

BARRY COUNTY COMMUNITY MENTAL HEALTH AUTHORITY POLICY AND PROCEDURE MANUAL

Policy: 6-A Psychiatric Services/Medication	Application: BCCMHA Staff and Providers
Approved: <u>Richard S. Thiemkey, M.A.</u> Richard S. Thiemkey, M.A. (FPA 2021-157) Executive Director	
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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 and are approved by prescribing psychiatric provider. In addition, the policy will be utilized to ensure that medications are prescribed and administered in the same appropriate manner.

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 precautions 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 may be referred to the Meds Only Program for review of appropriateness by the psychiatric provider.

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

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 psychiatric provider who is legally authorized to prescribe medications. The psychiatric prescriber'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.

Medication use shall conform to federal standards and the standards of the medical community. [AR 7158(2)]

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

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. Poison Control information will be posted throughout the agency. Medications shall be reviewed as specified in the plan of service and based on the 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. If an individual cannot administer their own medication, a provider will ensure that medication is administered by or under the supervision of personnel who are qualified and trained pursuant to Act No.368 of the Public Acts of 1978, as amended, being 333.1101 et seq. Of the Michigan Compiled Laws. [R 330.7158(5)]

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.

A provider shall record the administration of all medication in the recipient's clinical record. [MHC 1752, AR7158(6)]

Agency personnel shall comply with the orders of a prescribing psychiatric provider 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 double 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 the 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 MDHHS 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 consent to psychiatric medications.

Individuals in rare cases may require transportation to a psychiatric hospital directly from the BCCMHA office.

"Psychotropic drug" means any medication administered for the treatment or amelioration of disorders of thought, mood, or behavior. [R 330.7001(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, or with a court order, 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 psychiatric provider that the recipient poses a risk of harm to themselves or others, and
2. ONLY after signed documentation of the physician is placed in the recipient's clinical record [AR 7158(8)(b)]

Initial administration of psychotropic chemotherapy may not be extended beyond 48 hours unless there is consent. The duration of psychotropic chemotherapy shall be as short as possible and at the lowest possible dosage that is therapeutically effective. The chemotherapy shall be terminated as soon as there is little likelihood that the recipient will pose a risk of harm to himself, herself, or others. [AR 7158(8)(c)]

Additional courses of chemotherapy may be prescribed and administered if a recipient decompensates and again poses a risk to himself, herself, or others. [AR 7158(8)(d)]

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.

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

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 psychiatric provider 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 psychiatric provider 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. 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 assessing medication effectiveness or lack thereof.

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.

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. 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 designated staff 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.

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's 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. 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 with 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 8021 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 the 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. Signatures 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 **double 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 recipients may express interest in moving to a Meds Only Program or be closed to additional services due to noncompliance. For both cases:

1. ABD will be sent by assigned staff for program closure due to client request or noncompliance.
2. Assigned staff will notify psychiatric staff that ABD has been sent.
3. Psychiatric staff will alert psychiatric prescribers by noting changes on upcoming psychiatric visit. Further prescribing will be at the discretion of the psychiatric provider.
4. When ABD expires, assigned staff will update the Primary Program
 - a. For clients with any other services besides Psychiatric Services, (Case Management, Children's Services, etc,) those programs and case holder would become the Primary Program and case holder
 - b. If the open services will be Psychiatric Services and Peer, the primary program will be Psychiatric Services and the case holder will be Jennifer Webber
 - c. For clients open to only the closing program and Psychiatric Services, Psychiatric Services would become the Primary Program and Primary Case holder will be updated to Carrie Krueger.

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 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 the 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.
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

Michigan Department of Health and Human Services

Michigan Mental Health Code

Administrative Rules Public Health Code

ATTACHMENT PACKET

Psychiatric Services Orientation

DPOA

Psychiatric Services-Medication attachments

