

POLICY AND PROCEDURE MANUAL	BCCMHA	PAGE 1 OF 10
CATEGORY - CLINICAL SERVICES	CHAPTER 11	SUBJECT D
PSYCHIATRIC SERVICES/MEDICATION	REVISED 9/10/2020 REVIEW 08/04/2021	EFFECTIVE 05/14/96

I. PURPOSE

To provide a system that is focused on supporting recovery, maximizing the functioning, reducing mental health symptoms, and/or continuing to stabilize the symptoms of the person served. In addition; the policy will be utilized to ensure that medications are prescribed and administered in the same appropriate manner.

II. GOAL

Appropriate psychiatric services, including evaluation, medication prescribing and monitoring, will be provided to Barry County Community Mental Health Authority (BCCMHA) clients.

To provide psychiatric medication management and review services as a primary service for established clients of BCCMHA that have demonstrated stability with their mental health symptoms.

III. APPLICATION

The provisions of this subject apply to all servicing staff of services and programs operated by BCCMHA and are in conformance with state and federal regulations.

IV. POLICY

Clients of BCCMHA will have access to appropriate psychiatric services to meet their behavioral health needs based upon medical necessity and standards of care.

Clients may be referred for psychiatric services at any time during their course of treatment.

BCCMHA staff will follow the medication guidelines as outlined in the DHHS Administrative Rules. Staff will take the utmost precaution when assisting clients with medication.

Established clients who receive medications via BCCMHA psychiatric providers and have achieved and maintained stability of their mental illness and/or mental health symptoms as demonstrated by a LOCUS of 2 or less may be referred to the Meds Only Program.

The BCCMHA Medical Director will be available for consultation on a 24-hour basis as needed.

V. STANDARDS

When therapeutically appropriate, the psychiatric providers will prescribe medications in conjunction with other BCCMHA services. There will be documentation of rationale for the use of medication and the goals of services/treatment will be consistent with the plan of service. Documentation in the EHR will consist of evidence addressing medication monitoring, psychiatric follow-up, individual progress toward goals, and medical necessity of ongoing services. There will be appropriate documentation in the EHR for the necessity of continued pharmacotherapy, with evidence that treatment strategies other than pharmacotherapy are under consideration. The psychiatric providers may choose to prescribe psychotropic medications as a primary service to established BCCMHA clients. The medical record must provide evidence of stability as evidenced by a LOCUS of 2 or less and a continued need for medication to maintain current stability.

Medication is not prescribed during pregnancy due to potential risks to the developing fetus and mother's health. Cases involving pregnancy will be evaluated on a case-by-case basis and all attempts to coordinate care with physicians treating pregnancy (OB/GYN, family practitioner) will be made.

BCCMHA clients receiving medications from the agency psychiatric providers will be advised as to medication effects, side effects/contraindications and unusual effects, as feasible and appropriate, and will have signed a Medication Consent, see Attachment A. Poison Control information will be posted throughout the agency, see Attachment B. For each medication prescribed by BCCMHA psychiatric providers, a medication consent will be signed by the client/guardian. The Medication Consent will be completed at appropriate times (initially, annually, and medication changes not already noted on the current Medication Consent Form). Medications will not be prescribed without a valid signed Medication Consent. If a client has a guardian and the guardian is not available, the Medication Consent may be faxed or sent to the guardian for signature. When the Medication Consent is returned to BCCMHA, the document will be scanned into the client's EHR and the medication program updated to show that the Medication Consent has been obtained.

When an individual in a child foster care placement requires psychotropic medication, the following must take place before any psychiatric services can be initiated or treatment with

any psychotropic medication begins:

1. A signed Treatment Plan identifying involvement in psychiatric services must be signed by the child's birth/adoptive parent (if rights have not been terminated) or other legal guardian*.
2. A Medication Consent must be signed by a child's birth/adoptive parent (if rights have not been terminated) or other legal guardian* before any treatment with any psychotropic medication begins.
3. If birth/adoptive parent (if rights have not been terminated) or other legal guardian* is not available to sign the Treatment Plan or Medication Consent, then a Court Order will be obtained by the foster care worker and scanned into the EHR specifically authorizing the foster care worker to sign for mental health and/or psychotropic medications.
4. If birth/adoptive parent(s) rights have been terminated, documentation will be obtained by the foster care worker and scanned into the EHR. A Court Order shall be obtained by the foster care worker specifically authorizing the foster care worker to sign for mental health and/or psychotropic medications.
5. If an individual in a child foster care placement is a Ward of the State, documentation will be obtained by the foster care worker and scanned into the EHR. A Court Order shall be obtained by the foster care worker specifically authorizing the foster care worker to sign for mental health and/or psychotropic medications.
6. Foster care parents **cannot, under any circumstances**, consent to mental health services or administration of psychotropic medication.

*Legal Guardian is a person who has been appointed by a judge to take care of a minor child (called a "ward") or incompetent adult personally and/or manages that person's affairs. In the case of a minor child, the guardianship papers would need to include authority to obtain mental health services and/or psychiatric medications.

Individuals in rare cases may require transportation to a psychiatric hospital directly from the BCCMHA office. In those cases, the physician or healthcare professional will complete the BCCMHA Ambulance Transfer Form, see Attachment Packet.

A Medical Hospital, Psychiatric Hospital, Crisis Residential Program or Rehabilitation Program may request information on current medications being prescribed for mutual clients. This information will be provided to the health care provider to facilitate coordination of care in accordance with HIPAA guidelines.

Staff, in the case of a perceived medication error, will immediately notify the psychiatric providers. An incident report is to be completed when a medication error has been discovered.

The psychiatric providers will be available to BCCMHA staff for consultation services during their regularly scheduled days at the clinic. In addition, staff may have scheduled meetings with the psychiatric providers to receive input and advice regarding agency clients.

A client calling with a medication concern will be able to talk to an appropriate psychiatric staff, if available. If psychiatric staff is not immediately available, the staff receiving the call will transfer their call to the nurse's voicemail. Psychiatric staff will review their voicemail messages each business day during regular business hours and document contacts. If the client has medication concerns of an immediate nature, the psychiatric staff can call the BCCMHA psychiatric provider for consultation. Consultation and any action taken will be documented with the client's EHR with psychiatric staff and psychiatric provider added as co-signers to the note.

Lab work for individuals being prescribed medications by the BCCMHA psychiatric providers will be ordered based on the medications being prescribed and any comorbid medical issues. See Attachment Packet, Lab Work Schedule that outlines Lab Work that may be ordered for individuals receiving, or will be receiving, medications from BCCMHA. However, this is not an exhaustive list and other lab work can be ordered at the discretion of the prescribing psychiatric provider.

Using substances while taking psychiatric medications may cause the psychiatric medications to be less predictable in their expected effectiveness; therefore, the BCCMHA psychiatric provider may request appropriate lab tests or screens further assess medication effectiveness or lack thereof. See Attachment Packet, Order for Urine Drug Screen and Urine Screen Analysis.

Clients prescribed medical marijuana will be oriented to possible complications when marijuana is used with psychiatric medications.

For those individuals receiving injectable medications, arrangements can be made, if requested, to have a female person present when a female client is receiving injectable medications or a male staff present when a male client is receiving injectable medications.

Patient Assistance Program (PAP) medications and Sample Medications are the only medications that could potentially be stored in the BCCMHA building. These medications will be stored in the psychiatric services clinic only in a designated secured area protected from sunlight and refrigerated as necessary. Patient Assistance Program (PAP) medications are tracked on an Excel Spreadsheet on the S:Drive by the psychiatric staff. Sample medications are tracked using a login book.

VI. PROCEDURE **REFERRALS**

BCCMHA clinicians/case managers may refer appropriate clients for psychiatric services. Clients

referred for psychiatric services will be open clients of BCCMHA. They will have an Assessment indicating medical necessity for psychiatric services and a diagnosis supporting the need for possible medications with a LOCUS score supporting this level of care. The referring clinician/case manager will complete the Program Referral Form in the EHR and add the name of the psychiatric services coordinator as a signer on this form.

The referring clinician/case manager will be responsible for obtaining health information and current medications from previous or current providers if available and other relevant testing, such as recent physical reports, or available psychological testing reports prior to the individual's initial psychiatric evaluation.

Services and outreach will be targeted to veterans and active duty military personnel with special consideration given to serving their needs from their unique perspective.

MEDICATION

- A. All prescriptions are entered into the EHR by the designated psychiatric staff.
- B. The client, parent, or court appointed guardian signs and dates the Medication Consent.
- C. Clients requesting the refill of prescriptions when records indicate that he/she should still have medication will be brought to the attention of the prescribing psychiatric provider for follow-up.

Clients requesting medication refills can do so via the Medication Refill Line (ext. 322). The Refill Line is reviewed every business day by psychiatric staff. Requests placed on the Refill Line and/or written requests for refills require three (3) business days for all controlled substances and two (2) business days for any other medication. When requests for medication refills are made in person or conveyed to staff via the phone, they will be reviewed and responded to by psychiatric staff each business day.

- D. Any medication change requested by a client or guardian will be addressed by the psychiatric provider. Any new orders will be discussed with the client/guardian and documented in the client EHR.
- E. Clients will be required to have a person-centered plan of service that is updated at least annually and reviewed as indicated in the plan of service. The plan of service must support the provision of psychiatric services.
- F. If an established client who has been receiving medications from a BCCMHA psychiatric provider chooses to discontinue services with BCCMHA and would like to continue their medications, the following will occur: the circumstances

surrounding discontinuation of services will be discussed with the psychiatric provider, the psychiatric provider may choose to provide up to a three (3) month supply of current medications to help the individual transition to their new medication provider. This will be documented in the Discharge Summary and in a miscellaneous note contained in the client's EHR.

MEDICATION STORAGE

All medications must be kept in **locked** cabinets accessible only by qualified and trained staff members. Internal medication must be stored separately from external medication. The two types of medication can be stored in the same locked cabinet but must be separated and labeled as internal or external medication.

Unused or expired medications will be taken to an appropriate agency (accepting pharmacy or law enforcement drop-off location) to be destroyed.

MEDICATION ONLY SERVICES

BCCMHA clinicians/case managers can refer appropriate established psychiatric service recipients for psychopharmacology services or the Meds Only Program. This will include the need for the completion of the Meds Only Referral Form, see Attachments Packet, (there is a separate Meds Only Referral Form for children) to request Meds Only Program.

The clinician/case manager making the referral will have completed an assessment (either an updated assessment or annual assessment) which supports the benefit of Meds Only Services and demonstrates adequate functioning and a LOCUS level of functioning that is 2 or below; or for a child a low CAFAS score and/or completion of established outpatient goals/objectives. In addition, the client service record will need to further support evidence of stability and the continued need for medications.

The Meds Only Referral Form will be completed and given to the Psychiatric Services Coordinator. The in-house psychiatrist will make the final decision as to the approval or denial of the referral.

If the referral is approved, the Psychiatric Services Coordinator will facilitate the transition to the Meds Only Program. The referring clinician/case manager will complete an ABD documenting the reduction in services and provide this to the client.

LABORATORY ORDERS/REPORTS

- A. Based upon available medical information and other pertinent information in the client's EHR, the BCCMHA psychiatric providers will order appropriate lab work. Clients receiving medication prescriptions from the BCCMHA psychiatric providers

shall have a complete blood count (CBC) and Comprehensive Metabolic Panel (CMP) completed once every twelve months. The psychiatric providers may order these tests more often when indicated. Other lab work may be ordered based on the specific needs of each client. All labs are ordered using the EHR program.

The BCCMHA psychiatric providers may order a Prolactin level at appropriate intervals when indicated for those individuals prescribed atypical antipsychotics (i.e. Risperdal, Clozapine, Seroquel, Geodon, and Invega).

- B. Clients on Lithium, Tegretol, Depakote and/or other medications may need more frequent labs to evaluate therapeutic and maintenance levels.
- C. Lab results received via our PCE partners are automatically entered into the client's EHR. Lab results received from other labs are scanned into the client record under the ordering psychiatric provider by the medical assistant. Labs are reviewed by the ordering psychiatric provider and marked as received.

PSYCHIATRIC SERVICES REVIEW

- A. Clients are scheduled for psychiatric services as dictated in their Treatment Plan. It is up to the BCCMHA psychiatric provider to decide how frequently a client should be seen; but every client receiving psychiatric services will be seen by the psychiatric provider at least every six (6) months.
- B. The BCCMHA psychiatric provider documents what transpired during a review session using the Medication Review Form.
- C. The BCCMHA psychiatric nurse documents what transpired during a review session using the Nursing Progress Notes.
- D. The Abnormal Involuntary Movements Scale (AIMS) is assessed at least annually but more frequently as needed. This is found in the Document Banner/Custom Aims.
- E. The psychiatric provider will communicate to the client as well as the psychiatric staff working with them, the time frame for scheduling the next appointment and, based on this information, the client will be scheduled as requested with either the psychiatric nurse or psychiatric provider.

TRANSPORTING MEDICATION

BCCMHA staff will assist clients in problem solving how to obtain their needed medications. It is always a priority to assist clients in using family and community supports as a means of obtaining medications when transportation is an issue.

It shall be the policy of BCCMHA to transport medication for clients on an individual case-by-case basis and ONLY when other means of obtaining medication is not possible. Before transporting medication, the clinician/case manager will document efforts to assist the client in being able to independently obtain their own medication. For example, clients can choose to use pharmacies that deliver, family members or supports may agree to help the client obtain the medication and/or Community Living Support (CLS) staff may transport the client to the pharmacy so the client may obtain their own medication(s).

If a client receives PAP medications or sample medications, these medications **MUST** be picked up by the client, or the client's parent (if they are a minor), or by the guardian and **WILL NOT** be transported to a client's home via BCCMHA staff.

At times, the BCCMHA psychiatric providers may authorize the provision of sample medication(s) to a client actively receiving psychiatric services from BCCMHA who is temporarily residing in the Barry County Jail. In this case, these steps shall be followed:

1. If medication(s) need to be transported to the jail, two (2) BCCMHA staff members will transport the medication(s).
2. The psychiatric nurse will print the prescription and have the two (2) transporting BCCMHA staff sign the printed prescription.
3. The receiving Barry County Jail Administration staff shall sign the printed prescription acknowledging receipt of the medication(s).
4. The Barry County Jail Administration staff receiving the medication(s) shall also sign/initial the Medication Transportation Sheet indicating receipt of the medication(s) identified upon the document. See Attachment Packet, Medication Transportation Sheet.
5. The printed prescription and Medication Transportation Sheet will be returned to the BCCMHA office will be scanned into the client's EHR.

If, after careful consideration and review of all options, it still becomes necessary to transport medication(s) to a client's home, **THIS MUST BE APPROVED BY THE CLINICAL DIRECTOR/CLINICAL SUPERVISOR AND/OR EXECUTIVE DIRECTOR.** If approved, two (2) BCCMHA agency staff will document medication(s) to be delivered to an agency client, completing appropriate documentation forms. The client will sign/initial the Medication Transportation Sheet indicating receipt of the medication(s) identified upon the document. The Transportation Medication Sheet will be scanned into the EHR. When transporting

medication(s), staff shall travel directly to the client's home from the location in which the staff obtained possession of the medication(s).

REFERENCES

BCCMHA
CARF
Department of Health and Human Services
Michigan Mental Health Code
Administrative Rules
Public Health Code

ATTACHMENT PACKET

[11-D Psychiatric Services-Medication attachments.pdf](#)

QUALITY ASSURANCE

The goals and objectives for satisfaction, efficiency, effectiveness and accessibility will be reviewed quarterly and annually by the Psychiatric Supervisor through the Program Evaluation Report to determine quality assurance and the report will be submitted to the Quality Improvement committee for review.

QUALITY IMPROVEMENT

This policy/procedure will be evaluated by the Quality Improvement Committee on an annual basis to enhance and improve the quality of said policy.

At any time, employees can request in writing, on the form provided, that this policy or items in this policy be reviewed by the Quality Improvement Committee. Employee's written requests can be given to any Quality Improvement Committee member.

When an area for improvement is indicated, the process for improvement as identified in the Quality Improvement Plan will be followed.

APPROVED BY:

Richard Thiemkey
Executive Director

Date

Fay Featherly, MA, LLP, CAADC, CMHP, QIDP, QMHP
Clinical Services Coordinator

Date

Emily Whisner, MA, LLP, QMHP, QIDP, CMHP
Chief Clinical Officer

Date