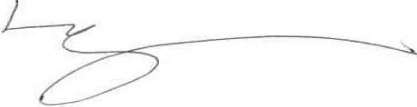


COMMUNITY MENTAL HEALTH OF OTTAWA COUNTY
INDIVIDUAL CARE TO CONSUMERS

CHAPTER: 4	SECTION: 23	SUBJECT: INDIVIDUAL CARE TO CONSUMERS
TITLE: PHARMACY AND THERAPEUTICS/MEDICATION COMMITTEE		
EFFECTIVE DATE: 6/1/88	REVISED/REVIEWED DATE: 12/15/95; 11/15/99; 9/25/02; 6/7/05; 03/14/08; 6/1/10; 5/21/12; 4/15/13, 4/28/14, 3/23/15, 5/17/16, 4/17/17, 6/18/18, 9/1/19, 5/14/20; 4/28/2021, 10/26/22, 8/1/2023, 11/14/23	
ISSUED AND APPROVED BY:  EXECUTIVE DIRECTOR		

I. PURPOSE:

To establish policy and procedure concerning the control, prescribing, monitoring, use and administration of medication, and to provide review of medication services to assure quality services are being provided in accordance with applicable standards within Community Mental Health of Ottawa County (CMHOC) and national standards of care.

II. APPLICATION:

To all CMHOC operated and contracted programs as specified by contract. This policy applies but is not limited to the following CMHOC programs: Assertive Community Treatment (ACT); Case Management/Supports Coordination for IDD adults, children, and adolescents; Case Management for MI adults; Outpatient Treatment for MI adults, children, and adolescents; Home Based Services for children and adolescents.

III. DEFINITIONS:

Medication Service: refers only to medication prescribed through CMHOC prescribers.

Prescriber: an MD, DO, NP, or PA who directs the selection, preparation, or administration of medication(s).

Psychotropic Medication: means any medication for the treatment or amelioration of disorders of thought, mood, or behavior.

IV. POLICY:

It is the policy of CMHOC that a Pharmacy and Therapeutics (P&T)/Medication Committee will be appointed and maintained to review the control, prescribing, monitoring, use, and administration of medications in Board operated programs and contract agencies.

V. PROCEDURE:

1. The P&T/Medication Committee shall be appointed by the Executive Director and at a minimum be responsible for the following:
 - a. Reviewing medication errors and significant medication errors.
 - b. Providing assistance to programs for the purpose of developing procedures for handling medication and reviewing these program procedures on a regular basis.
 - c. Assuring compliance with internal and external standards and policies.

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- d. Reviewing and suggesting needed revisions to CMHOC policy and procedure regarding medication.
2. The committee will also identify issues and make recommendations to management staff regarding medication treatment and staff training needs.
3. The committee shall be chaired by the CMHOC Medical Director, or another prescriber designated by him/her. Membership shall include an RN, a representative from the Recipient Rights office, a consulting pharmacist, and other staff as deemed appropriate by the committee and appointed by the Executive Director. Experience with individuals diagnosed with a developmental disability and/or mental illness shall be represented among the health care professionals.
4. As resources allow, the committee may provide consultation to CMHOC programs and contractors as requested and provide training to providers in the area of medication use.
5. A P&T/Medication Committee Manual shall be developed which provides specifications regarding responsibilities and activities of CMHOC prescribers and assures program procedures are developed to address medication use for applicable programs. The Manual will be consistent with applicable Michigan Department of Health and Human Services standards and applicable Medicaid standards and will provide guidelines for monitoring activities. The Manual will be reviewed at least every two years and revisions will be made as needed. The Manual must be approved by the Executive Director.
6. The P&T/Medication Committee will approve auditing standards for medication prescription, based on the recommendations of the consulting pharmacist. These will be forwarded to the appropriate prescriber for final evaluation and/or corrective measures. All prescribers will be educated in these auditing standards.
7. The committee will determine whether to review records based on type of medication, by program, by diagnosis, or by prescriber in order to assess trends and patterns agency wide. All categories may in fact be selected throughout the year.
8. The sample size for the yearly reviews will be selected to represent a minimum of 10% of the total number of CMHOC consumers receiving medication services on an annual basis.
9. The monthly review will consist of the following distinct phases:
 - a. The CMHOC Nursing staff will audit records for the presence of required paperwork and content based on the audit form approved by the committee.
 - b. The consulting pharmacist will conduct a Drug Regimen Review of a sampling of the records to look at individual drug usage and adverse side effects based on the review format approved by the committee. The purpose of this review is to improve where possible the drug therapy for each consumer. The outcomes of these reviews will be forwarded to the P&T/Medication Committee for discussion of future treatment decisions with individual prescribers.

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- c. A monthly Prescriber Peer Review will also be conducted on a small sampling of the pulled charts to review for compliance with approved Prescriber Peer Review audit standards. The P&T/Medication Committee Recorder will assign these cases on a rotating basis to prescribers. The outcomes of these reviews will be forwarded to the individual prescriber and Leadership Group for consideration in future treatment decisions.

- 10. The committee will monitor trends and patterns and will recommend improvements to the system where indicated.

- 11. Semi-annual reports will be prepared and presented by the P&T/Medication Committee to Leadership Group as a part of the QI department.

- 12. Medications may be administered only by a physician, PA, nurse, medical assistant or by direct-care staff in accordance with requirements outlined in the P&T/Medication Committee Manual Chapter XI Medication Administration, section title “Medication Administration by Unlicensed or Direct Care Staff.”

VI. ATTACHMENT:
Non-Applicable

VII. REFERENCE:
Michigan Department of Health and Human Services “Psychotropic Medication in Foster Care,” May 2015
CARF Behavioral Health Standards
Michigan Department of Health and Human Services
CMHOC P&T/Medication Committee Manual