
Chapter: **DIRECTLY-OPERATED PROGRAM MANAGEMENT**
Title: **INJECTABLE MEDICATION DOCUMENTATION AND PROCEDURES**

Prior Approval Date: 5/15/12
Current Approval Date: 7/21/15

Approved by: _____

Executive Director

Date

I. Abstract

This policy establishes the incorporation of the Macomb County Community Mental Health Board's Injectable Medication Documentation and Procedures into the MCCMH MCO Policy Manual.

II. Application

This policy shall apply to MCCMH administrative/management staff, independent contractors, and directly-operated providers of the MCCMH Board.

III. Policy

It is the policy of the MCCMH Board to incorporate by reference into the MCCMH MCO Policy Manual, MCCMH Injectable Medication Documentation and Procedures, and to distribute and train MCCMH directly-operated providers on the requirements of the document.

IV. Definitions

A. None.

V. Standards

A. Exhibit A, Injectable Medication Documentation and Procedures, shall be adhered to in order to deliver safe and timely injectable medication to consumers of the MCCMH Board.

VI. Procedures

- A. Procedures are contained in attached Exhibit A.

VII. References / Legal Authority

- A. None.

VIII. Exhibits

- A. MCCMH Injectable Medication Documentation and Procedures

Macomb County Community Mental Health Injectable Medication Documentation and Procedures

I. Pharmacy Communication

A. New Consumers

1. Notify Advanced Care of a **new consumer** by completing and faxing the Advanced Care Macomb County CMH Consumer Information form (Exhibit 1.0; also see Exhibit 1.5 for sample)
2. Account Clerk selects the clinic and enters the demographic and insurance information on the form then gives it to a nurse.
3. Nurse completes the allergies section and the next injection date.
4. Nurse checks if prescription was electronically sent to Advanced Care (in cases of power failure, system malfunction, etc.). If it wasn't, the nurse attaches a paper prescription to the Advanced Care form. Nurse gives the completed form and prescription, if applicable, to the clerk responsible for faxing the form to Advanced Care.
5. Clerk faxes the completed form to Advanced Care and enters a Chart Note into Focus as follows: Faxed initial Advanced Care Consumer Information form to Adv. Care on _____. *Example: Faxed initial Advanced Care Consumer Information form to Adv. Care on 02/02/2012.*
6. Clerk scans all of the faxed documents into Focus, verifies scanning was successful and then shreds the originals. If unable to complete the scan at the time of receipt, clerk stores unscanned documents in a separate location (such as a binder) until they can be scanned, verified and then shredded.

B. Current Consumers

Notify Advanced Care of any of the four (4) listed **changes** to consumer information:

1. Account Clerk completes the relevant portions of the Advanced Care Macomb County CMH Consumer Information form when the consumer:
 - has an **address change**
 - has **insurance change**
 - **transfers** to another MCCMH agency
2. Nurse completes the relevant portions of the Advanced Care Macomb County CMH Consumer Information form when:
 - a **new allergy** for the consumer is reported in Focus
3. Clerk faxes the completed form to Advanced Care and enters a Chart Note into Focus as follows: Faxed _____ update on Advanced Care Information form to Adv. Care on _____. *Example: Faxed insurance update on Advanced Care Information form to Adv. Care on 02/29/2012.*

C. Prescription Changes, Discontinuation Orders, Etc.

1. Doctors are responsible for notifying all prescription changes (e.g. new prescriptions, discontinuation orders, frequency changes, etc.) to Advanced Care and to the Treatment Team staff, as follows:
 - a. Advanced Care
The prescription order shall be transmitted electronically to the pharmacy utilizing the FOCUS "PRINT/E-Rx" link. (For example, for new prescription orders, hit "PRINT/E-Rx"; for discontinuation orders, hit "PRINT/E-Rx");
 - b. Treatment Team Staff
A printed copy of the prescription order sent to the pharmacy shall be given to the account clerks, to be forwarded to the involved nurses/clinicians. (See MCCMH MCO Policy 2-051, "Psychotropic Medication in Community-Based Settings," V.C. Medication Orders.)

D. Pharmacy Requests for Additional Information

1. When Advanced Care contacts the MCCMH Billing Department for additional information/documentation, the MCCMH Billing Department emails the Account Clerk and requests Focus Update, information, and/or documentation.
 - Most common requests and responses are: Insurance card is needed – Account Clerk scans a copy of the card and emails it to the MCCMH Billing Department.
 - Prior authorization from the insurance company is needed – Account Clerk scans a copy of the approved prior authorization and emails it to the MCCMH Billing Department.
 - Advanced Care finds insurance not reported on the Consumer Information form – Account Clerk verifies the insurance, updating Focus as applicable.

E. Capture Rx

The MCCMH Billing Department monitors **Capture Rx** (MCCMH Billed Program) enrollment for consumers receiving injectable medication.

F. Verification / Review of Weekly Scheduled Medication Delivery

1. **Weekly**, Advanced Care emails a **list** of all medications **scheduled** for **delivery** the following week to the MCCMH Billing Department.
2. The MCCMH Billing Department forwards these lists to the account clerks and nurses at each site via email.
3. Account clerks print a hard copy of the list and hands it to the involved nurses.
4. Lists need to be reviewed, updated, and returned to the MCCMH Billing Department as soon as possible, but no later than Tuesday morning of each week so that medication delivery can be on time and complete, as follows:

- a. Nurse verifies the consumer is still on the medication/dose listed.
 - b. Nurse enters the number of complete doses on hand onto the list.
 - c. Nurse adds any consumers who have injections scheduled but not on the list for delivery **and** do not have medication available for them in the medication room. Nurse then must investigate the reason that the medication was not on the list and addresses the issue accordingly.
 - d. Upon review completion, nurses give the updated list to account clerks who scan/email or fax them to the MCCMH Billing Department.
5. Based on the feedback received, the MCCMH Billing Department requests all needed changes/additions/deletions from Advanced Care and emails confirmation to the Account Clerk.

G. Urgent Situations

Urgent situations requiring expedited delivery of injectable medications from Advanced Care must be referred to the Manager of Nursing Services or the Medical Director.

H. Review Process for the billing of Injectable Medication

Advanced Care Provides **monthly reports** to the MCCMH Billing Department showing which consumers' medications were billed to MCCMH and which consumers' medications were billed to their insurance. These reports are forwarded to the account clerks for comparison to the billing events list as instructed in the Review Process for Injectable Medication rev. 02/12 (Exhibit 2.0).

II. Medication Processing and Record Keeping

A. Medication Receipt

1. All injectable medications, including those from Advanced Care, samples and PAP, must be logged in on the Injectable Medication Log (Exhibit 3.0; see also Exhibit 3.5 for sample.)
2. Clerk receiving the medication delivery signs invoice receipt and files in an assigned binder then immediately gives delivered medications to a nurse so that the medications can be logged and stored. In absence of a nurse, the clerk shall deliver the medications to any supervisor, who shall ensure proper and appropriate hand-over of the medication to a nurse.
3. Nurse enters every medication received on the Injectable Medication Log. There is one sheet for each medication regardless of strength (IE Consta, Haldol) which gives an 'at-a-glance' total of unopened vials/syringes in the clinic.
 - Complete one row per Lot #; enter number received under 'Received'.
 - Add the previous row's total to the number received and enter the Total.
 - Assure logs remain in the med room binders.
4. Nurse or Nurse Supervisor enters every medication received on the Consumer Dispensing Log form (Exhibit 4.0; also see Exhibit 4.5 for sample.) Each sheet has space for four (4) medication labels and should be used until full. Completed sheets

are given to clerical staff that scan the completed form into Focus, verify scanning was successful and then shred the original. If unable to complete scan at the time of completion/receipt, clerk stores unscanned documents in a separate location (such as a binder) until they can be scanned, verified and then shredded.

- Medications from Advanced Care - Place the label from Advance Care paperwork directly onto the Consumer Dispensing Log.
 - PAP medications do not have individual inventory labels, so enter the following legibly in the label section of the Consumer Dispensing Log.
 - (a.) Patient Name
 - (b.) Medication
 - (c.) Dosage
 - (d.) Lot number
 - (e.) Expiration date
 - (f.) "PAP medication"
 - Sample medications are not recorded on the Consumer Dispensing Log until dispensed.
5. Nurse initials, dates, and returns a copy of the invoices(s) received to the clerk immediately after logging the medications on the Injectable Medication Log (regardless of source) and Consumer Dispensing Log.
 6. Account Clerk enters a chart note in each consumers chart as follows: Received _____ medication(s) from _____ on _____ and places the invoice in the Medication Invoice binder. *Examples: Received Invega Sustena 256 mg from Advanced Care on 02/29/2012. OR Received Haldol from PAP on 02/29/2012.*

B. Medication Dispensing

1. When opening a new medication vial and/or syringe, the nurse enters the date opened on the vial/syringe and records action on the Injectable Medication Log, entering the # under 'Provided'. Subtract that number from the previous line total and enter the new line total.
2. Nurse documents dispensing of medication to consumer on the consumer's Consumer Dispensing Log and uses the label of the Consumer Dispensing Log to determine the source of drug and billing status to be selected in Focus.
 - a. If the Advanced Care label indicates 'MCCMH to bill,' select 'Stock bill 3rd party' and billable 'yes.'
 - b. If the Advanced Care label indicates 'Pharmacy has billed,' select 'Pharmacy' and billable 'no.'
 - c. If label section indicates it is a PAP medication being dispensed, select 'PAP' and billable 'no.'
 - d. If Sample Medication is being dispensed,

- (i) Check that there is a completed Consumer Dispensing Log for the medication exists. If one is needed, legibly enter the following in the label section of the Consumer Dispensing Log:
 - Patient name
 - Medication
 - Dosage
 - Lot number
 - Expiration date
 - "Sample Medication"
 - (ii) In Focus, select 'Samples' and billable 'no.'
 3. At the end of the appointment, nurse enters the consumer's next appointment(s) for nursing services into the Nursing Activity Schedule by entering the appointment(s) into the Focus Scheduler using Nursing Services as the staff, stating the service to be performed and blocking enough time to complete and document all services.

C. Disposing of Medication

1. Nurse enters the # under 'Disposed' on the Injectable Medication Log (Exhibit 3.0) whenever a medication vial and/or syringe is dropped, contaminated, etc. Subtract that number from the total on the previous line and enter the new total. Another Nurse, a Supervisor, or a doctor must witness the disposing of the medication and initial such on the Injectable Medication Log.

D. Returning of Medications

2. Injectable medications may only be utilized by the consumer they are prescribed for. When a consumer no longer requires an injectable medication as a result of a discontinue or change order; or when the injectable medication administration is delayed or rescheduled;
 - i. All remaining sealed injectable medications for that consumer must be returned to the pharmacy within one week. Proper documentation of the return must be maintained. The account clerk shall monitor for returns by reviewing the delivery list that the nurse provided to them as indicated in section II.A.5 of this policy. Pharmacy return sheet must be completed for medications being returned.
 - ii. All remaining private (including Medicare) insurances-paid unsealed multi-dose injectable medication vials for consumers must be disposed of properly (see MCCMH MCO Policy 2-051, "Psychotropic Medication in Community-Based Settings," V.E.) and logged on the Injectable Medication Log.
 - iii. All remaining MCCMH paid usable unsealed multi-dose injectable medications may be utilized for other consumers. The administering nurse must select 'Stock bill 3rd party' and indicate 'yes' on Billable in the consumer electronic record.
 - iv. PAP medications (sealed or not) may be utilized by other consumers when relinquished under the PAP Consumer Receipt of Medication Agreement.

(See MCCMH MCO Policy 2-051, "Psychotropic Medication in Community-Based Settings, Exhibit G.)

- v. In the event that a sealed injectable medication was not returned or is not returnable, the Billing Department must be notified immediately by the consumer-assigned nurse via email (the email must include the Rx number). The Billing Department will then communicate with the Pharmacy and advise the nurse on appropriate billing-related measures in collaboration with the Office of the Medical Director.
- vi. In order to be able to return any medication, the original packaging must remain unopened and not defaced (DO NOT WRITE ON THE PACKAGES).

III. Consumer Assistance

- A. Account Clerks assist consumers in applying for various assistance programs: PAP, Medicaid, and Part D Low Income Subsidy. The MCCMH Billing Department monitors this process and follows-up with Account Clerks if additional action is needed.

IV. Medication Processing

- A. Sample injectable medications may only be used for PMP General Fund consumers or consumers in the PAP application process.
- B. Nurses will only administer medication delivered by a pharmacy or MCCMH Health Care Professional.

EXHIBITS

- 1.0** Advanced Care Macomb County CMH Consumer Information Form
- 1.5** Advanced Care Macomb County CMH Consumer Information Form – Sample
- 2.0** Review Process for Injectable Medication
- 3.0** Injectable Medication Log
- 3.5** Injectable Medication Log – Sample
- 4.0** Consumer Dispensing Log
- 4.5** Consumer Dispensing Log – Sample

**PHARMACY SERVICES**

50680 Corporate Drive, Shelby Twp., MI 48315
Phone 586.323.8270
Fax 586.323.8273
Toll Free 1.866.323.8270

MACOMB COUNTY CMH CONSUMER INFORMATION

PLEASE CIRCLE CLINIC: NORTH SOUTHEAST SOUTHWEST SRS2 SRS5 ACT/EHS

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ PHONE: _____

SEX: _____ MALE _____ FEMALE CASE NUMBER: _____ DIAGNOSIS: _____

SS# or DRIVERS LICENSE/MICHIGAN ID: _____
(Needed for controlled substances)

PRESCRIPTION INSURANCE INFORMATION

PRESCRIPTION INSURANCE COMPANY _____
(Primary Insurance)

CONTRACT #: _____ GROUP _____

INSURED'S NAME (CARDHOLDER): _____

OTHER INSURANCE: _____

To be completed by Nurse:

ALLERGIES: _____ NEXT INJECTION DATE: _____

Faxed to Advanced Care by: _____ on _____ at _____.

Fax receipt confirmation attached and filed by: _____ on _____.

ALL INFORMATION WILL BE KEPT PERSONAL & CONFIDENTIAL

**PHARMACY SERVICES**

50680 Corporate Drive, Shelby Twp., MI 48315
Phone 586.323.8270
Fax 586.323.8273
Toll Free 1.866.323.8270

MACOMB COUNTY CMH CONSUMER INFORMATION

PLEASE CIRCLE CLINIC: NORTH SOUTHEAST SOUTHWEST SRS2 SRS5 ACT/EHS

NAME: Joe Consumer DATE OF BIRTH: 01/01/1950

ADDRESS: 123 Main Street CITY: Somewhere

STATE: MI ZIP: 55555 PHONE: 586-5554444

SEX: X MALE FEMALE CASE NUMBER: 12345 DIAGNOSIS: 295.70

SS# or DRIVERS LICENSE/MICHIGAN ID: 111-1111
(Needed for controlled substances)

PRESCRIPTION INSURANCE INFORMATION

PRESCRIPTION INSURANCE COMPANY: Molina Medicare Advantage
(Primary Insurance)

CONTRACT #: 123456789 GROUP # 12444AAA

INSURED'S NAME (CARDHOLDER): Joe Consumer

OTHER INSURANCE: N/A

To be completed by Nurse:

ALLERGIES: None NEXT INJECTION DATE: 03/01/2012

Faxed to Advanced Care by: A. Clerk on 02/20/2015 at 12:10 p.m.

Fax receipt confirmation attached and filed by: A. Clerk on 02/20/2015

ALL INFORMATION WILL BE KEPT PERSONAL & CONFIDENTIAL

**Macomb County Community Mental Health
Review Process for Injectable Medications**

Reports you need for this process:

1. 'Billed' and 'Unbilled' Reports from Advanced Care
2. Your billing events report(s)

The 'Unbilled' list from Advanced Care

- All of these injections should appear on an events list.
- If an injection is not on the events list, review Focus to see if the medication was given to the consumer and coded incorrectly. These medications should be coded as 'stock bill 3rd party.'
- Any medication received that was not provided should be researched to see if the consumer failed to keep an appointment. Any overages of medication should be identified and further shipments from Advanced Care delayed until these overages have been utilized.

The 'Billed' list from Advanced Care

- These injections should not appear on any events lists.
- If any of these injections appear on an events list, please have nurse review this against the packing slip as a coding error most likely occurred. These injections should all be coded in Focus as 'Pharmacy.'
- The nurse should promptly correct all coding errors.
- Any overages of medication should be identified and further shipments from Advanced Care delayed until these overages have been utilized.
- If injection was not given:
 - Was the medication discontinued?
 - Do you have medication in the med room that needs to be returned?
 - Do the nurses need to follow up because the consumer 'no showed?'

Event List Items not on Billed or Unbilled List from Advanced Care

- Compare every injection that is on the events lists that was not on either list from Advanced Care to verify it was on either of the prior month Advanced care lists. (For example, a medication may have been sent to you the last week of November and the injection was given to the consumer the first week of December...)
- If the medication does not appear on any Advanced Care shipment list, please review with the nurse where this medication came from. Any incident of unaccounted for medication must be reported to the Manager of Nursing.

INJECTABLE MEDICATION LOG (Received, Provided, Disposed, Total)

MEDICATION:

AGENCY:

[illegible]

This form is to be used only for unopened injectable medications vials and/or syringes.

1. Enter numbers only in: "R" Received, "P" Provided, "D" Disposed, and/or "T" Total.
2. When items are received (single or multi-dose), complete one row per Lot #, enter # under Received, and compute Total.
3. Total = Previous Row's Total + Received or - Provided/Disposed.
4. When vials and/ or syringes are opened (single or multi dose), enter # (ex: 1) as " Provided" and subtract it from TOTAL in Inventory sheet (must be attached to the same binder). In cases of disposal (ex: dropped, contaminated, etc.), enter # (ex: 1) supervisor, then call pharmacy for replacement.

MEDICATION: _____ Haldol _____

AGENCY: _____ FSE

[illegible]

This form is to be used only for unopened injectable medications vials and/or syringes.

1. Enter numbers only in: "R" Received, "P" Provided, "D" Disposed, and/or "T" Total.
 2. When items are received (single or multi-dose), complete one row per Lot #, enter # under Received, and compute Total.
 3. Total = Previous Row's Total + Received or - Provided/Disposed.
4. When vials and/or syringes are opened (single or multi dose), enter # (ex: 1) as "Provided" and subtract it from TOTAL in Inventory sheet (must be attached to the same binder). In cases of disposal (ex: dropped, contaminated, etc.), enter # (ex: 1) as "Disposed" and subtract it from TOTAL in Inventory sheet (must be attached to the same binder). In cases of replacement, then call pharmacy for replacement.

CONSUMER DISPENSING LOG

PLACE MEDICATION LABEL HERE

[illegible]

PLACE MEDICATION LABEL HERE

[illegible]

PLACE MEDICATION LABEL HERE

[illegible]

PLACE MEDICATION LABEL HERE

[illegible]

CONSUMER DISPENSING LOG

PLACE MEDICATION LABEL HERE

[illegible][illegible]

PLACEMENT MEDICATION LABEL HERE

[illegible][illegible]