**Medication Assistance Policies and Procedures**

Provider Name:

***Disclaimer:  The Division of Healthcare Financing has provided the following policies as an example.  Providers may use this example as a starting point to develop policies that are specific to their circumstances.  Providers are obligated to follow the policies that they adopt.***

***Provider, and if applicable provider staff, shall follow the policies and procedures outlined below. Provider shall present a copy to each participant and legally authorized representative at the beginning of services, and each time a policy or procedure changes. Policies and procedures shall be reviewed annually, and a copy shall be sent to the area Provider Support Specialist during the provider certification renewal process.***

**Compliance with Division of Healthcare Financing Training Requirements**

Provider shall ensure that all provider staff who assist with medications have attended Medication Assistance Training and have a current certificate on file.

**Medication Consent**

A Medication Consent Form shall be on file for participants who require medication assistance. Provider shall obtain a copy of the form from the participant’s case manager.

**Medication Storage**

Please describe how the medication will be stored in a manner that minimizes the risk of improper use or harm to individuals in the setting.

**Access to Medication Information**

Provider shall have immediate access to the participant’s current plan of care and other pertinent medical information. For each medication prescribed, provider shall request a copy of the information documents provided by the pharmacy from the parent, legally authorized representative, or participant.

**Medication Documentation**

Provider shall use a Medication Assistance Record (MAR) containing the components identified on the example on the Division’s website, to ensure all required documentation is present.

**Off-Site Medications**

In the event that Provider is requested to transfer medications to an outside party, Provider shall ensure that the outside party has a signed Medication Consent Form. Provider shall offer a copy of the participant’s MAR, the medication needed, medication information, and provider contact information. Provider shall obtain a signature from the outside party indicating they have received the medication and required information.

**PRN Protocol**

If an as needed (PRN) medication is needed, Provider shall follow the PRN protocol as listed in the participant’s IPC.  Provider shall document the PRN medication, observe for side effects, and complete a PRN usage report. If necessary follow up occurs outside of service provision, Provider shall notify the responsible party that face to face evaluation must be conducted. Provider shall send the PRN usage report to the parent, legally authorized representative, and case manager each month.

**Behavior Modifying Medications**

Provider shall follow the protocol identified in the participant’s positive behavior support plan to assess the need for behavior modifying PRN medication, and shall assist and monitor as outlined in the IPC. If medications or physician orders change, Provider shall notify the case manager. Provider shall document the events that led to the need for the medication, the date, time, dosage, and results of a face-to-face evaluation within one hour of giving the medication. Provider shall send a copy of the documentation to the participant’s parent, legally authorized representative, and case manager.

**Medication Error Incident Reporting**

In the event of a medication error (wrong medication, wrong dose or missed medication, wrong person, wrong route, wrong time)Provider shall contact the participant’s licensed medical professional, parent or legally authorized representative, poison control, emergency room, or pharmacy for instruction on how to respond. After assuring the participant’s health and safety, Provider shall complete and submit a critical incident report through the Division website within three (3) business days of the error and provide a copy of the incident report to the case manager and parent or legally authorized representative. Provider shall report non-critical medication incidents to the case manager and parent or legally authorized representative**.**

***Provider understands that updated policies and procedures shall be submitted to the area Provider Support Specialist during certification renewal. Provider shall provide a copy of these policies and procedures to each participant and legally authorized representative for whom services are provided. Provider has read, understands, and shall adhere to the above policies and procedures.***

Agency Name (if applicable):

Printed name/Title:

Signature:

Date: