

Partners in Recovery

POLICY AND
STANDARDS

*Applicable Arizona Department of Health Services Behavioral Health Licensing Rule(s):
R9-20-201B.2.1 Process of providing medication services*

Policy Name: Communication of Medication Directives to Parties Involved in the Assistance with Self-Administration of Medications.

Policy Number: MED - 0005

H.M. Gilbert Jr., Executive Director, PIR

Date

Cross Reference(s)

None

Policy Statement

Partners in Recovery will communicate to providers and others involved in the assistance with self-administration of medications, medical staff directives, as described in the Magellan Provider Manual.

Purpose

To describe the process of communicating medical staff directives to providers and others involved in the assistance with self-administration of medications.

Scope

Partners in Recovery Direct Care Clinics (DCC).

Key Terms

Should the reader need to inquire as to the definition of a term used in this policy, Partners in Recovery Key Term Glossary can be found in the back of the Policy and Procedure Manual.

Standards

- I. When medications are prescribed for a consumer, the Behavioral Health Medical Practitioner (BHMP) shall review the instructions for taking medications with the consumer and obtain the consumer's informed consent to take the medication(s) in accordance with Magellan's Provider Manual, Section 3.11 General and Informed Consent.
- II. If the consumer receives assistance with the self-administration of medications from an individual or agency other than Partners in Recovery, the BHMP shall communicate the instructions for taking medications to the person or agency in a manner that can be easily understood.
 - A. Any person providing the consumer with assistance in the self-administration of medications shall be notified of changes to the consumer's prescribed medication orders utilizing the *Medication Flow Sheet* or the *Communication of Medical Staff Directives form*. Medication orders shall be provided in writing to an individual or agency in the following circumstances:
 1. The consumer resides in a residential program;
 2. The consumer resides in a Supervisory Care Home (SCH)/Assisted Living Facility or Board and Care Home (BCH);
 3. The consumer resides in a Halfway House/Transitional Living Agency; or
 4. The consumer receives assistance in the self-administration of medication from a family member, friend, or significant other.

- III. The *Communication of Medical Staff Directives form* shall only be completed by appropriate medical staff.
- A. Copies of the form are distributed as follows:
1. White copy: Given to the person/agency assisting the consumer with the assistance in the self-administration of medication;
 2. Yellow copy: Stored in the consumer's Medical Record; and
 3. Pink copy: Provided to the consumer.
- B. Medical staff may assign the responsibility of sending the *Communication of Medical Staff Directives form* to the appropriate individual(s) to an Office Assistant, Case Manager, Nurse or Clinical Liaison as needed.

Associated Partners in Recovery Direct Care Clinic Forms & Attachments

Communication of Medical Staff Directives

Medication Flow Sheet

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