

Instructions For MOSES Scheduling Form

IMPORTANT: Monitor the following individuals for tardive dyskinesia according to Directive 603-01-DD: (a) anyone in Code 1 who is prescribed an antipsychotic medication, (b) anyone in Code 1 or Code 2 who is prescribed another medication associated with tardive dyskinesia (e.g., amoxapine, metoclopramide), and (c) anyone in Code 1 or Code 2 who has a diagnosis of TD. A sample DISCUS Scheduling Form is provided in Directive 603-01-DD.

1. Each year (e.g., each January 1), list the name of the individuals who are provided services.
2. Next to each individual's name, enter a MOSES scheduling code based upon the individual's medication status in the chart below.
3. Depending on the scheduling code, either: (a) enter "M" (standing for 'MOSES') in the months to check an individual, or (b) leave the months blank.
4. Provide a copy to nursing director or other identified quality assurance person.
5. Circle an "M" after completing a rating.
6. If an individual has a new psychopharmacologic or antiepileptic drug started, added, or substituted, enter "N" (standing for 'New Drug Check'). Circle the "N" after completing a rating.
7. Revise the form if changes. Start a new form if necessary.

Rating Code Chart			
Code	Medication Status	Rating Schedule	Tracking Entry
1	Prescribed Psychopharmacologic Drug or Antiepileptic Drug	MOSES every 6 months (may be coordinated with event such as quarterly nursing review)	Enter "M" in months to be checked. Circle after rating completed
2	Not Prescribed Psychopharmacologic Drug or Antiepileptic Drug	No checks required	Leave blank
--- ^a	New psychopharmacologic or AED started, added, or substituted	MOSES within 1 month	Enter "N" in the month to be checked or on the line between two months. Circle after rating completed

^a Because this is not a regular or predictable event, a scheduling code is not used. **603-11-DD-C-1**