

**WEST MICHIGAN COMMUNITY MENTAL HEALTH  
ADMINISTRATIVE MANUAL**

		Chapter: 2	Section: 10	Subject: 2
CHAPTER: Board Services and Program Administration				
SECTION: Medication Services				
SUBJECT: Agency Procedures for Accessing Medication Services				
Administrative Approval:		Date of Governing Board Action:		Page 1 of 8
		3/19/96		

- I. **PURPOSE:** To establish policy and procedures regarding the process of initiating, documenting, reviewing and obtaining consumer consent for medication services.
- II. **APPLICATION:** All programs and services operated by the West Michigan Community Mental Health Governing Body.
- III. **REQUIRED BY:** Michigan Standards for Community Mental Health Services, 1976, Part 7, DCH Administrative Rules R330.7158 and accrediting organizations.

VI. **DEFINITIONS:**

**Prescriber:** A West Michigan Community Mental Health staff member, contractual or consultant MD, DO, or Nurse Practitioner, licensed by the Michigan Department of Licensing and Regulation and authorized by this agency to provide services to the consumers.

- V. **POLICY:** It is the policy of West Michigan Community Mental Health to provide medication services to CMH consumers in accordance with DCH Licensing and all accrediting authorities' standards of practice. In addition, the West Michigan Community Mental Health Clinical Oversight Committee shall review and approve the procedures pertaining to this policy.
- VI. **PROCEDURES:** Important note: Medication Services are not in the Service array provided to consumers in the Counseling Services program that includes Outpatient SUD Treatment and Mild/Moderate Behavioral Health services.

1. **Referral Process:** The referral for medication services shall be undertaken by the responsible care manager or by Service Entry Clinicians for outside psychiatric consultation requests when available

1.1 The responsible care manager shall obtain authorization for the appropriate medication service(s) for the consumer by completing a Person Centered Plan (PCP), Person Centered Plan Review (PCP-R) or a Person Centered Plan Change form (PCP-C) identifying "medical necessity."

The responsible care manager or Service Entry Clinician (if a consultation consumer) shall schedule the initial psychiatric evaluation appointment time for the consumer to see a prescriber. Additional medication reviews are scheduled at the end of each appointment, if indicated.

**WEST MICHIGAN COMMUNITY MENTAL HEALTH  
ADMINISTRATIVE MANUAL**

		Chapter: 2	Section: 10	Subject: 2
CHAPTER: Board Services and Program Administration				
SECTION: Medication Services				
SUBJECT: Agency Procedures for Accessing Medication Services				
Administrative Approval:		Date of Governing Board Action:		Page 2 of 8
		3/19/96		

- 1.2 The staff person making the appointment shall be responsible for ensuring that the consumer is made aware of the appointment date, place and time. (This may be a collaborative effort between health service team members or the care manager.)
- 1.3 The responsible care manager shall gather relevant background information (outside lab results, prior hospitalization records, primary/consulting physician reports, etc.) prior to the scheduled appointment. The responsible care manager, or designated alternate, shall present all relevant information in the Health Services (HST) Staffing form within the consumer's ECR. The Staffing form is forwarded to the prescriber two days prior to the day of the consumer's appointment in the Psychiatric Staffing.
- 1.4 Open Access Appointments (OAS): As determined by agency need, time frames are held open in a prescriber's schedule to address consumer urgent medication needs, medication refills, frequent not kept or consumer cancelled appointments and post-hospital follow up appointments. The time frame held for these appointments is monitored and adjusted as needed by the Health Services Team Leader or designee.
  - 1.4.1 A consumer or his/her RCM contacts the agency regarding their medication related need.
  - 1.4.2 Information is provided to the medical assistant, who if needed, consults with the HST Team Leader/Designee regarding whether an OAS appointment slot is appropriate and with which provider. If the RCM was not involved with the request, the RCM shall be notified to alert them to the request in the event they may have additional information for the team on why or why not this appointment should take place.
  - 1.4.3 If appropriate, the OAS appointment is made. This appointment may be with an agency nurse or prescriber depending upon the need. (Please see supporting document regarding more in depth detail for OAS scheduling categories and processes.)

**2. Staff Involvement:**

- 2.1 When appropriate, the responsible care manager making the referral for medication services shall attend the first medication appointment. If the consumer is placed on medication and there are further medication reviews scheduled, the responsible care manager or designated alternate shall present all relevant information, in written form as referenced above, and they can

**WEST MICHIGAN COMMUNITY MENTAL HEALTH  
ADMINISTRATIVE MANUAL**

		Chapter: 2	Section: 10	Subject: 2
CHAPTER: Board Services and Program Administration				
SECTION: Medication Services				
SUBJECT: Agency Procedures for Accessing Medication Services				
Administrative Approval:		Date of Governing Board Action:		Page
		3/19/96		3 of 8

choose to attend the medication review with the consumer. The HST staffing note will be available to the prescriber at least 2 business days prior to the day of the consumer's appointment. This information shall include the consumer's response to the medication(s) prescribed, current stressors potentially impacting the consumer's response, and other relevant information.

- 2.2 The responsible care manager, in conjunction with the Health Services Team, shall monitor the progress of the consumer while he/she is receiving medication in conjunction with CMH services.
- 2.3 If a consumer does not show for a medication clinic appointment, the medical assistant (MA) shall initially attempt to contact and reschedule the appointment. If unsuccessful, the MA will be responsible for notifying the responsible care manager. The care manager will then be responsible for contacting the consumer regarding the missed appointment, medication needs and appointment rescheduling. Letters sent out for consumers who do not keep medication clinic appointments will be co-signed by the responsible care manager and prescriber/designee.
3. Record Keeping: The Health Services Team shall be responsible for completing the following when a consumer is receiving medication services:
  - 3.1 Consent to Medication Treatment (WMCMH Form CR008). The staff nurse or prescriber shall obtain consent to medication intervention from the consumer, or his/her parent or guardian as applicable. The health service team member or designee shall review the consent to medication treatment form and obtain the appropriate signature directly following the consumer's appointment or obtain his/her parent or guardian's verbal consent to participate in medication intervention service with the prescriber. The agency prescriber or staff nurse, as appropriate, will then co-sign the medication consent form. A consumer has the right to revoke this consent in writing, at any time. If a consumer is unable to revoke the request in writing, a verbal request will be accepted with assistance provided by a WMCMH staff member.
    - 3.11 Medication Services shall not be administered to consumers without written consent from the consumer or his/her guardian or a parent of a minor child.
    - 3.12 A Consent for Medication Treatment is not required if a consumer has been court ordered to receive medication services; however, a consumer may choose to refuse medication even if court ordered to do so. If this should occur, staff will implement the procedure in WMCMH policy

**WEST MICHIGAN COMMUNITY MENTAL HEALTH  
ADMINISTRATIVE MANUAL**

		Chapter: 2	Section: 10	Subject: 2
CHAPTER: Board Services and Program Administration				
SECTION: Medication Services				
SUBJECT: Agency Procedures for Accessing Medication Services				
Administrative Approval:		Date of Governing Board Action:		Page
		3/19/96		4 of 8

Chapter 2, Section 10, Subject 7, Non-compliance with Psychotropic Medications Prescribed by WMCMH Physicians.

- 3.13 If a consumer with a mental illness engages in behavior considered a risk to self and/or others, and the behavior is considered a product of their mental illness, and the consumer refuses to accept the voluntary recommended clinical intervention, an evaluation will be conducted to determine if a petition for involuntary psychiatric treatment per provision of the Mental Health Code shall be filed. If the consumer refuses clinical intervention as specified in his/her alternative treatment order, the court shall be immediately notified by the responsible care manager. Please refer to policy 2-10-7 Medication Noncompliance.
- 3.14 Medications for consumers with developmental disabilities (DD) that are used for behavioral control due to significant risk to the consumer and/or others, may only be used at the lowest dosage for symptom control if it has been demonstrated that all other potential intervention options have been ineffective and it is part of the consumer's Behavioral Treatment Plan that has been approved by the WMCMH Behavioral Treatment Committee. The medication consent and specialized behavioral consent must be signed by the legally appointed guardian with the authority to approve medical/mental health procedures prior to beginning the medication.
- 3.15 For children in foster care, temporary court wards, a parent must consent to the prescription and use of all psychotropic medications, including those prescribed for continued use upon discharge from a hospital or as a result of outpatient treatment. The supervising agency has the authority to consent to an MCI ward's psychotropic medications and the court must provide written consent for a permanent court ward's psychotropic medications. The DHS-1643 must be used to authorize consent for all psychotropic medications. Foster parents and all other caregivers may not sign consent for psychotropic medications.

When a parent is unavailable or unwilling to provide consent and a child's physician or psychiatrist have determined there is a medical necessity for the medication, the supervising agency must file a motion with the court requesting consent for the prescription and use of necessary psychotropic medication. Courts are provided authority for this action pursuant to MCL 712.A12 and MCL 712.A13a(7)(c) prior to adjudication and MCL 712A.18(1)(f) and MCL 712A.19(1) at initial or supplemental disposition.

**WEST MICHIGAN COMMUNITY MENTAL HEALTH  
ADMINISTRATIVE MANUAL**

		Chapter: 2	Section: 10	Subject: 2
CHAPTER: Board Services and Program Administration				
SECTION: Medication Services				
SUBJECT: Agency Procedures for Accessing Medication Services				
Administrative Approval:		Date of Governing Board Action:		Page
		3/19/96		5 of 8

The worker must continue to communicate with the child's parent regarding treatment options when medication is not deemed a medical necessity but there is a DSM-IV TR psychiatric diagnosis supported by documented evidence/observations that medication would improve a child's well-being or ability to function.

Circumstances that may permit an exception to the psychotropic medication informed consent would include:

- A child entering foster care is currently taking psychotropic medication without a signed informed consent; every effort must be made to obtain the DHS-1643 within 45 days of entry into foster care. Psychotropic medication must not be discontinued abruptly unless it has been determined and documented as safe to do so by a physician.
- A physician determines that an emergency exists requiring immediate administration of psychotropic medication prior to obtaining consent. The foster care worker must obtain a copy of the report or other such documentation regarding the administration of emergency psychotropic medication within seven calendar days. The report must be filed in the medical section of the child's case record. If the medication will continue after the emergency, the DHS-1643 must be completed.

3.2 Psychotropic Medication/Client Information Forms:

3.21 In the event an agency prescriber prescribes medication, the consumer, consumer's parent or guardian as applicable, shall be offered/receive specific written information about the prescribed drug, including potential side effects and be informed of the risks and benefits of the drug by the prescriber. The prescriber, staff nurse or designee shall be responsible for disseminating the written information. A copy of the written drug information shall also be filed in the consumer's electronic clinical record in the medication section.

3.3 Medication Record Keeping (the agency uses an electronic prescription program for the ordering and record keeping of all prescriptions written by the agency, with the exception of certain controlled substances which must be provided in hard copy form while still recorded in the electronic prescription system):

**WEST MICHIGAN COMMUNITY MENTAL HEALTH  
ADMINISTRATIVE MANUAL**

		Chapter: 2	Section: 10	Subject: 2
CHAPTER: Board Services and Program Administration				
SECTION: Medication Services				
SUBJECT: Agency Procedures for Accessing Medication Services				
Administrative Approval:		Date of Governing Board Action:		Page 6 of 8
		3/19/96		

- 3.31 Each time the agency prescriber prescribes medication, regardless of the mode of transmission, the date, name of medication, dosage and prescriber's name should be entered in the agency's electronic prescription log. Typically, this shall be done by the staff nurse or prescriber.
- 3.32 All changes in medication, i.e., one drug to another, changes in dosage and/or discontinuation of medication shall also be recorded in the electronic prescribing program.
- 3.33 Prescriber orders accepted by an agency nurse shall be indicated electronically on the script generated by the electronic prescribing system. When obtaining a "V.O/E.O," a Health Service Progress Note (WMCMH Form CR015) shall be generated explaining the action taken. This note shall be co-signed by the ordering prescriber. This note will also indicate v.o. for a verbal order or e.o. for an order received via email.
- 3.4 Other related forms:
  - 3.4.1 Consumer Progress Notes: The responsible care manager shall enter observations about the effects of medication in the consumer's case record. Each time the consumer sees the agency prescriber for medication purposes, an entry to that effect shall be made on the prescriber's progress notes.
  - 3.4.2 Health Service Team members will be assigned the task of recording all consumer vital signs in the consumer's electronic medical record.
  - 3.4.3 Modified Abnormal Involuntary Movement Scale is available and will be completed within the consumer's electronic medical record (WMCMH Form #CR035): It shall be the responsibility of the Health Services Team to ensure that this documentation is completed for consumers that are receiving medications identified to cause Tardive Dyskinesia from West Michigan Community Mental Health at least once quarterly. Consumers considered at risk for Tardive Dyskinesia (females 40 years of age or older on high doses of anti-psychotic or anti-manic drugs, and males 60 years of age and older who have received antipsychotic drugs over a long period of time) may be assessed more frequently as is medically appropriate. (The Modified Abnormal Involuntary Movement Scale may be completed by a staff nurse or agency prescriber.)

**WEST MICHIGAN COMMUNITY MENTAL HEALTH  
ADMINISTRATIVE MANUAL**

		Chapter: 2	Section: 10	Subject: 2
CHAPTER: Board Services and Program Administration				
SECTION: Medication Services				
SUBJECT: Agency Procedures for Accessing Medication Services				
Administrative Approval:		Date of Governing Board Action:		Page 7 of 8
		3/19/96		

3.4.4 Stimulant Side Effects Checklist (WMCMH Form #440): It shall be the responsibility of the staff nurse or designee to assure that this form is completed if requested by the prescriber for consumers receiving stimulant drug agents from WMCMH at least quarterly. If the prescriber chooses not to use this form, it will be the prescriber's responsibility to document in the medication review the results of the stimulant side effect review.

4. Prescriber/Staff Nurse Record Keeping Responsibilities: The prescriber or staff nurse shall document each medication review service. The physician shall review and sign this medication review note completed by the Nurse.
5. Prescriber Responsibilities for WMCMH Staff: It is prohibited for WMCMH prescribers (contract or directly hired) to provide treatment or prescription medication to employees, interns or contractors of WMCMH unless the employee, intern, or contractor is receiving services from WMCMH.

**VII. SUPPORTING DOCUMENTS:**

Appendix 2-10-2A: Consent for Medication Treatment (WMCMH Form #CR008) Paper document used when ECR access not available

Appendix 2-10-2B: Modified Abnormal Involuntary Movement Scale (WMCMH Form #CR035) Paper document used when ECR record not available

**WEST MICHIGAN COMMUNITY MENTAL HEALTH SYSTEM  
CONSENT FOR MEDICATION TREATMENT**

<b>NAME of PERSON SERVED:</b>	<b>CASE #:</b>
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I hereby grant consent for:  **myself**    **my child**    **my ward** to receive the following prescribed medication/medications under the supervision of West Michigan Community Mental Health System's physician and staff:

Name of Medication Prescribed	Average Range	Medication Instruction Sheet Provided/Offered	Discontinued Date
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	

I certify that the proper use and potential side effects of the above medication/medications have been explained to my satisfaction and that written material has been given to me explaining the proper use and potential side effects of the above medication/medications.

I acknowledge understanding that if the West Michigan Community Mental Health System's prescriber should change the medication(s), a new medication consent will be obtained.

I acknowledge understanding that it is the responsibility of the person served to attend all scheduled medication review appointments to enable the prescriber to evaluate the response of the person served to medication, and monitor for potential side effects.

I acknowledge that it is my responsibility to notify West Michigan Community Mental Health System and/or physician/prescriber of any suspected medication side effects.

I understand that I may revoke this consent at any time without prejudice to my further treatment.

This medication consent expires when the WCMHS prescriber discontinues medication, or one (1) year from the date it is signed.

The above information associated with prescribed medication(s) have been explained to me \_\_\_\_\_ by \_\_\_\_\_  
(Prescriber/Provider) . And a written summary of the most common adverse effect associated with the medication(s) has been provided.

\_\_\_\_\_  
Signature of Person Served or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
WCMHS Translator Signature (If applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
West Michigan CMH System Health Care Professional or Representative

\_\_\_\_\_  
Date

**WEST MICHIGAN COMMUNITY MENTAL HEALTH SYSTEM  
ABNORMAL INVOLUNTARY MOVEMENT SCALE (AIMS)**

**CUSTOMER NAME:** \_\_\_\_\_

**CASE #:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**INSTRUCTIONS**

- Complete examination procedure before making ratings.
- For movement ratings, rate highest severity observed.
- After completion, record results on AIMS Flowsheet.
- **0 = None 1 = Minimal, may be extreme normal 2 = Mild 3 = Moderate 4 = Severe**

**FACIAL AND ORAL MOVEMENTS**

(Circle one)

1. Muscles of facial expression, E. g. movements of forehead, eyebrows, periorbital area. Include frowning, blinking, grimacing of upper face.	0	1	2	3	4
2. Lips and perioral area. E.g. puckering, pouting, smacking	0	1	2	3	4
3. Jaw. E.g. biting, clenching, chewing, mouth opening, lateral movement.	0	1	2	3	4
4. Tongue. Rate only increase in movement both in and out of mouth, NOT inability to sustain movement.	0	1	2	3	4

**EXTREMITY MOVEMENTS**

5. Upper (arms, hands, wrists, fingers). Include choreic movements (rapid, objectively purposeless, irregular, spontaneous) and athetoid movements (slow, irregular, complex, serpentine). DO NOT include tremor (repetitive, regular, rhythmic)	0	1	2	3	4
6. Lower (legs, knees, ankles, toes). E.g., lateral toe movement, foot tapping, heel dropping, foot squirming, inversion and eversion of foot.	0	1	2	3	4

**TRUNK MOVEMENTS**

7. Neck, shoulders, hips. E.g., rocking, twisting, squirming, pelvic gyrations. Include diaphragmatic movements.	0	1	2	3	4
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**GLOBAL JUDGMENTS**

8. Severity of abnormal movements	None, normal	0
	Minimal	1
	Mild	2
Score based on highest single score On items 1 – 7 above.	Moderate	3
	Severe	4
9. Incapacitation due to abnormal movements.	None, normal	0
	Minimal	1
	Mild	2
	Moderate	3
	Severe	4
10. Patient's awareness of abnormal movements	No awareness	0
	Aware, no distress	1
	Aware, mild distress	2
	Aware, moderate distress	3
	Aware, severe distress	4

## DENTAL STATUS

11. Current problems with teeth and/or dentures.	No	0
	Yes	1
12. Does patient usually wear dentures?	No	0
	Yes	1

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date (OVER →)

WMCMHS FORM CR035\_Abnormal Involuntary Movement Scale-AIM doc 03/00

## HOW TO CONDUCT THE AIMS EXAMINATION

Either before or after the examination procedure, observe the patient unobtrusively, when the patient is at rest (for example, in the waiting room). The chair to be used in the examination should be a hard, firm chair without arms.

- Instruction 1: Ask the patient whether there is anything in his or her mouth (such as gum or candy), and if there is, to remove it.
- Instruction 2: Ask about the current condition of the patient's teeth. Ask if he or she wears dentures. Ask whether the dentures bother the patient or not.
- Instruction 3: Ask whether the patient notices any movements in his or her mouth, face, hands, or feet. If the answer is yes, ask the patient to describe the movements and to what extent they currently bother the patient or interfere with activities.
- Instruction 4: Have the patient sit on a chair with hands on knees, legs slightly apart, and feet flat on the floor. (Look at the entire body for movements while the patient is in this position.)
- Instruction 5: Ask the patient to sit with hands hanging unsupported – for male patient, hands hanging between his legs, and for a female patient wearing a dress, hands hanging over her knees. (Observe hands and other body areas.)
- Instruction 6: Ask the patient to open his or her mouth. (Observe the tongue at rest within the mouth.) Do this twice.
- Instruction 7: Ask the patient to protrude his or her tongue. (Observe abnormalities of tongue movement.) Do this twice.
- Instruction 8: Ask the patient to tap his or her thumb with each finger, as rapidly as possible for 10 to 15 seconds, first with the fingers of the right hand, and then with the left hand. (Observe facial and leg movements.)
- Instruction 9: Flex and extend patient's left and right arms, one at a time. (Note any rigidity.)
- Instruction 10: Ask the patient to stand up. (Observe the patient in profile. Observe all body areas again, hips included.)
- Instruction 11: Ask the patient to extend both arms out front, with palms down. (Observe trunk, legs, mouth.)
- Instruction 12: Have the patient walk a few paces, turn, and walk back to the chair. (Observe hands and gait.) Do this twice.

## CONVENTIONS FOR SCORING THE AIMS EXAMINATION

1. Score all involuntary hyperkinetic movements other than tremor (but including ticlike and dystonic movements) regardless of presumptive etiology. For example, score movements of Huntington's disease or Tourette's syndrome.
2. In scoring severity, consider the three dimensions of quality, frequency, and amplitude.
3. Do not follow the original AIMS instruction to subtract 1 point from movements seen only on activation. Instead score by considering the composite amplitude and frequency of movements that are qualitatively consistent with tardive dyskinesia.

4. Consider frequency in distinguishing tremor from choreiform movements. Parkinsonian tremor generally occurs at three to six cycles per second, while tardive dyskinesia movements are rarely faster than two per second.
5. Use a score of 1 (minimal, may be extreme of normal) when movements are of marginal quality, amplitude, or frequency.
6. Generally do not rate mirror movements, which are nonspecific. If it is unclear whether the movements seen are mirror movements, rate them 1.
7. On AIMS item 1, muscles of facial expression, rate only movements of the upper face (forehead and periorbital areas.)
8. In distinguishing lip from jaw movements:
  - a) Consider the cranial nerve responsible for the movement noted. Rate movements involving the lower distribution of the facial nerve (for example, puckering or smacking) as lip movements; rate movements brought about by the lower two-thirds of the trigeminal nerve (such as grinding or chewing) as jaw movements.
  - b) Do not rate lip movements if they are passive secondary to tongue or jaw movements. If both upper and lower lips move, the movements are not considered passive.
9. If necessary, rate movements with the patient's mouth closed, by observing movements in the larynx. As Lane and others propose, "A sufficient condition for giving tongue movement a score of three is if the tongue breaks the imaginary plane connecting upper and lower teeth."
10. Score toe tapping and other restless-extremity movements (other than tremor) if they appear to be involuntary rather than classical akathisia movements. If the voluntariness of such movements is uncertain, rate them 1 regardless of amplitude or frequency.
11. Note that severity can be assessed in two complementary ways: by the global severity score (item 8), which equals the highest single score in the seven body areas (items 1 through 7), and by the total severity score, which is the sum of items 1 through 7.