

**BARRY COUNTY COMMUNITY MENTAL HEALTH AUTHORITY
POLICY AND PROCEDURE MANUAL**

Policy: Psychiatric Services/Medication 6-A		Application: BCCMHA Staff
Reviewed 8/16/2023	Revised 8/16/2023	First Effective 5/14/1996

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. Appropriate psychiatric services, including evaluation, medication prescribing and monitoring, will be provided to Barry County Community Mental Health Authority (BCCMHA) clients. BCCMHA can 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. In addition, the policy will be utilized to ensure that medications are prescribed and administered in the same appropriate manner.

II. 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 MDHHS 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.

III. 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. Medications shall only be ordered by a doctor. The doctor’s order for medication may come from or through a Medical or Osteopathic Doctor/Psychiatrist, Physician Assistant, or Nurse Practitioner.[AR7158(1);MCL330.1100c(4)]

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.

Due to the risk to the mother's health and the developing fetus, BCCMHA will refer cases involving pregnancy to the client's PCP and/or OB/GYN for the PCP and/or OB/GRN to prescribe psychotropic medication. If the client does not have a PCP or OB/GYN, the client will be given resources and assisted in securing a provider. A BCCMHA psychiatric provider will be available to consult with the client's PCP and/or OB/GYN as the PCP and/or OB/GYN determine whether to prescribe psychotropic medications.

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. Medications shall be reviewed as specified in the plan of service and based on consumer's clinical status, to determine the appropriateness of continued use. [AR7158(4)]

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. Medication shall be prepared and administered by qualified and trained staff. [AR7158(5)]

Medication shall not be used as punishment, for the convenience of staff or as a substitute or other appropriate treatment. [AR7158(3)]

At the time the Doctor/Psychiatrist/nurse practitioner writes the prescription, the documentation will go into the consumer's record and specify the purpose of the medication. Informed Consent from the consumer, their guardian, parent of a minor or loco parentis prior to the administration of the medication is required. [MHC 1752, AR7158(6)].

Medication use shall conform to standards of the medical community. Agency personnel shall comply with the orders of a physician in administering and/or stopping medications, and shall comply with other relevant regulations, such as Licensing Regulations regarding storing/securing medication within the BCCMHA office. Medication shall be kept in a locked cabinet.

Medication that is given to clients shall be in compliance with state rules and federal regulations pertaining to labeling and packaging

When a medication is used for behavioral reasons and not to treat a psychiatric condition, this is considered an intrusive technique and needs to be reviewed and approved by the Behavior Treatment Plan Review Committee (BTPRC).

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 another 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 administration of psychotropic medication.
7. The provision and oversight of psychotropic medication to clients who are youth served by the DHS Foster Care system shall take place according to the policies and procedures set forth by DHS in the Children's Foster Care Manual FOM 802-1, Psychotropic Medication in Foster Care"
8. Informed consent for psychotropic medication for clients who are youth served by the DHS Foster Care system shall be provided by the Foster Care Worker/Foster Care Psychiatric Over Site Unit using the DHS form 1643, "Psychotropic Medication Informed Consent"

*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.

USE OF PSYCHOTROPIC DRUGS

Psychotropic Drugs are defined in the Definition Section of this policy. [AR 7001(p)]

Before initiating a course of psychotropic drug treatment for a client the prescriber or a licensed health professional acting under the delegated authority of the prescriber shall do both of the following:

1. Explain the specific risks and most common adverse side effects associated with that drug, and
2. Provide the individual with a written summary of those common adverse side effects. [MHC1719]

Unless the individual gives informed consent, or the administration is necessary to prevent physical injury to the person or another, psychotropic medication shall not be administered to (i) a recipient who has been admitted by medical certification or by petition on the day preceding the individual's court hearing and on the day of the individual's court hearing; (ii) a defendant undergoing examination to determine competency to stand trial; and (iii) a person acquitted of a criminal charge by reason of insanity while undergoing examination and evaluation at the center for forensic psychiatry. [MCL 330.1718; AR 7158(8)(a-d)]

The administration of psychotropic medication to prevent physical harm or injury occurs:

1. ONLY when the actions of a recipient, or other objective criteria, clearly demonstrate to a physician that the recipient poses a risk of harm to himself, herself or others, and
2. ONLY after signed documentation of the physician is placed in the recipient's clinical record [AR 7158(8)(b)]

The initial administration of psychotropic medication under 7158(8)(b) is limited to a maximum of 48 hours unless there is consent. [AR 7158(8)(c)]

The initial administration of psychotropic medication under 7158(8)(b) is as short as possible, at the lowest therapeutic dosage possible and terminated as soon as there is no longer a risk of harm. [AR 7158(8)(c)]

At the time the Medical or Osteopathic Doctor/Psychiatrist, Physician Assistant, or Nurse Practitioner writes the prescription, the documentation will go into the consumer's record and specify the purpose of the medication. [AR 7158(6)]

Medication errors and adverse drug reactions are immediately and properly reported to a physician or RN and recorded in the recipient's record. [AR 7158(7)]

Unless the psychotropic medication is administered to prevent physical harm or injury, psychotropic medications will not be given without a signed Informed Consent form. A consumer, their guardian, parent of a minor, POA of a minor provided the power of attorney document does not restrict the ability to consent to psychotropic medications, or person with legal custody of the minor shall have the right to accept or refuse psychotropic medications treatment, except when a court order is in place.

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. Only medications authorized in writing by a physician are to be given at discharge or

leave and enough medication will be made available to ensure the consumer has an adequate supply until he or she can become established with another provider. [AR7158(9)]

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. Medication errors and adverse drug reactions are immediately reported to the RN or physician, and documented in the clinical record. [AR7158(7)]

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.

IV. PROCEDURES

REFERRALS

BCCMHA case holders 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 case holder will complete the Program Referral Form in the EHR and add the name of the psychiatric services coordinator as the Receiving Supervisor and use the Send Copy To feature (send to staff) to include

the CCBHC Nurse on this form.

The referring case holder 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 PROCEDURES:

1. All prescriptions are entered into the EHR by the designated psychiatric staff.
2. The client, parent, or court appointed guardian signs and dates the Medication Consent prior to the medication being ordered.
3. Clients requesting the refill of prescriptions when records indicate that they should still have medication will be brought to the attention of the prescribing psychiatric provider for follow-up.
4. The BCCMHA Medical Director will be available for consultation on a 24-hour basis as needed.
5. Clients prescribed medical marijuana will be oriented to possible complications when marijuana is used with psychiatric medications.
6. 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.

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.

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.

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.

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.

INFORMED CONSENT TO MEDICATION

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, medication consent will be signed by the client/guardian prior to the medication being ordered. The Medication Consent will be completed at appropriate times (initially, annually, and medication changes not already noted on the current Medication Consent Form) and with the principles of Informed Consent (see Informed Consent to Treat Policy for additional information). 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.

If the physician doubts the recipient's comprehension and ability to give informed consent, the physician may wish to ask the court to either appoint a guardian or assist with the decision-making. Justification for petitioning the probate court for guardianship consideration shall be entered in the recipient's clinical record. Any petition for guardianship must be limited to the scope that is essential to provide the recipient the needed services. Absent court appointment of a guardian or exercise by a court of guardianship powers, adult recipients are presumed legally competent. [AR7009(3)(a)-(d)]

MINORS

Minors emancipated by operation of law or court order may consent to all treatment services, including psychotropic medications. MCL 722.4e(1).

Questions regarding the legal status of a minor should be directed to the BCCMHA Recipient Rights Office.

Minors who are 14 years of age or older may request and receive mental health services, excluding medication. Psychotropic medications may only be provided upon consent of the minor's parent(s), legally empowered guardian, POA of a minor provided the power of attorney document does not restrict the ability to consent to psychotropic medications, or person with legal custody of the minor.

*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 with authority to handle the ward's physical and mental care. In the case of a minor child, a minor's guardian has the powers and responsibilities of a parent who is not deprived of custody of the parent's minor and unemancipated child. MCL 700.5215.

Consent for medication for a minor of divorced parents must be obtained, except as noted above, from the parent with legal custody of the minor. In cases of joint legal custody, either parent may consent to medication, with consent from the primary (if so designated) caretaker preferred. (Determination via review of the divorce decree from Circuit Court)

Authority to consent for psychotropic medication for children served by the DHS Foster Care system shall take place according to the policies and procedures set forth in MDHHS FOM 802-1 Psychotropic Medication for Youth in Foster Care. Foster care parents **cannot, under any circumstances**, consent to mental health services or administration of psychotropic medication.

Others Who May Be Empowered To Provide Informed Consent:

1. Individuals who hold Power of Attorney and various forms of guardianship may sign the consent if it can be documented via court order (guardianship) or notarized statement (Power of Attorney) that such powers are not excluded from the individual's authority.
2. Individuals who have been appointed as "Guardian Ad Litem" have limited advisory powers and do not have the authority to consent to treatment.

POWER OF ATTORNEY (POA)

In lieu of the minor's right to consent to mental health services under the conditions listed above, the parent with legal custody of a minor or a guardian of a minor may execute a Power of Attorney (POA) document that delegates powers to the POA. Provided the POA document does not restrict the individual's ability to consent to psychotropic medications or authorize the release/disclosure of behavioral health information, the POA may consent to medication and/or authorize disclosure of confidential information. The parent retains their right to make all care decisions and is not required to consult with the POA before making a decision. Similarly, provided the POA is acting within the restrictions of the POA document and is not consenting to marriage or adoption, the POA is not required to consult with the parent before making a decision. The parent retains the ultimate authority to consent and can revoke the POA in the event of a disagreement in treatment.

For a minor, the POA document must contain the following in writing:

1. The child's name;
2. Parent / guardian name;
3. Person designated;
4. What is covered by the POA;
 - a. Best practice is to include examples of the types of powers the parent is delegating, such as the power to consent to any medical, diagnostic, surgical procedure, or the use of any medication or other items related to the child's health.
5. Date delegation commences;
6. Date delegation ends;
 - a. This must be no later than 180 days from date of commencement, unless the parent is in the armed forces, deployed to a foreign nation, and the POA document states those facts.
7. Parent's / guardian's signature
 - a. Signature should be witnessed and notarized.

For adult recipients, the POA is called a Designation of Patient Advocate. The Designation of Patient Advocate document must contain the following in writing:

1. Adult recipient's name;
2. Person designated;
3. What is covered by the designation;
 - a. Best practice is to include examples of the types of powers the parent is delegating, such as the power to consent to any medical, diagnostic, surgical procedure, or the use of any medication or other items related to the child's health.
4. A statement that the authority conferred to the advocate is exercisable only when the recipient is unable to participate in medical or mental health treatment decisions;
5. Signed by the adult recipient;
6. Dated by the adult recipient;
7. Signed in the presence of two witnesses;
 - a. The witnesses for a designation of patient advocate cannot be the patient's spouse, parent, child, grandchild, sibling, presumptive heir, known devisee at the time of the witnessing, physician, patient advocate, or an employee of (i) a life or health insurance provider for the patient; (ii) a health facility that is treating the patient; (iii) a home for the aged (as defined in MCL 333.20106) where the patient resides; or (iv) a community mental health services program or hospital that is providing mental health services to the patient.
 - b. BCCMHA employees cannot witness Designation of Patient Advocate documents.

The Designation of Patient Advocate must be made part of the recipient's medical record before it can be used.

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 case holders 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 case holder 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 case holder will complete an ABD if needed documenting the reduction in services and provide this to the client.

LABORATORY ORDERS/REPORTS

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).

Clients on Lithium, Tegretol, Depakote and/or other medications may need more frequent labs to evaluate therapeutic and maintenance levels.

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

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.

The BCCMHA psychiatric provider documents what transpired during a review session using the Medication Review Form.

The BCCMHA psychiatric nurse documents what has transpired during a review session using the Nursing Progress Notes.

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.

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 assigned case holder 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, 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 OFFICER/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).

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 and will be scanned into the client's EHR.

REFERENCES

CCBHC

CARF

Department of Health and Human Services

Michigan Mental Health Code
Administrative Rules
Public Health Code

ATTACHMENT PACKET
[Psychiatric Services Orientation](#)
[DPOA](#)

APPROVED BY:

Richard Thiemkey
Executive Director

Date