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Approved By: Mohamad Khraizat	Title: Health Operations Manager
Signature: 	Date: 12-24-19

I. POLICY

It is the policy of the Arab Community Center for Economic and Social Services- Community Health and Research Center (ACCESS-CHRC) to ensure that psychotropic drugs are prescribed subject to signed written informed consent, by a qualified licensed provider and will be limited to the treatment of substantiated mental illnesses.

II. PURPOSE

The purpose of this policy is to ensure that psychotropic drugs shall be prescribed, dispensed, administered, and monitored in a safe manner under the direct supervision of a licensed provider in an authorized area within established standards of practice. The medical processes shall be carried out in compliance with State of Michigan rules and regulations to ensure proper client-patient care.

III. DEFINITIONS:

- A. Adverse Drug Reaction** - A detrimental response associated with the use of medication that is undesired, unintended or unexpected in recognized doses for prophylaxis, diagnosis or therapeutic treatment, excluding failure to accomplish the intended response.
- B. Drug Usage Evaluation** - An activity that entails measuring, assessing and improving the prescribing/ordering, preparing/dispensing, administering and monitoring of medications, as well as the patient education involved in pharmacotherapy.
- C. Informed Consent** - The knowing consent of an individual or his/her legally authorized representative, so situated as to be able to exercise free power of choice without undue inducement or any element of force, fraud, deceit, duress, or other form of constraint or coercion. The basic elements of information necessary to such consent include:
 - i. A description of any benefits reasonably to be expected;
A fair explanation of the purposes of the medication to be administered and/or procedures to be followed, including identification of any which are experimental;
 - ii. A description of any attending discomforts and risks reasonably to be expected;
 - iii. A disclosure of any appropriate alternative medications that might be advantageous for the recipient;
 - iv. An offer to answer any inquiries concerning the medication or procedure;

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v. An instruction that the recipient is free to withdraw his/her consent and to discontinue participation without prejudice to the recipient.

- D. Medication** - Any substance, other than food or devices, intended for use in diagnosis, curing, mitigating, treating or preventing disease.
- E. Medication Error** - Any preventable event that has caused or may lead to inappropriate medication use or patient harm while the medication is in the control of a health care professional, patient, or consumer. Such events may be related to professional practice as well as health care products, procedures and/or systems including packaging, nomenclature, compounding, dispensing, distribution, administration, education, monitoring and use.
- F. Psychiatric Evaluation** - Assessment includes a general medical and psychiatric history and a mental status examination, known diagnoses, previous treatments, including drugs and hospitalizations, medical history, known disorders and chronic conditions, new-onset physical symptoms, current drugs and treatments, social, educational, marital, employment history, legal history. It addresses legal arrangements, behaviors in dealing with issues in the above life areas, use of alcohol and drugs, over-the-counter medications, use of medication by women of childbearing age, during pregnancy, special dietary restrictions, comorbidity, with focus on diabetes, potential of harm to self and others.
- G. Provider** - A licensed (and possibly certified) medical doctor educated and trained in medicine with specialized training in psychiatry.
- H. Psychotropic Drug** - Any medication administered for the treatment of disorders of mood, thought, or behavior.
- I. Supervision** - The overseeing of or participation in the work of another individual by a licensed health professional in circumstances where at least all of the following conditions exist:
- i. The continuous availability of direct communication in person or by telephone, or telecommunication between the supervised individual and a licensed health professional,
 - ii. The availability of a licensed health professional on a regularly scheduled basis to review the practice of the supervised individual(s), to provide consultation to the supervised individual(s), to review records, and to further educate the supervised individual(s) in the performance of the individual's functions, and
 - iii. The provision by the licensed supervising health professional of pre-determined procedures and drug protocol.
- J. Verbal Order** - Orders taken from a physician, given verbally or by phone to personnel that are authorized to accept the order, by medical staff policies and procedures, consistent

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with federal and state law, signed or initialed by the prescribing practitioner as soon as possible and used infrequently.

IV. PROCEDURES

- A. Psychotropic drugs shall be prescribed, dispensed, administered, and monitored as set forth in this Policy.
- B. Psychotropic drugs shall be prescribed by a licensed physician with documented education, training, and clinical experience in their use.
- C. Psychotropic drugs shall be prescribed pursuant to a current mental status examination.
- D. Psychotropic medication shall be locked in a secure cabinet in a secure room accessible only to authorized personnel.
- E. Psychotropic drugs shall be administered pursuant to a signed written informed consent specific to the pharmacological agent being administered. It is the responsibility of the prescribing provider to ensure written informed consent is obtained.
- F. Before initiating a course of psychotropic drug treatment, the prescriber or a licensed health professional acting under the delegated authority of the prescriber:
 - a. Shall provide and document the training and education to personnel and to clients and/or family members or others who will assist in the care of the client
 - i. At orientation and
 - ii. Annually
 - b. Explain the
 - i. Purpose and benefits associated with the medication
 - ii. Proper way to administer the medication.
 - iii. Specific risks and the most common adverse side effects that have been associated with the drug.
 - iv. Steps to take for missed doses.
 - v. Potential implications of diet and exercise when using medications
 - vi. Risks associated with medication use during pregnancy
 - vii. The importance of taking medications as prescribed, including, when applicable, the identification of potential obstacles to adherence.
 - viii. The need for laboratory studies, tests, or other monitoring procedures.

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- ix. Early signs that medication efficacy is diminishing.
 - x. Signs of nonadherence to medication prescriptions.
 - xi. Potential drug reactions when combining prescription and nonprescription medications.
 - xii. Instructions on self-administration, when applicable.
 - xiii. The expected course of use of medication, including discontinuation.
 - xiv. The availability of financial supports and resources to assist the persons served to obtain needed medications.
 - xv. What to do in the event there is a question or concern about a medication the person served is taking or has been prescribed.
 - xvi. Contraindications of the prescribed medications and alcohol consumption prescribed psychotropic drugs shall not be administered to a recipient unless the recipient consents or unless administration of the drug is necessary to prevent physical harm or injury to the recipient or others.
- c. Prescribed medications shall only be given to adult clients or to the guardians of minor clients regardless of any signed authorizations to do so.
 - d. Prescribed psychotropic drugs may be administered to a recipient pursuant to a court order.
 - e. The medication use conforms to federal standards and the standards of the medical community.
 - f. The administration of all medication must be documented at the time it is dispensed in the recipient's clinical record.
 - g. Psychotropic medication will not be used as a punishment, for the convenience of staff, or as a substitute for other appropriate treatment.
 - h. Medication effects of psychotropic drugs shall be monitored, reviewed, and appropriately adjusted as necessary, within 30 days of the original prescription and at least every 90 days thereafter.

G. Sample Medications will be addressed as follows:

- a. A Sample Medication Inventory of each medication should be kept and checked monthly by medical staff.
- b. A listing of normally stocked medications should be kept by medical staff.
- c. A Sample Medication Log should be kept in which dispensed medications, lot number, manufacturer, client, and date of dispensing are included.
- d. All verbal orders shall be dated and identified by the names of the individuals who gave the order and received the order. The verbal order shall be documented in the record. All orders shall be dated, timed and authenticated by the prescribing physician within a 48-hour time constraint.

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- e. Adverse drug reactions, medication errors and drug usage evaluations shall be monitored pursuant to an established performance improvement program
- f. Opened or expired medication will be properly discarded and disposed of in a proper manner.
- g. Medication errors must be reported to the funding source, contractor and subcontractor via incident reports.
- h. Adverse drug reactions and medication errors must be documented in the client's clinical record.
- i. No one other than the providers and medical assistants is allowed or authorized to dispense medications to clients. There is access to the provider for consultation 24 hours a day, 7 days a week. In the absence of the Medical Assistant, only the physician or the clinic staff can administer medication.
- j. Regardless of whether a release of information form is present, no medication will be given to anyone other than the client if the client is an adult (18 years or older). If the client is a minor (17 years or younger) then their medication can be only given to their guardians. For additional specification on handling the sample medication please review the Sample Medications Policy.

A. Primary Case Holder Responsibilities:

- a. The Therapist or Case Manager will ensure that the client's Individual Plan of Service (IPOS) is current before any Psychiatric Services Are provided. The IPOS is the prescription for any and all services provided by ACCESS CHRC employees and contractors.
- b. Coordination of Care has been properly conducted and Physical Health status, Lab Work and Medication lists are available in the client's chart prior to the referral being made for psychiatric services.
- c. Referral for Psychiatric Services is completed and provided to the Intake Specialists staff for scheduling the psychiatric appointments.

B. Intake Specialists Responsibilities:

- a. Contact the client to schedule the Psychiatric Evaluation appointment, which will be 1 hour for adults and 1:30 hours for children. Inform the client that they need to bring all their medications with them at the first appointment

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- b. A follow –up appointment is scheduled at the same time within 30 days from the original appointment.
- c. EMR Record is reviewed prior to the for the psychiatric appointment
 - i. The Mental Health Face Sheet is printed for each appointment
 - ii. Outdated documentation is communicated to the primary case holder for updates to be scheduled
- d. The day before the psychiatric appointment, confirmation calls are made and if the client is not available, it is expected that following a message left, another phone call attempt is made.
- e. Remind the client that they need to bring all their medications with them for all appointments.
- f. When client signs in for the appointment Check In staff will:
 - i. Ask client to verify demographic information and provide any updated ID and Insurance card.
 - ii. Contact the MA to begin the appointment process via phone or Skype
- g. Following the psychiatric appointment, a follow-up appointment will be scheduled for the clients as directed by the provider via the MH Face Sheet
- h. The Check Out Staff will ensure that before a client is scheduled, the psychiatric evaluation is on file and. If it is not, the next appointment scheduled will be for an update of the psychiatric evaluation.

C. Medical Assistant Responsibilities

- a. MA will call the client from the waiting room and verify the client's Name and DOB with the MH Face Sheet Provided.
- b. Vital signs will be taken for all psychiatric visits: temperature, blood pressure, height, weight, heart rate, and abdominal girth measurement.

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- c. Medications must be reviewed with client and updated in the EMR record
- d. Contact the Provider to inform client is ready via phone or Skype
- e. Walk Client to Provider's office for their appointment

D. Provider/PA Responsibilities:

- a. When Client is in the room, provider will verify the client's Name and DOB with the MH Face Sheet provided.
- b. A psychiatric evaluation will be completed at the first scheduled appointment for new clients and every 3 years for existing CMH clients if the IPOS is current and it includes the Psychiatric Services as interventions for the client.
- c. An MH Consent for Medication is completed and signed by the provider and consumer and/or guardian on an annual basis and with each medication change. It addresses:
 - i. The clients' understanding of the illness
 - ii. The verbal and written explanation and summary of the effects and intended use, risks, benefits, and side effects to the clients for every medication being prescribed.
 - iii. The responsibility of the client to inform the provider
 - a. If the medication is not effective, not helping with symptoms or there are any problems with the medication
 - b. If there is a change in the physical health
 - c. If the woman client is pregnant
 - iv. The consent is voluntary and that the client has a right to revoke the consent and stop the medication at any time.
- d. When controlled substances are prescribed, State laws will be followed regarding client' appointment schedules.

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- i. Clients who are on any controlled medications must be seen 1x a month by the provider, based on the providers discretion and stability of the client
- ii. If a client misses an appointment and is on any controlled medication, client will be scheduled as soon as possible
- iii. Providers will use Michigan's prescription monitoring program (MAPS) in order to track controlled substances, schedules 2-5 drugs
- e. Following the psychiatric appointment, the MH Face Sheet is provided to the client who will be scheduled for that appointment at the Checkout Desk.
- f. In order to prevent fraudulent activity, the prescription pads will always be locked unless in use by the provider, at which time they will be kept on the person.

E. Additional Medical Assistant Responsibilities

- a. Client temperature readings will be taken before any injections are given. If temperature readings are not normal, medication injection will not be given.
- b. All injection materials are to be properly disposed of in a "sharps container".
- c. No medication (refill or new) will be given to the client-patient without a valid prescription.
- d. Information regarding any diagnosis, treatment, or medication is not to ever be given to anyone if they are not listed on the HIPAA release form.
- e. Sample medication dispensation amounts will be based on availability. With low inventory (less than 90 days' worth), no more than a 2-week supply will be provided to each client.
- f. All medications will be taken care of in a responsible manner and placed in a secured cabinet in a secured room accessible only to authorized personnel.

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- g. Patient education sessions will be given to those mental health and psychiatric clients who have common co-morbidities (diabetes, hypertension, obesity, arthritis, sexually transmitted disease, infections, migraines, etc.). The clinicians will refer those clients to the medical assistants who will educate them at that time or make an appointment to do so at a later day and /or time.
- h. Code for individual services like patient education, injections and medications used, community support work, case supports coordination work, prescription refills (if no other service is performed).
- i. Cost Free drug applications will be submitted to pharmaceutical companies for those clients who are medically and financially needy. Records of the application and re- enrolment dates will be kept current.

F. No Show Policy for the Psychiatric Appointments

- a. Appointments are in great demand. ACCESS CHRC has established a No-Show Policy for the Psychiatric appointment in order to meet our patient demand for these services.
- b. It is the Client's Responsibility to notify the office at least 24-48 hours in advance of their scheduled appointment to reschedule or cancel so we may offer the time to another patient waiting to be seen.
- c. When a client missed the psychiatric appointment the Checkout Staff
 - i. Calls the client and reschedules them with the provider on their first availability
 - ii. Fills out medication refill forms as needed for the provider to send electronic prescription to the clients' pharmacy, to cover until the next available scheduled appointment
 - iii. Informs assigned staff of the newly scheduled appointment to ensure those are rescheduled as well
- d. When a patient misses two scheduled appointments without notifying the office, the next requested appointment will be stand by. *(This means no scheduled appointment time will be given and the patient will have to sit and wait for a provider to have an opening in their*

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schedule) Unfortunately, there is no guarantee client will be seen on that day; Client may have to return the next day until a provider has an opening in his/her schedule.

- e. Following the first two No Shows to the psychiatric appointments, the primary case holder will complete the Medication Request form, providing the prescribing provider with the details of planned case closure and referral to client's Primary Care Physician.
- f. Consumer's medication must be prescribed by an active ACCESS provider. Consumer must have attended a face to face appointment with current provider within the past 90 days.
- g. It is at the discretion of prescribing provider to refill a current prescription that has been reported "lost or stolen" by the consumer regardless of when the Rx was initially written. Once the medication request form has been approved or denied it will then be placed in the consumer record.
- h. If the medication request form was denied by prescribing provider, the case holder will notify consumer of denial and reason provided by provider. Consumer should be encouraged by case holder to schedule/attend next face to face appointment with their ACCESS provider for a Medication Review.
- i. It is also the responsibility of the client to ensure that the Treatment Plan is current on an annual basis as well as during the year with any changes to the Plan as requested by the client.
- j. By implementing this policy, we believe we honor patients who schedule/keep their appointments while accommodating everyone who needs to be seen more efficiently.

G. Client Transfers: No client will be transferred from one provider to another without the expressed approval of the providers and the treatment team, unless second opinion is requested by a consumer.

- a. It is the responsibility of the primary case holder to complete the EMR referral for provider transfer and document all the approving communications with the team before a client is transferred.

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- b. Once a client is transferred, the evaluation is reviewed, and the course of treatment will be resumed at the discretion of the new provider.

H. Client discharge: A client could be discharged for the following

- a. Threatening behavior displayed toward practice staff.
- b. "Doctor-shopping" to obtain prescriptions.
- c. Fraudulent behavior, with the case documented in the patient's medical record.

VI. QUALITY ASSURANCE / IMPROVEMENT

ACCESS Quality Assessment and Performance Improvement Program (QAPIP) must include measures for both monitoring of and for the continuous improvement in quality of the program or process described in this policy.

VII. COMPLIANCE WITH ALL APPLICABLE LAWS

ACCESS is bound by all applicable County, state and federal laws, rules, regulations and policies, all federal waiver requirements, state and County contractual requirements and administrative directives in effect at the time of the writing of this policy, or as amended.

VIII. LEGAL AUTHORITY AND REFERENCES

Michigan Mental Health Code, P.A. 258 of 1974, as amended, MCL 330.1718; MCL 330.1719

Michigan Administrative Code, R330.7158

Michigan Opioid Laws - Frequently Asked Questions PDF icon

Board of Pharmacy Administrative Rule 338.3162b PDF icon

Michigan Public Health Code

Michigan Public Health Code - Statute 333.7333a

IX. EXHIBITS

MH Face Sheet Provided
MH Consent for Medication
Medication Request Form