MCCMH MCO Policy 2-051

(Combined MCCMH policies 2-07-010, 2-07-030 and 2-07-050)

Chapter: **CLINICAL PRACTICE**
Title: **PSYCHOTROPIC MEDICATION IN COMMUNITY-BASED SETTINGS**

Prior Approval Date: 6/1/11
Current Approval Date: 8/24/15

Approved by: _____ 08/24/15
Executive Director Date

I. Abstract

This policy establishes the standards for the use, storage/disposal, administration, and prescribing of psychotropic medications and medication monitoring/evaluation for consumers of the Macomb County Community Mental Health (MCCMH) Board.

II. Application

This policy shall apply to all community-based directly-operated and contract network providers of the MCCMH Board.

III. Policy

It is the policy of the MCCMH Board that:

A. Provider panel psychiatrists and other individuals who perform medication related activities for consumers of the MCCMH Board shall do so pursuant to the provisions of this policy;

B. Safe and appropriate standards and procedures shall be maintained for the use, storage/disposal, administration and prescription of consumer medications; and

C. Prescription and administration of medications shall be evaluated and monitored through a planned, systematic and criteria-based process to assure the appropriate, safe, and effective use of psychotropic medications by MCCMH consumers.

IV. Definitions

A. Psychotropic Medication

Any medication administered for the treatment or amelioration of disorders of thought, mood, or behavior.

B. Community-Based Settings
For the purposes of this policy, community-based settings means non-hospital settings.

C. Medication Use Evaluation
Process by which data is collected and assessed for the purpose of medication use evaluations under the oversight of the MCCMH Clinical Risk Management Committee (CRMC).

D. Medication Administration
The process of giving a physician-prescribed oral medication, injection, intravenous (IV) or topical medication treatment to a consumer.

E. Medication Review
A clinical service performed by duly licensed individuals with prescriptive privileges granted by the State for the purpose of evaluating and monitoring medications taken by the consumer, their side effects, and the need for continuing or changing the regimen, thereby resulting in a prescription order.

F. Physician
An individual licensed by the State to engage in the practice of medicine or osteopathic medicine and surgery under article 15 of the Public Health Code, 1978 PA 368, MCL 333.16101 to 333.18838. "Practice of Medicine" means the diagnosis, treatment prevention, cure or relieving of a human disease, ailment, defect, complaint, or other physical or mental condition, by attendance, advice, device, diagnostic test, or other means, offering, or undertaking, to do any of these acts.

G. Psychiatrist
An individual who is one or more of the following:

1. A physician who has completed a residency program in psychiatry approved by the accreditation council for graduate medical education or the American osteopathic association, or who has completed 12 months of psychiatric rotation and is enrolled in an approved residency program;

2. A psychiatrist employed by or under contract with the department of community health or a community mental health services program on March 28, 1996;

3. A physician who devotes a substantial portion of his or her time to the practice of psychiatry and is approved by the director of the department of community health, or his or her designee.

"Child and Adolescent Psychiatrist" means one or more of the following:

1. A physician who has completed a residency program in child and adolescent psychiatry approved by the accreditation council for graduate medical education or the American osteopathic association, or who has completed 12 months of child and adolescent psychiatric rotation and is enrolled in an approved residency program;

2. A psychiatrist employed by or under contract as a child and adolescent psychiatrist with the department of community health or a community mental health services program on March 28, 1996, who has education and clinical experience in the evaluation and treatment of children or adolescents with serious emotional disturbance;

3. A psychiatrist who has education and clinical experience in the evaluation and treatment of children or adolescents with serious emotional disturbance who is approved by the director of the department of community health, or his or her designee.

H. Nurse
An individual who is engaged in the practice of nursing. "Practice of Nursing" means the systematic application of substantial specialized knowledge and skill, derived from the biological, physical, and behavioral sciences, to the care, treatment, counsel, and health teaching of individuals who are experiencing changes in the normal health processes or who require assistance in the maintenance of health and the prevention or management of illness, injury, or disability. The scope of practice includes the teaching, direction, and supervision of less skilled personnel in the performance of delegated nursing activities.

V. Standards

A. General

1. Prior to the initial prescribing of psychotropic medications, there shall be a psychiatric evaluation (see MCCMH MCO Policy 2-015, "Psychiatric Evaluation") that documents:

   a. Identifying information;
   b. Description of the problem/chief complaint;
   c. The history of the illness and pertinent medical/substance abuse history;
   d. Past and current medication (medical, psychiatric, over-the-counter) and effectiveness, allergies, adverse drug reactions if known;
   e. Pertinent and relevant psychosocial information (personal/family history, substance use, abuse or dependence; occupational/ educational, legal, psychiatric);

f. Mental status examination (attitude/behavior/appearance, stream of mental activity, emotional reactions, mental trend and content of thought, sensorium, mental grasp and capacity, memory, insight and judgment);
g. The appropriate diagnosis according to the current APA Diagnostic and Statistical Manual;
h. Recommendations for management of each of the problems identified;
i. Recommendations for management and treatment of identified target signs and symptoms with appropriate medications; and
j. Prognosis and projected termination/discharge date.

2. When clinically indicated, baseline laboratory studies shall be obtained prior to the use of psychotropic medications, after considering the consumer's medical history, pharmacology of the proposed psychotropic medication, and anticipated duration of use. The MCCMH Medical Director may direct prescribing physicians to clarify the rationale of laboratory tests related to psychotropic medication. See Exhibit A, Laboratory Services Utilization Review Clarification Request form, as an example of a clarification request form that the MCCMH Medical Director may ask a prescribing physician to complete and return.

3. Before initiating a course of psychotropic drug treatment for a consumer, the prescriber or a licensed health professional acting under the delegated authority of the prescriber shall do both of the following:

   a. Explain the specific risks and most common adverse side effects associated with that drug, and

   b. Provide the individual with a written summary of those common adverse side effects.

4. Informed consent shall be obtained prior to ordering medication unless the medication is administered pursuant to a court order or the administration of the medication is necessary to prevent physical injury to the recipient or another. In the latter circumstance, consent shall be obtained as soon as possible post-administration of the medication, but such medication administration shall not exceed 48 hours. Absent informed consent, the duration of the use of psychotropic medications shall be as short as possible and at the lowest possible dosage that is therapeutically effective; the use of psychotropic medications shall be terminated as soon as there is little likelihood that the consumer will pose a risk of harm to himself, herself or others. Informed consent shall be obtained pursuant to MCCMH MCO Policy 9-601, "Informed Consent for Psychotropic Medications."

5. Ongoing training and education regarding medications shall be provided to appropriate clinical staff.

6. Consumers, or their parents or guardian, shall be actively involved in making decisions related to the use of medications.

7. Medication reviews by physicians shall be done at least once every quarter, or more often as specified in the individual plan of service and based on the consumer's clinical status. These reviews shall note the consumer's current psychotropic medications; medications prescribed by their PCP or specialists (including over-the-counter and herbal medications), current physical and mental state, response to medication using baseline target symptoms, side effects of medications (i.e. extrapyramidal symptoms, abnormal involuntary movements), use of multiple simultaneous medications, and rationale for continuing, changing, discontinuing, or adding medication. The necessity of a psychiatric evaluation shall be determined according to MCCMH MCO Policy 2-015, "Psychiatric Evaluation."

8. Medication reviews may be performed by other professionals who have prescription privileges in accordance with state law.

9. Consumers shall be prescribed the optimal effective dose of medication for as long as clinically indicated and documented in the clinical record.

10. A discussion of the dosage range of the medication that the physician plans to prescribe to treat the consumer's psychiatric disorder shall be documented, including the clinical rationale for doses in excess of current FDA approved usage limit. The MCCMH Medical Director may request clarification from physician providers of the rationale for prescribing a psychotropic medication when the cost or indication for such medication is in question. (See Exhibit B, Drug Utilization Review Clarification Request form, sample.)

11. When psychotropic medication(s) are prescribed for behavioral control, a behavior management plan shall be completed, approved by the Behavior Management Committee, and made a part of the treatment plan, in accordance with MCCMH MCO Policy 8-008, "Behavior Management Committee."

12. MCCMH shall ensure that only medication that is authorized in writing by a physician is given to a consumer upon his/her leave or discharge from the provider's program and that enough medication is made available to ensure the consumer has an adequate supply until he or she can become established with another provider, not to exceed thirty (30) days.

13. Psychotropic medication shall not be prescribed or administered to consumers as punishment, for the convenience of staff, or as a substitute for other appropriate treatment.

14. MCCMH shall routinely screen and assess individuals for substance use, abuse or dependence. Psychotropic medication shall not be withheld due to current substance use or abuse, where such medication is indicated.

15. Periodic reviews by the CRMC, or a subgroup thereof, shall evaluate and monitor the appropriate use of psychotropic medication by each network provider.

16. The administration and prescribing of the various classes of psychotropic medications shall conform to the standards of the medical community and all applicable local, state, and federal laws and regulations pertaining to medications and controlled substances.

17. Each provider shall record the administration of all medication in the consumer's clinical record.

18. Each provider shall meet its accrediting body's standards for medication use evaluations.

19. This policy shall be reviewed at least annually by the MCCMH Medical Director.

20. The practices and procedures for the ordering and administration of psychotropic medication to children and adolescents shall adhere to the guidelines set forth in Exhibit F, "Psychotropic Medication Guidelines - Children and Adolescents."

21. Chemotherapy may be administered to prevent physical harm or injury after signed documentation of the physician is placed in the consumer's clinical record, and when the actions of a consumer or other objective criteria clearly demonstrate to a physician that the consumer poses a risk of harm to himself, herself or others.

B. Medication Specific Standards

1. Neuroleptics

a. Prior to initiation of neuroleptic therapy and at least annually thereafter, the psychiatrist shall administer an abnormal involuntary movement scale (AIMS) to the consumer. (See Exhibit C, "Abnormal Involuntary Movement Scale." For MCCMH directly-operated and contract network providers who utilize the

FOCUS electronic medical record system, the AIMS worksheet can be accessed under Medication Review.)

b. At each medication review visit while the consumer is on neuroleptic therapy, the physician/nurse practitioner shall document the presence or absence of abnormal involuntary movements including extrapyramidal symptoms (akathisia, bradykinesia, rigidity, tremor, and dystonia).

c. For consumers presenting with symptoms of tardive dyskinesia (regardless of current medication), an AIMS worksheet shall be completed at least quarterly. If clinically indicated, consumers shall be referred for a neurology consultation.

d. Consumers receiving neuroleptic therapy shall be monitored for metabolic syndrome according to the guidelines set forth by the American Diabetes Association.

e. Clozapine

(1) Before initiating Clozapine therapy, the consumer's baseline target symptoms, physical examination (including weight), and lab work including CBC and differential, SMAC, LFTs and EKG, shall be obtained as indicated. The recipient's weight should be monitored quarterly. He/she shall have ruled out any disease or condition that will contraindicate use of clozapine.

(2) Clozapine monitoring and periodic outpatient white blood cell count monitoring shall be in accordance with current FDA standards. (See Exhibit D, Clozapine Monitoring Flow Sheet.)

(3) If a hospitalized consumer is to be discharged and continue to receive clozapine, the consumer shall be seen by a MCCMH physician prior to expiration of the discharge prescription to arrange for regimen continuation.

(4) Baseline target symptoms shall be assessed and documented at the initiation of therapy and should be reassessed periodically. Clozapine treatment may continue if the target symptoms continue to improve. However, if the target symptoms do not show any improvement in 3-6 months, the discontinuation of Clozapine should be considered.

(5) Termination of clozapine therapy is usually managed by gradual dosage reduction over a 1-2 week period. However, abrupt interruption or discontinuation may be required by medical condition such as severe leukopenia or agranulocytosis. Consumers must have regular WBC counts with differential for four weeks after discontinuation.

f. Risperdal Consta

(1) For PMP consumers, authorization must be obtained from the MCCMH Medical Director for a MCCMH psychiatrist to initiate Risperdal Consta or to continue its use in a consumer if started by a non-MCCMH physician. (See Exhibit E, Prior Authorization Request, example.)

2. Lithium

a. Prior to consumers being placed on lithium therapy, a pre-lithium work-up shall be performed.

b. Pre-lithium work-up includes:

(1) Medical history to assess cardiac, renal or thyroid function and previous untoward reactions to lithium

(2) Physical examination (including weight)

(3) Laboratory work

a) CBC with differential
b) BUN, Serum creatinine
c) Electrolytes
d) T_3, T_4, T_7, TSH
e) Urinalysis
f) EKG as determined by the physician
g) Pregnancy test (if applicable)

c. Generally, the therapeutic level for lithium is 0.5-1.5 meq./liter. The clinical presentation of the consumer should guide the physician in assessment of toxicity which may or may not correlate with serum levels. Lithium levels shall be obtained and thyroid and kidney function monitored at least annually, and whenever necessary.

3. Stimulants

   a. Prior to the prescription of psychostimulants for children, a comprehensive psychiatric evaluation shall be performed. See Exhibit F, "Psychotropic Medication Use in Children and Adolescents."

   b. Laboratory work-up shall be performed including CBC and differential, chemistry profile and EKG (as indicated).

   c. Baseline data shall include height, weight, blood pressure, and pulse, with periodic follow-up at the physician's discretion.

C. Medication Orders

1. Medications shall be prescribed by physicians only after a face-to-face contact with the consumer(s). Exceptions to face-to-face contact may be granted for short term treatment renewal (i.e., 30 days) at the discretion of the treating psychiatrist.

2. The amount of medication prescribed shall be appropriate to ensure that the consumer has an adequate supply (no more than a 31 day supply at one time). Medication orders must be reviewed and reordered at least every 90 days, or more frequently as specified by the ordering physician, or as required by state law.

3. Prescriptions shall contain the following:

   a. Legible hand-writing (if written);
   b. The name of the consumer;
   c. The date the prescription was written;
   d. The name of the medication, strength, form, and quantity to be dispensed by the pharmacy;
   e. Metric system references and the absence of leading decimal points;
   f. Approved abbreviations and symbols;
   g. Directions clearly indicating the quantity, frequency, and route of administration;
   h. Printed name of the prescribing physician;
   i. Signature of the prescribing physician;
   j. NPI number of the prescribing physician;
   k. DEA number as needed; and
   l. An indication of the number of refills.

4. Oral or telephone orders by the physician for medications shall be permitted only in emergency situations and shall be in compliance with the following requirements:

a. Received only by a designated person, e.g. a MCCMH nurse;

b. Read back word for word to ensure the designated person understands correctly;

c. Confirmed by the prescribing physician;

d. Immediately recorded as an oral or telephone order;

e. Countersigned by the prescribing physician on his/her next clinic day.

5. Controlled substances shall not be ordered on the same prescription blank as non-controlled substances.

6. Prescriptions are not valid for more than one year from the original date of the prescription.

7. With some exception, MCCMH provider psychiatrists generally should not prescribe "as needed" (prn) doses.

D. Medication Administration

1. All State regulations pertaining to the safe handling and dispensing of medications shall be followed. See Attachment A, "Procedural Guidelines for the Safe Handling, Storage and Disposal of Medications."

2. Medications shall be administered by or under the supervision of personnel who are qualified and trained, as ordered by an appropriately licensed physician or nurse practitioner.

3. Medication to be administered shall be verified with the prescribing physician's orders and properly prepared for administration.

4. Two means of consumer identification shall be used prior to medication administration, and each dose of medication properly recorded by the person administering the medication. Methods of identification may include but may not be limited to consumer knowledge of social security number, consumer knowledge of date of birth, a State identification card, a driver's license, an insurance/Medicaid card, or staff recognition of the consumer.

5. Injectable medication shall be administered as soon as possible after the dose has been prepared.

6. Injectable medication shall be administered by the individual who prepared the dose except where unit dose packaging is used.

7. Administration of all medications including controlled drugs shall be adequately documented in the consumer's clinical record in accordance with prescribed state laws.

8. There shall be documentation in the consumer's Plan of Service if he/she is in need of assistance in taking oral medication or has special dietary needs and restrictions associated with medication use. Regular evaluation of the need for assistance shall be documented in the consumer's file through periodic Plan of Service reviews.

9. All medication errors and adverse drug reactions must be immediately and properly reported to a physician and recorded in the consumer's clinical record.

10. The telephone number of the nearest Poison Control Center shall be visibly posted for use at all locations where medications are administered. The Poison Control Center telephone number shall also be placed on every phone at MCCMH service units and in the Administrative Office.

11. Universal precautions shall be employed when preparing and administering injectable medications.

12. After a multiple treatment medication vial has been punctured, it must be dated and initialed by a MCCMH provider panel nurse.

13. Medications may be administered to a consumer to prevent physical harm or injury under the following conditions:

    a. After signed documentation of the physician's rationale for ordering the medication is placed in the consumer's clinical record; and

    b. When the actions of the consumer or other objective criteria clearly demonstrate to a physician that the consumer poses a risk of harm to himself/herself or others and the physician documents such observation, but such medication administration shall not exceed 48 hours. Absent informed consent, the duration of the use of psychotropic medications shall be short as possible and at the lowest possible dosage that is therapeutically effective; the use of psychotropic medications shall be terminated as soon as there is little likelihood that the recipient will pose a risk of harm to himself, herself, or others.

14. The Standardized Medication Administration Schedule shall be adhered to, as found in MCCMH MCO Policy 2-017, "Abbreviations, Acronyms and Symbols Approved for Record Use," Exhibit A.

E. Storage / Disposal of Medication, Needles and Syringes

1. Each site where medications are stored shall develop and implement procedures that will make provisions for the following:

   a. Outdated or otherwise unusable medications, used needles and syringes disposed through a medical waste management system. Disposal of medication shall be documented and signed by the MCCMH provider panel nurse or designee and one witness;

   b. Designation of a properly controlled medication preparation area and locked storage cabinet or medication cart;

   c. Storage of medications under appropriate conditions to protect their integrity, stability and effectiveness; and

   d. An inventory logging procedure reflecting receipt and distribution (consumer specific), whereby medications are inventoried, labeled, and dispensed under the supervision of the MCCMH Provider panel psychiatrist for:

      (1) Injectable medications

         a) Ordered by the MCCMH provider panel psychiatrist through the Drug Wholesaler or contracted Pharmacy; or

         b) Ordered by the MCCMH provider panel psychiatrist through the pharmaceutical companies' Patient Assistance Programs (PAP) for qualifying consumers; and

      (2) Sample medications received from pharmaceutical company representatives, and

      (3) Medication received under PAP.

      Note: When medication is given to a consumer under a PAP, the MCCMH provider shall have the consumer sign a letter of receipt of medication on an annual basis. See example letter, Exhibit G.

2. For procedures associated with the safe storage and disposal of medications, see Attachment A, "Procedural Guidelines for the Safe Handling, Storage and Disposal of Medications."

F. All Medication-Related Incidents of network providers shall be reported pursuant to MCCMH MCO Policy 9-321, "Consumer Incident, Accident, Illness, Death, Or Arrest Report" and MCO Policy 2-052, "Medication-Related Incidents in Community-Based Settings."

G. Medication Use Evaluation

1. The MCCMH Clinical Risk Management Committee (CRMC) shall recommend and identify, for each provider, specific medication related issues on which to conduct a medication use evaluation. Medication use evaluations shall be conducted on an annual basis, or more often if needed, as directed by the MCCMH CRMC. These evaluations should be conducted using the guidelines outlined below.

2. Classes and categories of medications chosen for evaluation shall be selected from below:

   a. Medications that are prescribed most frequently.
   b. Medications that pose significant risk to consumers.
   c. Medications that have, in the past, shown problems associated with their use.
   d. Medications that have known interactions with other medications that significantly alter their toxicity or their pharmacologic effects.
   e. Medications that cost significantly more than other medications of comparable pharmacologic effect.

3. Data collection and organization shall address:

   a. Data source;
   b. Data collection method;
   c. Appropriateness of the sampling;
   d. Frequency of the data collection; and
   e. Process for comparing cumulative data with the threshold for evaluation.

4. Thresholds for evaluation shall be established to identify the level or point in the cumulative data which will require intensive evaluation to determine whether an actual problem or opportunity to improve exists.

5. Copies of the providers' medication use evaluations shall be sent to the MCCMH Medical Director for review by the CRMC. The summary reports of the findings shall be used to identify problem areas and develop corrective plans of action.

6. Monitoring may be conducted by the MCCMH CRMC to evaluate the effectiveness of the corrective plan of action and to identify opportunities for improvement.

7. The MCCMH CRMC shall monitor and make recommendations regarding providers' medication use evaluations, and any observable trends thereof, to the MCCMH Quality Council.

8. After the Medication Use Evaluation

   a. The provider shall forward the data obtained from the medication use evaluation to the MCCMH Medical Director, who shall present it to the CRMC for review.

   b. The MCCMH CRMC shall review the data, identify any problems, develop a recommendation, and send it to the provider.

   c. The provider shall review the recommendation and develop a plan of correction, if needed, and forward the proposed plan of correction to the MCCMH Medical Director for review by the CRMC.

   d. If the MCCMH CRMC approves the proposed plan of correction, CRMC shall so advise the provider, who will be responsible for implementing the plan.

9. Report to the MCCMH Quality Council

   a. The CRMC shall submit a written report to the Quality Council on findings regarding medication use evaluations and recommended plans of correction.

   b. The Quality Council, based on CRMC reports, shall make recommendations to the Executive Director related to the prescribing and administering of medication in ongoing efforts to continuously improve quality of care.

VI. Procedures

A. Procedures are contained in Attachment A, "Procedural Guidelines for Safe Handling, Storage and Disposal of Medications," which follows. These procedures are to be followed by all direct and contract providers who handle medications. Contracted providers who have their own forms and procedures that are acceptable to their accrediting bodies shall ensure that their procedures and forms follow the intent and content, and comply with the requirements, of this policy, including Attachment A.

VII. References / Legal Authority

A. MCL 333.7103

B. MCL 333.17001 etseq.

C. MCL 333.17201 etseq.

D. Michigan Department of Community Health (MDCH) Administrative Rules, R 330.7158; R 330.7205

E. Michigan Board of Pharmacy Administrative Rules, R 338.479b

F. MDCH Guidelines for Psychotropic Medication, 07-R-7158 / GL (1-29-94)

G. MCCMH MCO Policy 9-601, "Informed Consent for Psychotropic Medication"

H. MCCMH MCO Policy 2-015, "Psychiatric Evaluation"

I. MCCMH MCO Policy 2-052, "Medication-Related Incidents in Community-Based Settings"

J. MCCMH MCO Policy 8-008, "Behavior Management Committee"

K. MCO Policy 9-321, "Consumer Incident, Accident, Illness, Death, Or Arrest Report."

L. Commission on Accreditation of Rehabilitation Facilities (CARF) 2010 Standards Manual, §2.E., "Medication Use."

M. Reference: 1991 American Psychiatric Association Pharmacological Screening Criteria

N. Macomb County Community Mental Health Exposure Control Plan/ Bloodborne Infectious Diseases.

VIII. Exhibits

A. Laboratory Services Utilization Review Clarification Request form (example)

B. Drug Utilization Review Clarification Request form (example)

C. Abnormal Involuntary Movement Scale (AIMS), as adapted from the FOCUS electronic medical records system (10/07)

D. Clozaril Monitoring Frequency Flow Chart

E. Prior Authorization Request (example)

F. Psychotropic Medication Use in Children and Adolescents

G. Letter of Receipt of Medication under Patient Assistance Program (example)

MACOMB COUNTY COMMUNITY MENTAL HEALTH

LABORATORY SERVICES UTILIZATION REVIEW
CLARIFICATION REQUEST

Date: _____

To: _____ Program/Services Unit: _____

Consumer: _____ Case #: _____

RE: Laboratory Tests Ordered:

1. _____ Date: _____

2. _____ Date: _____

3. _____ Date: _____

In reviewing the above laboratory tests ordered for your patient, it has been determined that clarification is needed for their use.

PLEASE CLARIFY THE FOLLOWING: _____

_____

_____

_____

_____

_____

PHYSICIAN RESPONSE

Please PRINT clearly. You may write on back if needed.

_____

_____

_____

_____

_____

_____

_____
Physician Signature/Date

Please send your response by mail or fax to:

_____

Name of Medical Director, M.D.
22550 Hall Road
Clinton Township, MI 48036
Telephone: (586) 465-8323
Fax: (586) 465-8320

MACOMB COUNTY COMMUNITY MENTAL HEALTH

DRUG UTILIZATION REVIEW

CLARIFICATION REQUEST

Date: _____

To: _____ Program/Service Unit: _____

Patient Name: _____ Case # _____

RE: Medications Ordered:

1) _____ # _____

Directions: _____ RX Date: _____

2) _____ # _____

Directions: _____ RX Date: _____

3) _____ # _____

Directions: _____ RX Date: _____

In reviewing the above medications prescribed for your patient, clarification is requested regarding

☐ **Pharmacoeconomics** ☐ **Polypharmacotherapy** ☐ **Other**

PLEASE CLARIFY THE FOLLOWING:

_____

_____

_____

_____

PHYSICIAN RESPONSE

Please **PRINT** clearly. You may write on the back if needed.

_____

_____

_____

_____

_____

_____

_____

Physician Signature/Date

Pease send your response by_____mail or fax to: *(Name of Medical Director, credentials)*

22550 Hall Road
Clinton Twp, MI 48036
Tel: (586) 465-8323
Fax: (586) 465-8320

MCO 2-051, Exhibit B (3/06)

AIMS EXAMINATION PROCEDURE

Either before or after completing the examination procedure observe the patient unobtrusively at rest (i.e. in waitingroom). The chair to be used in this examination should be a hard, firm one without arms.

1. Ask the patient whether there is anything in mouth (i.e. gum, candy, etc.) and if there is, to remove it.
2. Ask patient about the current condition of his/her teeth. Ask if patient wears dentures. Do teeth or dentures bother patient now?
3. Ask whether patient notices any movements in mouth, face, hands, or feet. If yes, ask to describe and to what extent they currently bother patient or interfere with activities.
4. Have patient sit in chair with hands on knees, legs slightly apart and feet flat on floor. Look at entire body for movements while in this position.
5. Ask patient to sit with hands hanging unsupported. If male, between legs, if female and wearing a dress, hanging over knees. (Observe hands and other body areas.)
6. Ask patient to open mouth (observe tongue at rest within mouth). Do this twice.
7. Ask patient to protrude tongue (observe abnormalities of tongue movements). Do this twice.
8. Ask patient to tap thumb, with each finger, as rapidly as possible for 10-15 seconds, separately with right hand, then with left hand. (Observe facial and leg movements.)
9. Flex and extend patient's left and right arms (one at a time). (Note any rigidity and rate on DOTES.)
10. Ask patient to stand up. (Observe in profile. Observe all body areas again, hips included.)
11. Ask patient to extend both arms outstretched in front with palms down. (Observe trunk, legs, and mouth.)
12. Have patient walk a few paces, turn and walk back to chair. (Observe hands and gait.) Do this twice.

FACIAL AND ORAL MOVEMENTS

1. Muscles and Facial Expression
e.g. movements of forehead, eyebrows, periorbital area, cheeks; include frowning, blinking, smiling, grimacing
0 = None 1 = Minimal, may be extreme normal 2 = Mild 3 = Moderate 4 = Severe

Score: ☐

2. Lips and Perioral Area
e.g. puckering, pouting, smacking
0 = None 1 = Minimal, may be extreme normal 2 = Mild 3 = Moderate 4 = Severe

Score: ☐

3. Jaw
e.g. biting, clinching, chewing, mouth opening, lateral movement
0 = None 1 = Minimal, may be extreme normal 2 = Mild 3 = Moderate 4 = Severe

Score: ☐

4. Tongue
Rate only increase in movement both in and out of mouth, NOT inability to sustain movement
0 = None 1 = Minimal, may be extreme normal 2 = Mild 3 = Moderate 4 = Severe

Score: ☐

EXTREMITY MOVEMENTS

5. Upper (arms, wrists, hands, fingers)
Include choreic movements (i.e. rapid, objectively purposeless, irregular, spontaneous), athetoid movements (i.e. slow, irregular, complex, serpentine). Do not include tremor (i.e. repetitive, regular, rhythmic).
0 = None 1 = Minimal, may be extreme normal 2 = Mild 3 = Moderate 4 = Severe

Score: ☐

6. Lower (legs, knees, ankles, toes)
e.g. lateral knee movement, foot tapping, heel dropping, foot squirming, inversion and eversion of foot
0 = None 1 = Minimal, may be extreme normal 2 = Mild 3 = Moderate 4 = Severe

Score: ☐

TRUNK MOVEMENTS

7. Neck, shoulders, hips
e.g. rocking, twisting, squirming, pelvic gyrations
0 = None 1 = Minimal, may be extreme normal 2 = Mild 3 = Moderate 4 = Severe

Score: ☐

GLOBAL JUDGMENTS

8. Severity of abnormal movements
0 = None 1 = Minimal, may be extreme normal 2 = Mild 3 = Moderate 4 = Severe

Score: ☐

9. Incapacitation due to abnormal movements
0 = None 1 = Minimal, may be extreme normal 2 = Mild 3 = Moderate 4 = Severe

Score: ☐

10. Patient's awareness of abnormal movements
0 = None 1 = Minimal, may be extreme normal 2 = Mild 3 = Moderate 4 = Severe

Score: ☐

DENTAL STATUS

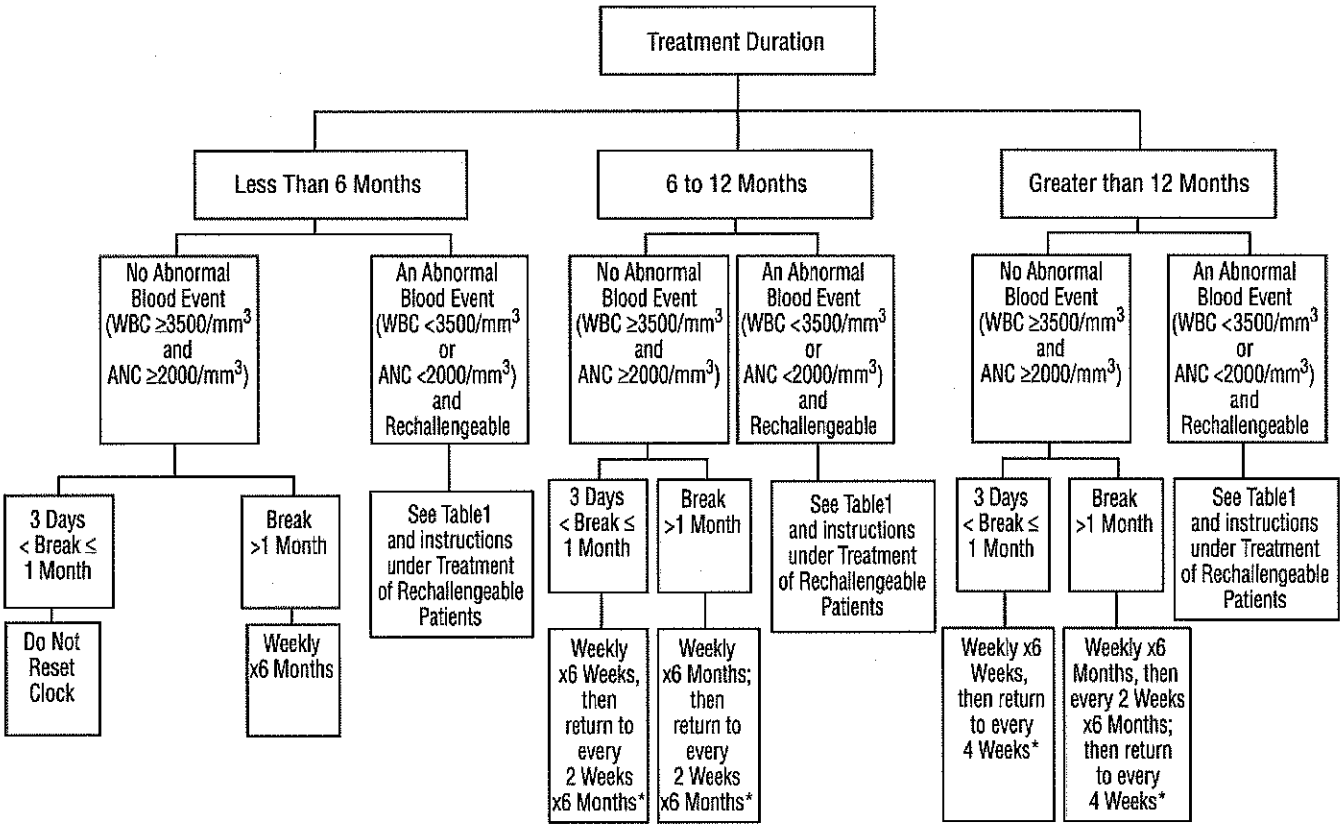
11. Current problems with teeth and/or dentures
Yes ☐ No ☐

12. Does patient usually wear dentures?
Yes ☐ No ☐

COMPLETED: Yes ☐ **No** ☐ **Score:** ☐
Completed - Yes: All questions have been answered
Completed - No: Some or all questions have not been answered

SIGNATURE / CREDENTIALS / DATE: _____

Figure 1. Resuming Monitoring Frequency after Interuption in Therapy.



*Transitions to reduce frequency of monitoring only permitted if all WBC ≥ 3500 and ANC ≥ 2000.

WEEKLY, EVERY OTHER WEEK (BI-WEEKLY) AND EVERY 4 WEEKS (MONTHLY) MONITORING AND ELIGIBILITY

On May 12, 2005, the Food and Drug Administration (FDA) approved changes to Clozaril labeling allowing certain qualified patients, under specific conditions to undergo monthly (every 4 weeks) monitoring. The revised labeling states that patients initiated on Clozaril must have a baseline White Blood Cell (WBC) count and baseline Absolute Neutrophil Count (ANC) before initiation of treatment. The WBC must be at least 3500/mm^3 and the ANC must be at least 2000/mm^3 for initiation of therapy. During the first 6 months of therapy, patient must be monitored on a weekly basis. If acceptable WBC and ANC values (WBC ≥ 3500/mm^3 and ANC ≥ 2000/mm^3) have been maintained during the first 6 months of continuous therapy, the frequency of monitoring WBC and ANC values may be reduced to every other week (biweekly). After 6 months of every other week monitoring without interruption due to leukopenia, the frequency of monitoring WBC and ANC may be reduced to every 4 weeks (monthly).

WBC and ANC values must continue to be monitored weekly for at least 4 weeks after the discontinuation of Clozapine regardless of monitoring frequency at the time of discontinuation.

Macomb County Community Mental Health
Prior Authorization Request
Phone: (586) 465-8323
Fax: (586) 465-8320

Instructions:
This form is to be used by designated MCCMH physicians to obtain coverage for a MCCMH non-formulary drug for which there is no suitable alternative available. Please complete this form and fax to Medical Director at (586) 465-8320, attaching copies of all prescriptions, current psychiatric evaluation and medication review if not available on FOCUS. If you have any questions regarding this process, please contact the office of the Medical Director (585) 465-8323.

Review Criteria:
The following criteria are used in reviewing medication requests:
1. The use of MCCMH Formulary Drug Products is contraindicated in the patient.
2. The patient has failed an appropriate trial of MCCMH Formulary or related agents.
3. The choices available in the MCCMH Drug Formulary are not suited for the present patient care need and the medication requested is required for patient safety.
4. The use of a MCCMH Formulary Drug Product may provoke an underlying medical condition (Axis III), which would be detrimental to patient care.

Medication Request Information (please complete each section of this form prior to transmittal):

Consumer Name:	Physician's Name:
Please check as applicable ☐ Medicaid client ☐Medicare client ☐ Other Insurance ☐ Indigent client	
Consumer ID #:	Physician NPI #:
Consumer DOB:	Physician Area Code and Telephone Number (required): ( )
Diagnosis: Axis I:	Physician Area Code and Fax Number (required): ( )
Axis II:	
Axis III:	
Medication Requested:	
Dose:	Dosage Form:(e.g. Oral, Injection)
Strength:	Length of Treatment **(be specific):**
Reason for Medication Request **(be specific, give detail):**	
Other Medications Tried and/or Failed (dose, dosage form, duration):	
Other Pertinent History:	
Physician Signature:	Date:
Received: ___/___/____ □ Approved	□ Not Approved
Comment:	
Medical Director:	Date:

MCO 2-051, Exhibit E (Rev. 12-17-07)

Psychotropic Medication Guidelines - Children and Adolescents

Title: Psychotropic Medication Use in Children and Adolescents

Goal:
To establish and maintain a process that promotes clinical best practices regarding the safe and effective use of psychotropic medications for children and adolescents.

Target Population:
Children and adolescents treated by MCCMH who are prescribed psychotropic medications.

Background:
The use of psychotropic medications for children and adolescents must appropriately incorporate the following 12 Principles. These principles are:

- Collaboration with the child and family,
- Consideration of functional outcomes,
- Collaboration with others,
- Accessibility,
- Utilization of best practice approaches,
- Consideration for the most appropriate setting,
- Adherence to timeliness,
- Services tailored to the child and family,
- Promote stability,
- Respect for the child and family's unique cultural heritage,
- Foster independence, and
- Connection to natural supports.

Recent additions of Black Box Warnings to prescribing information for numerous psychotropic medications have raised public concern about the potential risks and overuse of these medications in children, adolescents, and young adults. Specifically, medications used to treat depression and attention-deficit hyperactivity disorder in children have been the focus of negative attention in the press. The American Academy of Child and Adolescent Psychiatry (AACAP) has issued the following policy statement (September 20, 2001):

"Anecdotally the prescribing of multiple psychoactive medications in the pediatric population seems on the increase. Little data exists to support advantageous efficacy for drug combinations...keeping such use to clearly justifiable [clinical] circumstances."

These acknowledgments and public concerns must be recognized and used to guide clinical practice.

Clinicians must be fully aware of the wide variety of covered behavioral health services available in order to effectively provide comprehensive, individualized care. In some instances, psychotropic medications may not be the best choice to most effectively address the presenting concerns.

Procedures - Psychiatric Evaluations:
A comprehensive psychiatric evaluation of a child/youth should include a synthesis of the following, at a minimum:

1) Biological, psychological, social, environmental, spiritual, and personal factors influencing diagnosis and treatment;

2) Birth and developmental history;

3) Estimated intelligence and cognitive functioning;

4) Social and interpersonal skills;

5) Medical history and results of any physical examinations, laboratory, radiology, allergies, or other tests, if available; Include all current medications including those prescribed, over the counters (OTe), and/or herbal preparations;

6) Psychiatric history (including the prior use of psychiatric medications and the effects of those medications);

7) Education and special needs;

8) Safety in the community;

9) Family circumstances and social history;

10) Substance use;

11) Legal issues;

12) Mental status examination; and

13) Strengths.

Safe Prescribing Practices:
The use of psychotropic medication in children/youth must be monitored carefully to ensure safe and effective use of medications. The following practices should be considered:

1) Identify specific target symptoms to be addressed with the medication and howthese target symptoms will be monitored objectively.

2) Start with a low dose, and increase slowly.

3) Use the lowest effective dose to adequately treat the identified target symptoms.

4) Identify desired outcomes and track progress toward achieving outcomes, using the Functional Outcomes Measures and reporting format.

5) Clearly document the clinical rationale whenever intra-class and/or inter-class prescribing is utilized.

6) Taper ineffective medications slowly, unless adverse effects have been noted and more rapid discontinuation is indicated.

7) Make only one medication adjustment/change at a time whenever possible inorder to better track the effect of the medication change.

8) Do not be too quick to add/increase medications when requests are made bystaff or caregivers. Gather information to make a rational, objective decision. Again, if changes are made, make only one change at a time, identify target symptoms, and outline how the target symptoms will be monitored objectively.

9) Consider if a truly adequate trial has been attempted (adequate dose for an adequate time) before determining that a medication is ineffective. Ensure that treatment non-response is not attributable to other factors such as non adherence or co-occurring substance abuse.

    a. Once it is determined that a medication is not adequately effective, it should be discontinued in order to avoid polypharmacy concerns.

    b. Follow-up must be arranged following the decision to discontinue a medication. This may consist of telephone contact or a follow-up face-to-face appointment, depending on the particular circumstance. The follow-up plan must be documented and implemented.

10) Do not prescribe a medication simply because a specific medication is being requested. Television marketing and word-of-mouth can be extremely influential. Medications must always be prescribed in a thoughtful manner after considering necessary clinical information.

11) Medications known to have abuse potential, involve significant risks, or are associated with significant undesirable side effects must be carefully monitored and findings documented.

12) Before initiating the use of anti-psychotic medication the absence or presence of movement disorders must be assessed, documented, and then monitored on a regular basis.

13) Medications that have been shown to adversely affect hepatic, renal, endocrine, cardiac function, other bodily functions, or require serum level monitoring must be assessed via appropriate laboratory studies.

14) Consult with a knowledgeable and qualified Child and Adolescent Psychiatrist for a second opinion, if necessary. At a minimum, if the prescribing clinician is not a Child and Adolescent Psychiatrist or if the clinician who started the medications was not a Child and Adolescent Psychiatrist, a licensed Child and Adolescent Psychiatrist should review the following situations:

    a. Children under the age of three on psychotropic medications for more than 2 months: complete a chart review,

    b. Children less than the age of 12 years prescribed >3 (i.e., 4 or more) psychotropic medications for more than 3 months: complete a chart review, and

    c. Children less than the age of 12 years prescribed >4 (i.e., 5 or more)psychotropic medications for more than 3 months: complete a face-to face assessment.

15) Health parameters such as weight, height, and blood pressure must be collected as a part of a baseline assessment and, as appropriate, periodically monitored and recorded in the member's medical record.

16) Potential drug-drug interactions (including over-the-counter, herbal preparations, homeopathic remedies, etc.) and food-drug interactions should be considered.

17) Consider the impact of environment/psycho social influences on current clinical presentation. Abusive, chaotic, unstable environments Call greatly impact the observed impact of prescribed medications. Modifications to environment and addressing current stressors may be the most appropriate interventions.

MACOMB COUNTY COMMUNITY MENTAL HEALTH SERVICES

Patient Assistance Program (PAP)
Consumer Receipt of Medication

The Community Mental Health Staff will assist me in requesting a limited supply of the medication my Doctor prescribed from the drug manufacturer. When my Doctor changes my PAP medication, I agree to relinquish any remaining supply of medication that was obtained for me through the PAP.

If, in the future my Community Mental Health Physician determines that I require this medication, and I am unable to obtain it because of lack of insurance or financial resources, and I am actively enrolled in the PAP, the center will make every attempt to provide me with this medication.

_____ _____

Consumer's Signature **Date**

_____ _____

Witness' Signature **Date**

MCO Policy 2-051, "Psychotropic Medication in Community-Based Settings"
Attachment A

PROCEDURAL GUIDELINES FOR THE SAFE HANDLING, STORAGE AND DISPOSAL OF MEDICATION

I. Abstract

This Attachment establishes procedures for the safe handling, storage and disposal of medications and the documentation thereof, for consumers of the MCCMH Board.

II. Application

This Attachment shall apply to all directly-operated and contract network providers of the MCCMH Board who are involved in the handling of medications for consumers.

III. Purpose

The purpose of this Attachment is to provide procedural guidelines for medication monitoring that addresses:

A. Safe handling,
B. Safe storage,
C. Safe disposal; and
D. Documentation practices.

IV. Procedures

A. Safe Handling of Consumer Medications

1. Logging In Medication

a. All medication coming to the clinic (sample medication, injectable medication, medication supply for individual Patient Assistance Program (PAP) consumer) will be given to the nurses and/or doctors directly, locked in the medication room, or locked in the medication storage cabinet.

b. Key(s) should be kept by register nurses and program supervisor. Those staff will be accountable for securing medication room key(s) at the clinic site.

c. The medication room shall be locked at all times. Only authorized personnel (nurses, physicians and program supervisor) shall have access to the medication room.

d. Upon receiving the medication, all incoming medication will be logged on the Medication Log (See Exhibit 1.) The medication log will contain the following information:

1) Name of medication
2) Date logged in
3) Consumer case number

4) Medication strength
5) Quantity of medication
6) Medication expiration date
7) Medication lot number
8) Name of prescribing doctor
9) Name of nurse
10) Indication whether is PAP medication or Sample medication
11) Status of action (i.e. "R" received, "P" Provided or Distributed or "D" Disposal)

e. Medication from a PAP will be labeled with consumer's name.

2. Logging Out Medication

a. All medication will be logged out by a registered nurse or physician using the Medication Log. (See Exhibit 1.)

3. Checking for Medication Expiration Date

a. Assigned nursing staff shall check all medication monthly for expiration date, and be responsible for disposing all outdated medications in a timely manner according to the approved medication disposal procedure.

b. All medication will be initialed and dated upon opening the vial/bottle/box.

c. On a quarterly basis, MCCMH pharmacy consultant or nurse coordinator will conduct a medication room inspection to ensure compliance with this process and shall document findings on the Inspection Form (See Exhibit 2.)

4. Consumer Medication Distribution

a. All state and federal regulations pertaining to the handling and dispensing of the medication shall be followed:

1) Medication shall be administered as ordered by an appropriate licensed physician or nurse practitioner;

2) Medication shall be administered to the consumer only by or under the supervision of MCCMH credentialed personnel;

3) Administration of the medication should include checking the current medication order for:

(a) Name of the medication
(b) Dosage ordered
(c) Route to be given
(d) Frequency ordered
(e) Ask for at least two means of consumers identification prior to medication administration

b. Injectable medication shall be administered as soon as possible after the dose has been prepared, except where unit dose packaging is used.

c. Injectable medication shall be administered by the nurse who prepared the dose.

d. When an injectable medication is given, the registered nurse shall document it in the medication administration record.

e. Injectable medication shall be given in an area where consumer's privacy can be provided.

f. Injectable medications ordered by a physician may be administered in a MCCMH clinic or in the community, except for the consumer who has Medicare or is Medicaid/Medicare dually-enrolled, whose injection, to be billable, shall be administered in a MCCMH clinic with a physician on site.

g. Standard precaution shall be employed for preparing and administering the injection, to ensure use of:

1) Appropriate needles and syringes
2) Gloves
3) Alcohol swabs
4) Sharps disposal container with biohazard labeling

h. Administration of the medication shall be documented in each consumer's clinical record and shall contain the signature and title of each individual who administered the medication. Consumer's record will also indicate whether his/her medication is from the PAP or Stock medication.

i. Dispensing medications ordered from PAP or Sample Medication.

1) PAP medication

(a) The consumer's physician will write a prescription for the medication to be dispensed, including the name of the medication, dosage and direction, the quantity to be dispensed, and the number of refills.

(b) If the medication is in a multi-dose bottle, the nurse will count out the correct number of pills to be dispensed.

(c) The nurse or physician will label the medication with:

i) Clinic name
ii) Name of physician
iii) Name of consumer

iv) Expiration Date (one year from date dispensed or expiration date on the medication, whichever comes first).
v) Name and strength of medication
vi) Directions for use
vii) Quantity Dispensed
viii) Date dispensed

(d) When consumer no longer needs any PAP medication stocked at the clinic site and the consumer had signed the letter of receipt of medication (see Exhibit G to MCO Policy 2-051), the PAP medication could be used for other consumers.

2) Sample Medication

(a) Sample Medication will be dispensed per physician's order and labeled with direction for use of the medication and consumer's name.

(b) Sample Medication shall be dispensed in the original packaging.

3) A list of all consumer's current medication (including instructions of taking medication) shall be given to the consumer with medication.

4) Medication is dispensed in safety closure containers (child proof container), unless consumer consents to a non-child proof container.

5) Medication information will be provided for each new medication the consumer receives, and this information will be documented in the consumer's chart.

j. The Registered Nurse will have the consumer/parent/guardian initial the Medication Log (Exhibit 1) to indicate receipt of medication and instructions.

k. There shall be documentation in the consumer's plan of service if he/she is in need of assistance in taking oral medication or has special dietary needs and restrictions associated with medication use. Regular evaluation of the need for assistance shall be documented in the consumer's file through periodic plan of service reviews.

l. The telephone number of the nearest poison control center shall be visibly posted for use at all locations where medication is administered.

5. Inventory Control - Sample/PAP Medications

   a. Nurse documents receipt of all sample medications as received (batch by quarter).

   b. Nurse/Doctor maintain a Medication Log of each medication dispensed (Exhibit 1).

   c. Nurse conducts a quarterly audit of all sample medications on hand (all medications, all doses)

   d. Nurse/Doctor selects a random medication(s) and dose/doses for audit:

      1) [Number at last audit + number received] – number dispensed = number remaining

      2) When audit reveals greater than a 5% discrepancy, access and dispensing of sample medication will be reviewed

      3) Record of Audit will be maintained on file for at least 2 years.

6. Controlled Medication

   a. No staff, other than approved individuals (nurses, physicians and authorized case managers) shall handle, have access to, count, distribute or in any other way touch, and identify any of the controlled medication.

   b. All controlled medication will be logged in on the Consumer's Controlled Medication Inventory form on the same date that they are received. (See Exhibit 4.)

   c. All controlled medication will be stored under two locks in a designated area.

   d. All controlled medication, when being placed in the medication box for distribution, will be logged out on the Consumer's Controlled Medication Inventory form (Exhibit 4).

B. Storage of Consumer Medications Using Medication Boxes

This is a step-wise/progressive process in helping individuals to achieve self reliance for adherence to their own medication management.

STEP ONE:

1. Consumer's medication may be stored on the clinic premises on a time limited basis according to the written plan of service where the following criteria exist:

   a. The consumer has difficulty complying with oral medication regimen;

b. The I-Team determines clinical need to monitor the consumer's level of medication adherence;

c. The consumer is in agreement to having his/her meds stored at clinic site; and

d. Consumer is evaluated and it is determined he/she has difficulty complying with and or understanding his/her medication regimen.

2. Where the treatment team has determined that there is the need to hold and distribute the consumer's medication on an agreed upon schedule:

a. Consumer must agree to have clinic staff hold and distribute medication.

b. The registered nurse will assist the consumer in setting up the consumers' medication in med box pursuant to individual need.

c. The registered nurse will deliver the medication to the consumer (or a person designated as responsible for giving the medications to the consumer) on an agreed upon schedule.

d. At time of delivery, the staff will exchange "filled" med boxes for "empty" med boxes and make notation on the progress note for any discrepancies in medication adherence, changes in symptoms or side effects, etc. Staff will inform physician of all noted discrepancies.

e. Staff will obtain consumer's signature on the Medication Form to indicate receipt of the medication(s). (See Exhibit 3.)

f. A list of all current medications (including instructions of taking medication) will be provided to the consumer along with the med box.

STEP TWO:

1. When consumers medications are not stored on the clinic premises, a nurse will assist those consumers in setting up their own med boxes on a time limited basis according to the written plan of service. This applies where:

a. Medication adherence is questioned, but consumer has demonstrated ability to comply when med boxes are set up by nurse or set up by consumer and nurse together.

b. The consumer complies with medication regimen, but has requested some assistance on managing medication. Med box may be provided as an assisted device to prompt self-management of the medication.

2. Registered nurse will assist consumer in setting up med boxes by completing the following steps:

   a. The registered nurse will observe/assist consumer in reading the instructions and ensure complete comprehension of the instructions, identifying the appropriate medications, and setting them up in the med boxes.

   b. Provide health teaching for medication management to support consumer in managing and adhering to the prescribed regimen.

3. In addition to the above, registered nurse or other treatment team members will document in the record any of the following:

   a. When it is determined the consumer is not taking his/her medication or not taking it as prescribed, the staff member will record the amount and duration of this deviation in the progress notes and inform physician.

   b. Per physician's order, when a medication is withheld by the registered nurse for medical reasons, the registered nurse records this data in the progress notes. An ongoing monitoring of consumer's response to the change will be maintained and documented.

C. Safe Storage of Medication (General)

1. Only authorized personnel (nurses, physicians as authorized by the Medical Director) will have access to the medication storage area.

2. All medication shall be kept in the locked medication room or locked medication cabinets. Related items, such as syringes, needles, sharps containers, and latex gloves shall be kept in the same area, but separated from the medication.

3. All medication and supplies will be stored in appropriate conditions to protect their integrity, stability and effectiveness. The storage room will have adequate control of temperature, light, ventilation, and moisture. The refrigerator shall be cleaned and defrosted by assigned staff on monthly basis, and temperature shall be maintained at least 45 degree Fahrenheit and monitored by a thermometer.

4. Assigned nursing staff will monitor medication room or medication cabinets on a monthly rotation schedule to ensure adequate supplies are in stock. The supplies include, but are not limited to, sample medication, injectable medication and other medical supplies, such as gloves, syringes, and alcohol swabs, needles, etc.

5. Assigned nursing staff is responsible for placing orders and obtaining the injectable medication.

6. Assigned nursing staff will fill out a purchase requisition and submit to clerical staff to order appropriate medical supplies as needed.

7. The assigned staff is responsible for restocking the supplies.

D. Safe Disposal of Medication

1. All outdated or otherwise unusable medications shall be disposed through the approved Medical Waste Management System. Disposal of all medication shall be documented on the Medication Log (See Exhibit 1) and signed by a MCCMH registered nurse and one witness.

2. A secured designated area will be appointed to store all medical waste until pick up at each work site.

3. Disposed medication shall be placed in a container with biohazardous signs. Containers shall be provided by Medical Waste Management System.

4. The approved Medical Waste Management System picks up all medical waste on a quarterly schedule or as needed.

E. Safe Disposal of Needles / Syringes

1. After using a needle, discard the needle without recapping in the sharps container.

2. Sharps containers:

   a. Must be readily and easily accessible.
   b. Must not be overfilled (up to ¾ full only).
   c. Must be properly labeled or color coded as biohazard.
   d. Must be closed immediately prior to removal or replacement.
   e. Must be replaced after 90 days of starting use, or ¾ full.

3. Contaminated disposable needles shall not be bent, broken, or removed. Shearing or cutting the needles are also prohibited. When the disposal box is almost filled, seal the box and store it in a rigid cardboard container marked "Biohazard" until incinerated or picked up by a licensed vendor for proper disposal.

4. Safety self-sheathing needle and syringes are standard equipment for injectable medication administration, except unit dose packaging.

5. Secured sharp container units are placed in a rigid container with biohazard emblem to transport and dispose regulated medical waste.

6. Do not discard used or unused needles into trash receptacles.

7. In the event of a needle stick injury, the employee should:

   a. Immediately wash the wound vigorously with soap and running water.

   b. If desired, apply alcohol or hydrogen peroxide to the wound; and notify the supervisor of the incident as soon as possible.

c. Macomb County Bloodborne Pathogen Exposure Procedure shall be followed.

F. Exhibits

1. Medication Log (Sample)
2. Medication Room Inspection Form
3. Medication Form
4. Consumers' Controlled Medication Inventory Form

MEDICATION LOG (Received, Provided, Disposal)

Sample) Risperdal Consta 12.5/25/37.5/50mg injAgency_____

DATE	CASE#	STRENGTH	# PILLS vials / syringes	EXPIRES	LOT #	DOCTOR	NURSE	CONSUMER / PARENT / GUARDIAN INITIAL	PAP	SAMPLE	RECEIVED	PROVIDED	DISPOSED
12/10/09		25mg	10	060/5/11	Z1904572	House	Nightengale			X	X		
12/12/09	845-253	25mg	1	06/05/11	Z1904572	Goodwrench	Feelgood	J.C. (Joe Consumer)	X			X	

* This form is to be used for Sample, PAP, and Injectable medications provided to consumers.
1.Check: "**R**" Received, "**P**" Provided (Distributed), or "**D**" Disposal. Ensure Consumer/Parent/Guardian initials where indicated.
2.Once completed, this form is to be retained in a secure place.
3.Forward a copy of completed forms to the Office of the Medical Director on a quarterly basis.

MCO Policy 2-051, Attachment A, Exhibit 1 (Medication Log (REV: 05/08)

Medication Room Inspections
Location: _____

PRESCRIPTION MEDICATIONS
[Control, Accountability, and Security]

Policies / Procedures:	**Present:**
Clinic has policies and procedure which address the control for all medications (Samples & Industry Indigent Medications), needles and syringes. Note: Reporting and review of significant medication errors and adverse drug reactions applies to all medications prescribed, including samples. Clinics may be required to have a formulary. *JCAHO standards are the same for hospitals and free standing clinics.*	[ ] YES [ ] NO [ ] N/A
Obtaining sample medications:	
Authorization provided by physician(s) for nurses to receive and/or store and dispense sample and indigent medication.	[ ] YES [ ] NO [ ] N/A
Documentation of all sample medications received by the clinic (folder of receipts).	[ ] YES [ ] NO [ ] N/A
Medication storage/security:	
Adequate control of temperature, light, moisture, and ventilation.	[ ] YES [ ] NO [ ] N/A
Orderly storage, e.g. therapeutic class, alphabetize by medication.	[ ] YES [ ] NO [ ] N/A
Documented routine inspection of storage area.	[ ] YES [ ] NO [ ] N/A
All medications are within their expiration date.	[ ] YES [ ] NO [ ] N/A
Medical waste management contract for disposal of medications utilized.	[ ] YES [ ] NO [ ] N/A
Locked limited access to medications, syringes, needles.	[ ] YES [ ] NO [ ] N/A
List of **all** individuals with access.	[ ] YES [ ] NO [ ] N/A

Medication Room Inspections
(continued)

Appropriate labeling:			
Sample medications	[ ] YES	[ ] NO	[ ] N/A
Pharmaceutical Industry Indigent medications	[ ] YES	[ ] NO	[ ] N/A
Child proof containers available in dispensing area.	[ ] YES	[ ] NO	[ ] N/A
Documentation of dispensing:			
In Medical record	[ ] YES	[ ] NO	[ ] N/A
On the dispensing log	[ ] YES	[ ] NO	[ ] N/A
A drug recall mechanism established	[ ] YES	[ ] NO	[ ] N/A
Emergency Medications:			
In a locked container	[ ] YES	[ ] NO	[ ] N/A
Labeled with drugs, dosage range, and expiration date	[ ] YES	[ ] NO	[ ] N/A
Sign out sheet in container	[ ] YES	[ ] NO	[ ] N/A
Injectables (decanoates):			
Dated when opened	[ ] YES	[ ] NO	[ ] N/A
Licenses:			
Nursing (active license posted in drug room)	[ ] YES	[ ] NO	[ ] N/A
Drug Control License	[ ] YES	[ ] NO	[ ] N/A
Consumer Information Handouts available	[ ] YES	[ ] NO	[ ] N/A

Richard Berchou, Pharm. D. Date

_____ _____

MEDICATION FORM

CLIENT: _____ CASE # _____

WRITTEN INSTRUCTIONS

Date ordered:	Date ordered:

VISUAL INSTRUCTIONS

MEDICATIONS	AM	NOON	EVE	BED	MEDICATIONS	AM	NOON	EVE	BED

Date: _____

_____ Eyes on Taken: Yes: _____ No: _____
_____ IM Given: Yes: _____ No: _____
Given: _____
_____ Scheduled Box Exchange
Taken as prescribed: _____
Other: _____
_____

_____ Assessment of symptoms and/or side effects:
_____
_____

Comments: My med box is complete.
I understand my meds/med box and its use.

Signature: _____
(Client)
_____
(Staff)

Date: _____

_____ Eyes on Taken: Yes: _____ No: _____
_____ IM Given: Yes: _____ No: _____
Given: _____
_____ Scheduled Box Exchange
Taken as prescribed: _____
Other: _____
_____

_____ Assessment of symptoms and/or side effects:
_____
_____

Comments: My med box is complete.
I understand my meds/med box and its use.

Signature: _____
(Client)
_____
(Staff)

MCO Policy 2-051, Attachment A, Exhibit 3 (Medication Form - p. 1 of 3)

Date: ____________

__________ Eyes on Taken: Yes: _____ No: _____
__________ IM Given: Yes: _____ No: _____
Given: ____________________________
______________ Scheduled Box Exchange
Taken as prescribed: ________________________
Other: ______________________________
____

_______ Assessment of symptoms and/or side effects:
____
____

Comments: My med box is complete.
I understand my meds/med box and its use.

Signature: ______________________________
(Client)
____
(Staff)

Date: ____________

__________ Eyes on Taken: Yes: _____ No: _____
__________ IM Given: Yes: _____ No: _____
Given: ____________________________
______________ Scheduled Box Exchange
Taken as prescribed: ________________________
Other: ______________________________
____

_______ Assessment of symptoms and/or side effects:
____
____

Comments: My med box is complete.
I understand my meds/med box and its use.

Signature: ______________________________
(Client)
____
(Staff)

Date: ____________

__________ Eyes on Taken: Yes: _____ No: _____
__________ IM Given: Yes: _____ No: _____
Given: ____________________________
______________ Scheduled Box Exchange
Taken as prescribed: ________________________
Other: ______________________________
____

_______ Assessment of symptoms and/or side effects:
____
____

Comments: My med box is complete.
I understand my meds/med box and its use.

Signature: ______________________________
(Client)
____
(Staff)

Date: ____________

__________ Eyes on Taken: Yes: _____ No: _____
__________ IM Given: Yes: _____ No: _____
Given: ____________________________
______________ Scheduled Box Exchange
Taken as prescribed: ________________________
Other: ______________________________
____

_______ Assessment of symptoms and/or side effects:
____
____

Comments: My med box is complete.
I understand my meds/med box and its use.

Signature: ______________________________
(Client)
____
(Staff)

Date: ____________

__________ Eyes on Taken: Yes: _____ No: _____
__________ IM Given: Yes: _____ No: _____
Given: ____________________________
______________ Scheduled Box Exchange
Taken as prescribed: ________________________
Other: ______________________________
____

_______ Assessment of symptoms and/or side effects:
____
____

Comments: My med box is complete.
I understand my meds/med box and its use.

Signature: ______________________________
(Client)
____
(Staff)

Date: ____________

__________ Eyes on Taken: Yes: _____ No: _____
__________ IM Given: Yes: _____ No: _____
Given: ____________________________
______________ Scheduled Box Exchange
Taken as prescribed: ________________________
Other: ______________________________
____

_______ Assessment of symptoms and/or side effects:
____
____

Comments: My med box is complete.
I understand my meds/med box and its use.

Signature: ______________________________
(Client)
____
(Staff)

MCO Policy 2-051, Attachment A, Exhibit 3 (Medication Form - p. 2 of 3)

Instructions on how to fill out Medication Form (Exhibit 3)

Form contains the following information:

Consumer's Name / Case Number

Complete **Written Instructions** of all current consumer's medication orders prescribed by the MCCMH Psychiatrist. When changes occur on consumer's medication orders, the Registered Nurse will highlight the discontinued medication and write the new medication order on the same page below.

Under **Visual Instructions**, each medication will be listed under medication, and corresponding quantity number of pill(s) will be indicated under each time slot per prescription order.

Date of the contact will be documented under **Date**.

If a consumer took medication in front of staff or an IM medication was administered, the staff will indicate those actions on the form.

The amount of medication supplied to the consumer in the med box will be indicated under **Given** column.

Any medication related to non-adherence behavior, reported symptoms or side effects will be documented on the form during contact. Detailed documentation and medication administration record will be reflected in consumer's electronic records after the contact.

Consumer and staff both will sign the form and indicate Medication Box delivery and receipt.

MACOMB COUNTY COMMUNITY MENTAL HEALTH SERVICES

Consumer's Controlled Medication Inventory Form

Name:		Case #:	RN:		Dr: Agency:					
Pharmacy:		Phone #:		Fax #:						
Date	Medication	Dosage	Qty	Expiration	Rx#	In	Out	Bal	Disposed	RN Signature(s)

* Dispose : Two (2) Nurses signatures are needed for disposal of meds

1. Once completed, this form is to be retained in a secure place.
2. Forward a copy of completed forms to the Office of the Medical Director on a quarterly basis.

MCO Policy 2-051, Attachment A, Exhibit 4, Consumers' Controlled Medication Inventory Form (Rev 08/08)