



MACOMB COUNTY

COMMUNITY MENTAL HEALTH

Subject: Nursing	Procedure: Referring Individuals for Nursing Services	
Last Updated: 02/21/2022	Owner: Jeffrey Clark	Pages: 3

I. PURPOSE:

To provide operational guidance for MCCMH Direct Operated Clinic teams in utilizing nursing services. This procedure is meant to be a tool to guide supervisors, case managers and therapists, it is not meant for emergency use. If a person served reports an urgent health problem, a nurse should be consulted immediately. If a person is reporting a medical emergency (profuse bleeding, difficulty breathing, chest pain, etc.) 911 should be called immediately.

II. DEFINITIONS:

Clozapine REMS:

Risk Evaluation and Mitigation Strategy put into place by the Food and Drug Administration (FDA) for the use of the drug Clozapine.

Specialized Nursing Assessment (SNA):

An in-depth assessment of a person's medical history and body systems. The Specialized Nursing Assessment (SNA) document is located in the Electronic Medical Record (EMR) in the "Assessments" section. Like all interventions, a SNA must meet medical necessity criteria.

III. PROCEDURE:

A. During an intake provided during a person's served initial assessment at a MCCMH directly operated facility:

1. Follow the Electronic Medical Record's (EMR) generated prompts that suggest a nurse be consulted during the initial intake or during the collection of the National Outcome Measures (NOMs) data; and
2. Request that nursing schedule time with the person served.

B. Nursing should be contacted to schedule time or reach out to the person when the EMR does not flag the need to schedule with nursing, but the therapist completing the intake identifies that one or more of the following conditions are present:

1. Multiple medical comorbidities;
 2. Use of harmful substances or clinical suspicion of a potential risk of use or misuse;
 3. Elevated risk of danger to self or others;
 4. Need for education due to difficulty understanding health related needs; or
 5. Person served is prescribed medications that may be long acting injectables or require monitoring, such as Clozapine (also known as; Clozaril, FazaClo, Versacloz).
- C. Scheduled time with nursing, due to a person meeting one or more of the above criteria, allows nurses to:
1. Complete medication reconciliation (non-CMH medications in the EMR);
 2. Review medications that may be continued by psychiatrist, such as injectables;
 3. Complete Pharmacy face sheet or REMS registration, if needed; and
 4. Obtain pertinent history to determine if a Specialized Nursing Assessment (SNA) is needed or if it would meet medical necessity. (Note: CMS does not allow billing duplication of services.)
- D. If a person's history or current needs are not identified as needing a nurse, the person should be referred to a care manager or case management, and physician/licensed provider. If at any time a nursing need is identified by case manager, care manager, therapist, or physician/licensed provider, the nursing team can provide scheduled time as stated above.
- E. If a person is being seen by nursing for other services such as a long-acting injection or clozapine monitoring and observes a potential health risk or identifies a need for a Specialized Nursing Assessment (SNA), the nurse will speak with the primary case holder and assist in obtaining authorizations to complete the SNA.
- F. When nursing interacts with a person served, it is within their role to provide suggestions for objectives and interventions in the Individualized Plan of Service. Nurses will assist in the coordination of care (COC) and when COCs are returned by primary care or a specialist providing medical treatment, the nurse will ensure the medication list is updated in the Non-CMH Medication list in the FOCUS Consumer Medical Chart.

IV. REFERENCES:

None.

V. RELATED POLICIES:

MCCMH Policy 2-010, "Standards for Clinical Services Documentation"

MCCMH Policy 2-051, "Psychotropic Medication in Community-Based Settings"

MCCMH Policy 9-600, "Informed Consent for Service, Psychotropic Medication Informed Consent"

MCCMH Policy 10-200, "Service Planning and Review"

MCCMH Policy 10-065, "Injection Medication Procedures"

VI. EXHIBITS:

None.

Annual Review Attestation / Revision History:

Revision #:	Revision/Review Date:	Revision Summary:	Reviewer/Reviser:
1	2/21/2022	Creation of Procedure	
1	02/10/2023	Review	J Clark RN