

**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				
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- 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:**

1. **Referral Process:** The referral for medication services shall be undertaken by the responsible care manager or by Service Entry Clinicians for psychiatric evaluation requests when available. Requests for consultation only from an outside provider shall be undertaken by Service Entry Clinicians.
 - 1.1 For psychiatric evaluations, the responsible care manager, Service Entry Clinician or therapist shall obtain authorization for the appropriate medication service(s) for the consumer by completing an Individual Plan of Services (IPOS), a Review of Progress and IPOS Addendums. This is not necessary for requests for consultation only.

The responsible care manager, therapist or Service Entry Clinician (if a consultation consumer) shall contact HST scheduling to schedule the initial psychiatric evaluation or consultation appointment time for the consumer to see a prescriber. After the psychiatric evaluation, additional medication reviews are scheduled at the end of each appointment, if indicated. Consultations are a one-time service and shall not provide continuation of care.

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- 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 the teams.)
- 1.3 The responsible care manager/therapist/SE Clinician (staff person) shall gather relevant background information (outside lab results, prior hospitalization records, primary/consulting physician reports, etc.) prior to the scheduled appointment. If the person is open to services (psychiatric evaluation), the staff person, or designated alternate, shall present all relevant information in the Health Services (HST) Staffing form within the consumer's EHR. The Staffing form is forwarded to the prescriber two days prior to the day of the consumer's appointment. HST staffing forms are not required for consultation only. However, a statement letter from the referring provider outlining the rationale for the consultation shall be requested from Service Entry in place of the HST staffing form.
- 1.4 Open Access Appointments (OAS): As determined by agency need and capacity, time frames may be 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/staff person 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 and capacity.

2. Staff Involvement:

- 2.1 The responsible care manager/staff person making the referral for medication services shall attend the first medication appointment. If the consumer is

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placed on medication and there are further medication reviews scheduled, the responsible care manager/staff person shall present all relevant information, in written form as referenced above, and may 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/staff person, 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 twice. If unsuccessful, the MA will be responsible for notifying the responsible care manager/staff person. The care manager/staff person will then be responsible for contacting the consumer regarding the missed appointment, medication needs and appointment rescheduling. Letters will be sent out for consumers who do not keep medication clinic appointments.
3. Record Keeping: The Health Services Team shall be responsible for completing the following when a consumer is receiving medication services:
 - 3.1 The staff nurse or prescriber shall obtain consent to medication intervention from the consumer, or his/her parent or guardian as applicable. This consent shall be evergreen. The HST 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 Medications 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

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may choose to refuse medication even if court ordered to do so. If this should occur, staff will implement the procedure in WMCMH policy 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 outpatient treatment order, the court shall be immediately notified by the responsible care manager/therapist. Please refer to policy 2-10-7 Medication Noncompliance.

- 3.14 Medications for consumers with intellectual or developmental disabilities (IDD) 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 and is part of the Individual Plan of Service. The medication consent and specialized behavioral consent must be signed by the legally appointed guardian, if applicable, 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 DHHS-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

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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. 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 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 DHHS-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 DHHS-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.

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- 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.
- 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/certified or registered medical assistant shall be indicated electronically on the script generated by the electronic prescribing system. When obtaining a "V.O/E.O," a Health Service Clinical Note 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/staff person shall enter observations about the effects of medication in the consumer's case record. Each time the consumer sees the agency prescriber or nurse for medication purposes, an entry to that effect shall be made on the prescriber/nurse'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. If a WMCMH prescriber is prescribing medications identified to potentially cause Tardive Dyskinesia, it shall be the responsibility of the Health Services Team to ensure that this documentation is completed for consumers at least once quarterly or more frequently if indicated. 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

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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 any HST staff member.

4. Prescriber/Staff Nurse Record Keeping Responsibilities: The prescriber or staff nurse shall document each medication review service. The prescriber 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:** N/A