

ST. CLAIR COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

ADMINISTRATION PROCEDURE

Date Issued **11/22**

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CHAPTER Health / Medical		CHAPTER 04	SECTION 003	SUBJECT 0090
SECTION Residential and Day Programs		SUBJECT Medication Review/Psychiatric Evaluation Appointment Preparation		
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I. APPLICATION:

ST. CLAIR COUNTY CMH

- ☐ SCCCMH Board
- ☐ SCCCMH Providers and Subcontractors
- ☐ Direct-Operated Programs
- ☒ Community Agency Contractors
- ☒ Residential Programs
- ☒ Specialized Foster Care

II. PURPOSE STATEMENT:

St. Clair County Community Mental Health Authority (SCCCMHA) shall require that Residential Program Group Homes and Specialized AFC Homes provide a current copy of the home's Medication Administration Records (and provide at least one month of historical data, if available) at the time of all Medication Review appointments or Psychiatric Evaluation appointments performed by SCCCMHA providers so that medication adherence can be assessed. In addition, St. Clair County Community Mental Health Authority (SCCCMHA) shall require that lab tests or other medical testing ordered by SCCCMHA prescribers will be obtained no later than 2 weeks after the date the order is written, unless it is ordered to be done STAT or to be done within a specified timeframe, in order to assure the timely availability of medical test results to SCCCMHA prescribers.

III. DEFINITIONS:

- A. **Lab Test:** Any testing of the blood or body fluids or tissues performed to direct medical decision making.
- B. **Medical Testing:** May include, but is not limited to ECG, EEG, or Lab Tests performed to detect, diagnose, or monitor clinical status, diseases, disease processes, susceptibility, or to determine a course of treatment.
- C. **Medication Administration Record (MAR or eMAR):** A handwritten (MAR), form #0048, or electronic (eMAR) document used to facilitate documentation of each medication or treatment administered. A printed original MAR, electronic MAR (eMAR) provided by a pharmacy licensed to do so or AFC Resident Medication Record #BCAL-3267 may be used in place of SCCCMHA

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form #0048.

- D. Medication Review Appointment: Medication Review Appointments involve SCCCMHA prescribers evaluating and monitoring clinical status, medications, their effects, and the need for continuing or changing the medication regimen.
- E. Psychiatric Evaluation Appointment: A comprehensive evaluation, performed face-to-face by a psychiatrist, or nurse practitioner that investigates an individual's clinical status including the presenting problem, the history of the present illness, previous psychiatric, physical and medication history, relevant personal and family history, personal strengths and assets, and a mental status examination. This examination concludes with a written summary of positive findings, a bio-psychosocial formulation and diagnostic statement, an estimate of risk factors, initial treatment recommendations, estimate of length of time recommended services will be needed, and criteria for discharge.
- F. STAT: A common medical abbreviation meaning urgent or immediately.

IV. STANDARDS:

- A. Group Homes and Specialized AFC Homes shall provide a written copy of the current, and at least one month historical (if available), Medication Administration Record (MAR or eMAR), form #0048 at the time of the consumer's Medication Review or Psychiatric Evaluation appointments.
- B. Medical testing shall be prescribed by a doctor's order, or by individuals licensed to prescribe such testing in the State of Michigan (including Tele-psychiatry services).
- C. Medical testing shall be obtained no later than 2 weeks after the date the order is written, unless it is ordered to be done STAT or to be done within a specified timeframe.
- D. Testing for drug levels will be done in accordance with prescriber or lab instruction concerning the holding of medication doses prior to obtaining specimens for testing.

V. PROCEDURES:

A. Medication Administration Record (MAR/eMAR)

Group Home Supervisor/Designee/Specialized Foster Care Provider

1. Ensures a printed copy of the current MAR/eMAR and at least one month historical data (if available) is brought with the consumer to any Medication Review or Psychiatric Evaluation appointments and provided to the SCCCMHA prescriber at the time of the appointment.

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B. Medical Testing

Group Home Supervisor/Designee, Specialized Foster Care Provider

1. Ensures medical testing is obtained within 2 weeks of the order being written, unless it is ordered to be done “STAT” (urgently/immediately) or within a specified timeframe (i.e.: one week after starting a new medication, etc.).
2. Ensures medical testing that was ordered to be done “STAT” is obtained immediately/the same day that it is ordered.
3. Ensures medical testing ordered within a specified timeframe is obtained within that timeframe (i.e.: one week following the start of a new medication).
4. Ensures the specimen is obtained for drug levels prior to the dose of that medication being administered for the morning, and 12 hours from the last dose being administered, as per physician or lab personnel instruction.
5. Ensures that medication is provided, utilizing Standing Missed Medication Orders, if applicable, following the specimen being obtained.
6. Ensures the specimen is obtained the day prior to the appointment to receive the next injection, in the case of drug level testing for injectable medication.

VI. REFERENCES:

None

VII. EXHIBITS:

A. AFC Resident Medication Record #BCAL-3267

VIII. REVISION HISTORY:

Dates issued 11/19, 11/20, 11/21.

A.F.C. RESIDENT MEDICATION RECORD
Michigan Department of Licensing and Regulatory Affairs
Bureau of Community and Health Systems

Medication Name And Instructions For Use	Time Of Day	Resident Name: _____		Month: _____		Year: _____																										
		DAY OF THE MONTH																														
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Medication Name (Single Dose Only)	Time of Day	DAY OF THE MONTH																														
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Signature and Initials of Each Person Signing Initials Above																																
LARA is an equal opportunity employer/program.																	AUTHORITY: 1979 PA 218 COMPLETION: Mandatory. Family Home and Group Home Rule Requirements PENALTY: Violation of Rule R 400.1418 (4) (a) Family Rules, R 400.14312 (4) or R 400.15312 (4) Group Home Rules															