considered when evaluating cognition/behavior”.

1. Can lack of medication or medication management ever be considered in cognition and behaviors?

Yes, it is necessary to consider lack of medications or medication management for individuals with impaired cognition caused by a medical illness or acquired brain disorder, such as a traumatic brain injury (TBI), stroke and seizures. A good indicator might be someone that previously understood and took their medications as prescribed and now are forgetting to take them. To get a clearer understanding, it may be necessary to obtain collateral information, such as medical records, doctor’s notes, psychological records, evaluations and other pertinent records to assist in this process.

The following is an example of assessing lack of medication or medication management in cognition and behaviors:

This example is about a person with a diagnosis of Schizophrenia. In the past, this person regularly took the prescribed medications, but now no longer has the ability to understand or remember what happens when medications are not taken. When the individual is asked what happens when medications are not taken correctly, the individual states he doesn’t know or remember and is unable to explain the outcome of not taking medications. Medical records, along with the individual’s history demonstrate other functional deficits and cycling in and out of the hospital and adult foster home services multiple times because he no longer has the ability to remember to take medications as prescribed. **Lack of medication or medication management may be assessed in cognition for this type of scenario.**

2. When not to assess lack of medication or medication management in cognition and behaviors?

Question #1 would not apply to those individuals who knowingly and persistently choose not to take their medications which appear to be consistent to their mental health diagnosis. In situations where the individual is able to make an informed decision, lack of medication or medication management may not be considered in any area of cognition or behaviors, as this would be a true matter to assess in medication management. This would be a person that understands the risks, but chooses not to take their medications.

Most circumstances will fall into this category and are assessed in medication management.

The following is an example of assessing lack of medication or medication management for medication management only:

This is an example of a person diagnosed with Bi-Polar disorder, Schizophrenia or other mental health disorders that stops taking medication because the person likes the short-term effect of not taking medications. This individual realizes that to maintain stability without exacerbation of the mental illness, medication must be taken as prescribed. In this circumstance, the person has the ability to make an informed choice and understands the risks of not taking medications. **Assess this scenario in medication management, not in cognition or behaviors.**

3. How is it determined whether or not to assess lack of medication or medication management in cognition and behaviors?

- ▶ If available, use the individual's history, such as medical records, psychological evaluations and other medical records to determine if the individual understands the risks of not taking medications is due to their impaired cognition or is a consistent part of their mental health disorder. If this is consistent with the mental health disorder only, do not assess with consideration of lack of medication or medication management.
- ▶ If history is unavailable, the individual would be assessed as they are currently presenting.
- ▶ The Mental and Emotional Disorder (MED) team may be consulted when it is not clear if lack of medication or medication management should be used in assessing cognition and behaviors.