2904.0 Health Supports for Residential Settings

2904.1 Policy Approval Clearance Record

☐ Rural Services Policy ☐ Mental Health Policy ☒ Developmental Services Policy	This policy supersedes: none	Number of pages in Policy: 20
Review by Representative from the Office of the Attorney General: yes	Date: various	Date Policy Effective: 1/1/12
Rural Services Director Approval Signature: *Barbara Legier*	Date: 9/14/11	Policy Lead: Barbara Legier

2904.2 Statement of Purpose

2904.2.1 **Policy Statement:** Each individual, residing in a supported living arrangement will receive standard and customary medical support services, in order to maintain the best possible health, and to ensure that each individual receiving support is aware of healthcare treatments, services and provider choices.

2904.2.2 **Purpose:** It is the purpose of this policy to provide clear guidelines for the provision of healthcare and medication support for individuals served by Rural Services in supported living arrangements (SLA).

2904.3 Authority

NRS 435
NRS 433.484
NAC 435.5
NAC 435.740
Div. Policy 1.4
RS Policy1905
RS Policy 1702

2904.4 Unique Definitions and Acronyms

Please refer to standard policy definitions.

2904.5 Procedures

2904.5.1 Routine Medical Care for Individuals in Supported Living Arrangements (SLA)

A. Each individual shall have access to one or more community health care providers, for both routine and emergency care, as available locally. This information will be readily available to DSIII's and Community Providers of Supported Living Arrangements (SLA), to ensure that each individual receives prompt medical treatment for illness or accident.

B. SLA providers will ensure that health care providers have adequate and pertinent information available at the time of an appointment or consult to assist in treatment decisions. This would include a list of all current medications, allergies, diagnosis, health history and other symptoms or conditions (i.e. dietary, behavioral etc.)

C. As agreed upon by the individual and as recommended by attending health care providers and/or Individual Support Plan Team (ISP), SLA providers shall schedule medical, dental, vision, nutrition, therapies, mental health and specialist appointments, as well as arrange transportation to those appointments in a timely manner. Providers will supply the physician with the Annual Physical Form, Attachment A, for annual physical examinations. Physician orders will be acted upon immediately. For

individuals who refuse to attend appointments or follow through with healthcare treatments, the provider must immediately notify the support plan team. The team, in consultation with the prescribing practitioner will determine if the refusal of service is placing the individual in danger. The team will notify the Community Services Director within 2 work days if the individual's refusal of treatment is contrary to the recommendation of the physician and could pose serious risk to the individual's health and welfare. The Community Services Director will immediately notify the Agency Director if the medical status of the individual poses a serious risk to the individual's health and welfare. Ultimately, the individual who does not have a guardian and does not meet the criteria for civil commitment is responsible for making decisions to seek or not seek medical treatment.

D. Each individual, regardless of whether or not they are receiving waiver services must have either a physical and/or nursing assessment every 365 days. For individuals not receiving waiver services the Community Services Director can make exceptions for the physical exam / nursing assessment requirement when no medical concerns are present and document this exception in the electronic record.. The determination of which type of assessment to be performed (physical by a physician or nursing assessment by an RN) will be based on the individual's current health status, whether or not a physical or nursing assessment was completed the prior year and health history. Individual and family history will be updated as needed with assistance from the SLA provider and presented to the attending physician/ RN at the time of the annual physical/and or Nursing Assessment. The SLA provider will submit a copy of the annual physical exam to the DS III within 48 hours of the appointment and the SLA provider will retain a copy in the individuals' file. The DS III is responsible for submitting timely referrals to the DS nurse for completion of nursing assessments and consults as required to comply with law and policy. Nursing Assessments will be completed and forwarded to the DS III who will file the original in the individual's record and send a copy to the SLA provider for inclusion into the individual's record.

E. Preventative health screenings will be completed upon physician/nursing recommendations, as well as recommendations from ISP team members reviewing risk factors.

F. Prior to each health care provider appointment, the SLA provider will complete the top portion of Medical Visit Form, Attachment B, with accurate and current information. The SLA provider will submit the completed Medical Visit Form to the DS III within 2 calendar days following the appointment and will retain a copy in the individuals' file. The SLA provider will ensure changes in physician orders and prescriptions are communicated to their own staff and the JDT provider within 2 calendar of notification.

G. SLA provider will ensure all physician orders/prescriptions are either faxed or delivered to the pharmacy immediately upon receipt and a copy will be maintained in the individuals' provider file. The individual's home and JDT record will also contain side-effect sheets for all medications currently prescribed to the individual as provided by the pharmacy. The SLA provider will ensure that all necessary filing is completed within 7 calendar days of the appointment and/or change(s) in treatment orders in conjunction with notifying the JDT provider of any changes to medication for the individual.

H. Individuals' immunization records will be part of the Rural Services permanent hard copy file and will be maintained in the individuals' provider file. In the event that records are not available, historical information from families/guardians will be used as guidelines for health care planning as available.

2904.5.2 Physician Orders

A. The DS III is responsible for obtaining written authorization for release of medical information to permit exchange of information between the doctor and all team members. Physician orders and data collection requirements will be incorporated into

the individual support plan. All physicians' orders shall be followed unless the individual, guardian, or team has expressed concerns with the treatment recommendation. Should this occur the team members, including the physician, will address and thoroughly document in ISP and DAP case notes.

B. In the absence of express and informed consent, a licensed and qualified physician may render emergency medical care or treatment to any individual who has been injured in an accident or who is suffering from an acute illness, disease, or condition, if within a reasonable degree of medical certainty, delay in the initiation of emergency medical care or treatment would endanger the health of the individual per NRS 433.484.

C. All physician orders for health care monitoring (i.e. a specific daily caloric intake plan with tracking of foods eaten Exp; [1800 ADA diet], blood pressure, glucose levels, seizure activity, etc.) require a habilitation plan and will have parameters for staff to follow set forth by the physician. This will be clearly documented in the habilitation plan with data collected as specified, to determine effectiveness. This data will be monitored by the provider and any irregularities in data will be reported to the DS III and support team to determine appropriate action.

D. Medications will be used only for the individual for whom it is prescribed. All routine and PRN medications will have a physician's order on file prior to the individual receiving the medication. SLA providers will be responsible to ensure that the physician's orders include the time parameters for taking the medication (i.e. 8 am, 12 pm, 8 pm, etc.) and whether a medication's original form may be altered (as applicable), prior to providing support or administering the medication. SLA Providers will have a policy outlining established routine scheduled times for A.M., BID, TID, QID, and H.S. No deviation from a physician's order is allowed without the expressed written consent of the physician. All individuals in ISLA, Host Home, and individuals in Intermittent SLA who require support with medication administration, will have standing orders from the physician for over the counter medications that are typically used (i.e. Pain relief such as Tylenol, Ibuprophen, Pepto Bismol, etc.) . Over the counter medications will be used only for the individual for whom it is prescribed and each individual must have their own over the counter medications. All standing orders will include the symptoms and parameter for use and will be submitted to the pharmacy. The parameters of use will outline specific targeted symptoms which will be included in the individual's health service habilitation/service plan.

E. Medications will be dispensed from original containers with minimal handling. The use of medication minders is prohibited unless filled per the NRS 454.213, "Dispensing of Dangerous Drugs" and Developmental Services Policy 1.4, which specifically outlines these requirements.

F. Provider staff **<u>will not</u>** administer or support an individual in taking medication or receiving healthcare treatments unless ordered by a physician. Providers must obtain Medical Clearance by the Provider of Health Care, Attachment C, prior to administering medications. For those individuals requiring medication administration by certified direct support Staff who have received clearance, the Authorization for Medication Administration by Certified Direct Support Staff, Attachment D, must be obtained and maintained in provider files and a copy forwarded upon receipt to the Developmental Services Specialist III.

2904.5.3 Medication Support

G. All individuals who receive SLA services (24 hour and Host Home) will be assessed using the Medication Administration Assessment Tool, Attachment E, to determine support needs <u>prior</u> to receiving services or supports ensure that the proper level of support is available and in place. Any exceptions must be due to an emergent need, preapproved by a DAP progress note by the Community Services Director with a plan to

complete the Medication Administration assessment within 30 days of admission. The ISP team will review the assessment at least annually and determine if an update is warranted based on the individual's changing condition or status.

H. Only staff currently certified in Medication Administration from a DS approved program will be authorized to administer medications per NAC 435.675.

I. Individuals receiving daily medication will always have an adequate supply available. Refills of medication will be called into the pharmacy 7 days prior to end of supply. SLA staff will continue to follow up with pharmacy prior to the end of the supply if the medication is not received and will document all efforts to ensure the refill is received in a timely manner. If an individual has "zero refills" the SLA provider will notify the physician 30 days prior to the end of the current supply to determine if an appointment is necessary to ensure timely refill. SLA Provider will document all efforts to contact the physician per their agency's policy.

J. Prescribed and over the counter medications must be secured and stored in a manner that is deemed safe for the individual's assessed skill level and, as applicable, the individual's house mates' skill level, as determined through completion of the Medication Administration Assessment and approved by the ISP Team. All containers used to store medication will be labeled with the individual's name, including over the counter medication. All controlled substances will be stored in a locked container/ closet/file cabinet when the individual is residing in a 24 hour Supported Living Arrangement or Host Home, no matter the skill of the individual or housemates. Appropriate internal control procedures must be in place for controlled substances. A DOR must be submitted in these instances.

K. Medications requiring refrigeration will be stored in a secured container separate from food or beverage. Depending on skill level of individual and as applicable, the housemates' capabilities, this container may be required to be locked.

L. Otic (ear), Optic (eye), Nasal and Topical (applied to the skin) medication will be stored in a container labeled with the individual's name and kept separate from oral medications.

M. Unused medication shall be destroyed by the SLA provider per agency policy and documented in the individual's home record. Rural Services supports environmentally friendly medication destruction.

N. Medications that are considered controlled substances require implementation of an internal control procedure. This procedure is as follows:

- **a.** One staff counts the controlled substance medication at each change of shift and when administered.
- **b.** The counts must be observed and verified by another staff.
- **c.** For individuals receiving Intermittent SLA services, the Individual Support Team (ISP), will address and document any prescriptions for controlled substances and determine procedure/plan for protective oversight based on the individual's support needs.

O. Documentation procedures for medication support must be in compliance with approved medication administration training.

P. Medication errors require immediate consultation with the prescriber and completion of an internal incident report and Denial of Rights submitted to the RURAL SERVICES Developmental Specialist within 24 hours of the discovery of the error.

Q. SLA provider agencies will only provide psychotropic medications on a PRN (as needed) basis with written informed consent and a physician's order identifying diagnosis for which it is being used, and outlining specific parameters for

administration which will be included in the individual's health service habilitation/service plan. An ISP team meeting will be held and a support plan will be developed if the PRN medication is determined to be needed for an extended period of time and not just a one time use. Due process will be followed. A Denial of Rights form will be completed and filed with the Quality Assurance Department for administration of a psychotropic medication without completion of due process.

R. SLA provider will ensure that standing order medications are readily available to the individuals within one hour of the onset of symptoms. SLA providers will ensure PRN medications are on hand for those individuals who have been assessed to need these medications on a frequent or routine basis.

2904.5.4 Medications Given or Monitored Outside of Primary Residence

A. SLA Provider will ensure the individual has the proper amount of medications sent for all family home visits, work, camp, vacations, etc. and will ensure proper documentation occurs.

B. SLA Provider is responsible for ensuring that all medications taken with an individual outside of their residence is properly packaged and labeled for ease of administration and follow NRS 454.213, "Dispensing of Dangerous Drugs" protocol. Staff will not be allowed to fill Medication Minders, or other containers for medication.

C. SLA provider will ensure that family members assisting with medication supports are aware of medication administration times, side-effects of medication and purpose of medication to promote adequate monitoring and support in medication administration outside of the individual's residence.

D. SLA provider will have a system for accountability for medications taken outside of the residence.

2904.5.5 Medication and Transfers From One Home to Another

A. An individual's current medication will accompany him/her to their new home. This will include copies of current prescriptions to indicate times, dosages, prescribing physician and copies of side-effects of all medication. All other pertinent facts will be provided to the new service provider by the previous SLA provider, treatment facility, and/or family member. Arrangements shall be made to provide sufficient medication going with the individual to his/her new home to prevent any disruptions in the medication routine.

2904.5.6 Medical Emergencies

A. Community SLA providers are required to have a policy and procedure that addresses emergency medical care. Support staff employed by providers, must be certified in First Aid and CPR within 90 days of hire and maintain current certification status. SLA provider staff must be knowledgeable of the signs and symptoms of life threatening conditions and the procedures for obtaining emergency medical care in an expeditious manner prior to working alone with individuals. Provider staff must be knowledgeable about the medical issues related to the specific individuals residing in the SLA. Community providers are required to provide training/ education/ in-services to staff on the agency's emergency medical care policy and procedure at the time of employee orientation and annually thereafter.

B. Emergencies must be attended to immediately and verbally reported to the DS III, DS IV, or Community Services Director during normal Rural Services business hours.

C. Each residence shall have a well stocked First Aid Kit to include, but not limited to: CPR mask, bandages, gauze, medical tape, gloves, antibiotic ointment, thermometer, tweezers, cold pack, ace bandage, and alcohol wipes.

D. The Community Services Director and the Agency Director must be advised within 1 work day of all serious medical situations in which a physician has voiced concerns

with an individual's competence to give informed consent for urgent medical care and treatment to assist in determining a course of action. Unless a legal guardian has been appointed, the individual's signed consent is considered legal. The ISP Team may consider the need for advocacy services (i.e. temporary guardianship) during the interim period per NRS 159.0523.

E. SLA providers and DS III will retain copies of Advanced Directives for individuals' records as applicable.

2904.5.7 Hospitalizations

A. SLA providers cannot authorize a non-emergency or emergency surgery or hospitalization.

B. All individuals prior to discharge from the hospital (or other institution) will receive an assessment of their current medical and other support needs conducted by the DS III and DS RN. This assessment includes but is not limited to: a review of the medical record by RS or SLA Provider; case consultation with hospital staff; a request and review of Pre Admission Screen and Resident Review PASARR screening; and the ISP team's review of SLA provider and community resources available to meet identified current needs. In the event that an individual's medical and other support needs have changed requiring a higher level of support than is able to be provided in the supported living arrangement, the ISP team will take the appropriate actions to determine and assist in arranging for alternate placement options.

2904.5.8 Medical Care for Individuals in Supported Living Arrangement

A. Each individual will choose, or be supported in choosing, their personal health care providers. The SLA provider and Rural Services Developmental Specialist will assess the individuals' level of satisfaction with the health care provider and support change as needed or requested.

B. It is the responsibility of the provider to ensure that all applications for medical benefits are completed timely to ensure each individual will have medical insurance, if eligible, and will be supported to maintain coverage.

C. SLA providers and Rural Services will maintain information regarding medical/family histories, drug history, and food allergies and ensure all staff working with the individual is apprised of this information and level of support required.

D. SLA providers will ensure adaptive equipment, communication devices, glasses, dentures, hearing aids, etc., are in good repair and that replacement or repairs are completed timely, efficiently and documented in the provider file.

2904.5.9 Timelines

Health Supports for Residential Settings

Requirement	Deadline	Starting Date	Responsible Party	Actions to be Taken
Informing Community Services Director of Treatment Refusal	2 calendar days	Date of treatment Refusal	DSIII and DS IV	DS III will inform CS Director of any concerns with an individual refusing treatment that has been deemed necessary for health conditions.
Annual Physical	365 days	Date of Last Annual Physical or Nursing Comprehensive	SLA Provider, Family	DS III will ensure that service provider or family of individuals schedule and complete annual physicals as needed.

Requirement	Deadline	Starting Date	Responsible Party	Actions to be Taken
Medication Administration Assessment Tool	Completed upon entering services and reviewed annually	Prior to entering SLA services and once every 365 days	SLA Provider	The SLA provider will ensure that annually the Medication Administration Assessment tool is reviewed and meets the current needs of the individual served.
Medical Visit Information	To be completed at each medical visit	At each Medical Visit	SLA Provider	SLA Provider to ensure that the medical visit form is sent to the assigned DS III within 48 hours of the medical appointment.
Medical Clearance by the provider of Healthcare	To be completed by physician for anyone needing Medication Administration	Once the Medication Administration Tool has determined that the individual requires Medication Administration	SLA Provider	The SLA provider will ensure that primary care physician authorizes Medication Administration prior to beginning this support with the individual and Annually thereafter.
Authorization for Medication Administration	To be completed by guardian for anyone needed Medication Administration	Once the Medication Administration Tool has determined that the individual requires Medication Administration	SLA Provider	The SLA provider will ensure that guardian authorizes Medication Administration prior to beginning this support with the individual.

2904.5.13 Documentation

A. Case File Documentation (paper):

Table RS2904.1: Case File Documentation for Health Support for Residential Settings Policy

File Location	Data Required
DS III Case File & Provider File	Medical Visit Information Authorization for Medication Administration by Certified Direct Support Staff Annual Physical Form Medical Clearance by provider of Healthcare MHDS Medication Administration Assessment

I. DSNEXT Documentation (electronic):

Table RS2904.2: DSNOW Documentation for Health Support for Residential Settings Policy

Applicable UNITY Screen	Data Required
DS NOW/ DS Next	DS III will make case notes on medical information received from SLA provider
ELCID	DS III will ensure physicals are tracked in ELCID by completion date

2904.5.14 Supervisory Responsibilities: Supervisors will provide in-service training to ensure all staff understands the requirements of this policy and its procedures. Supervisors will revisit this policy periodically, but no less than annually for recommendations for improvement or additions.

2904.6 Policy Cross Reference

2904.6.1 Developmental Services Policy 1.4

2904.7 Attachments

2904.7.1 **Attachment A -** Annual Physical Form

2904.7.2 **Attachment B –** Medical Visit Information

2904.7.3 **Attachment C -** Medical Clearance by the Provider of Health Care

2904.7.4 **Attachment D -** Authorization for Medication Administration by Certified Direct Support Staff

2904.7.5 **Attachment E-** MHDS Medication Administration Assessment Tool

Attachment A - Annual Physical Form

ANNUAL PHYSICAL EXAM

Name: _____ Date: _____ Physician's Name: _____

Current Medications and Dosages:

Height_____ Weight_____ Body Mass Index_____ Age_____

General Observations_____
Build, Development, Nutrition, Evidence of injury, Activity, Cooperation, Responsiveness
_____

Skin_____
Cyanosis, Bruises, Scars, Jaundice, Moisture, Color, Eruptions, Hair Distribution

Head_____
Shape, Symmetry, Tenderness, Bruit, Circumference

Scalp_____
Bruises, Alopecia, Condition of hair, Scars

Ears_____ Nose_____
Anomalies, Discharge, Tophi, Drums Aquity Obstruction, Perforation, Discharge

Eyes_____
Lids, Arcus, Conjunctivae, Exophalmos, Edema

Mouth_____
Breath, Teeth, Gums, Pyorrhea, Tongue, Mucosa, Sores, Vault

Throat_____
Palate, Tonsils, Pharynx, Exudate

Neck_____
Pulsation, Thyroid, Lymph glands, Scars

Chest_____
Shape, Symmetry, Deformity, Dysphea, Rosary, Lag, Retraction, Pulsations

Breasts_____
Scars, Masses, Tenderness

Lungs_____
Fremitus, Dullness, Flatness, Breath Sounds, Rales, Rubs, Cough

Heart_____
Thrill, Cardiac Shock, Apex Beat, Arrhythmia, Boundaries, Shift, Murmurs, Transmissions

_____
Distribution, Radiation, Bruit, Accentuation, Reduplication

Vascular System_____
Vessel Walls

Pulse_____ Blood Pressure_____
Equality, Rhythm, Synchrony, Rate, Walls, Capillary pulsation Systolic, Diastolic

Abdomen_____

Shape, Symmetry, Distension, Scars, Striae, Tympany, Masses, Spasm
Tenderness, Fluid, Hernia, Organs felt, Boundaries

Genitalia_____

Scars, Discharge, Epididymis, Hydrocele, Varicocele, Tenderness

Spine_____

Kyphosis, Lordosis, Scoliosis, Rigidity, Tenderness

Rectum_____

Hemorrhoids, Masses, Prostrate, Bleeding

Extremities_____

Edema, Cyanosis, Stasis, Deformity, Clubbing, Pigmentation, Scars

_____

Joints, Bones_____

Swelling, Tenderness, Ankylosis, Deformity

Lymphatic System_____

Cervical, Axillary, Inguinal

_____

Lab_____

CBC, Chem, STD Testing

_____

Nervous System:

Muscles: Strength_____ Tone_____

Coordination:_____ Atrophy_____

Babinski_____ Gait_____ Romberg_____

Abnormal Movement_____

Tremors, Chorea, Etc.

Deep Tendon Reflexes_____

Superficial Reflexes_____

Sensations_____

Cranial Nerves_____

GENERAL SUMMARY:_____

_____

_____

_____

_____

Diagnosis:_____

_____

_____

_____

Changes in treatment/ Medication: _____

_____

_____

Date _____ Signed_____ MD

Attachment B – Medical Visit Information

MEDICAL VISIT INFORMATION

DOCTORS AND HEALTH SERVICE PROVIDERS: Please use this form to ensure the continuity of services and to provide feedback and information regarding this visit.

Doctor's Name: _____

Specialty:_____

Staff Accompanying Individual:_____

CURRENT MEDICATIONS, DOSAGE, & PRESCRIBING PHYSICIAN

_____ _____

_____ _____

_____ _____

_____ _____

Reason for Visit:_____

Please List Any Observed Symptoms: _____

_____

DOCTOR DIAGNOSIS & INSTRUCTIONS:

_____

Medications Prescribed or Changed:_____

_____

What Does This Medication Do? _____

How Do We Know When It Is Working? _____

Please List Any Side Effect:_____

Special Instructions/Recommendations:_____

_____

Is a Follow-Up Appointment Needed? _____

Date of Next Appointment:_____

***Doctor Signature*:** _____ ***Date*:** _____

Did the person like the doctor? Yes ☐ No ☐ If not why:_____

Would they like assistance in locating another physician? Yes ☐ No ☐

Staff Follow-up:

☐ Yes ☐ No ☐ N/A **Ordered new medication and transcribed new orders to medication administration record**

☐ Yes ☐ No ☐ N/A **Communicated results of visits to co-workers and supervisor**

☐ Yes ☐ No ☐ N/A **All follow up appointments scheduled**

☐ Yes ☐ No ☐ N/A **JDT provider, guardian, and RS SC notified of all changes**

Rural Services – Developmental Services **MEDICAL VISIT INFORMATION** **(9.12.2011)**	**Name:**_____ **Record No.:**_____

Attachment C - Medical Clearance by the Provider of Health Care

MEDICAL CLEARANCE BY THE PROVIDER OF HEALTHCARE

1. _____ resides in a State funded supported living arrangement.
   Person Served

2. Person served is medically cleared to receive medication administration by direct support staff certified in medication administration.

3. Allergies/Sensitivities:_____

4. Dietary recommendations (if applicable):_____
_____
_____
_____

5. Personal adaptive equipment requirements (if applicable):_____
_____
_____
_____

6. Restrictions (if applicable): _____
_____
_____
_____

7. Additional Comments: _____
_____
_____
_____

_____ _____
Physician's Signature and Title Date

_____
Physician's Name and Title (printed or typed)

Attachment D - Authorization for Medication Administration by Certified Direct Support Staff

AUTHORIZATION FOR MEDICATION ADMINISTRATION BY CERTIFIED DIRECT SUPPORT STAFF

I _____ authorize _____
Person served/guardian — Supported Living Arrangement (SLA) Provider Agency

direct support staff, certified in medication administration, to administer medications to

_____. This does not include:
Person served

Schedule II controlled substances, opioid agonist, injections, any medication to a person who has been admitted to a medical facility, any medication that requires dose titration based upon the skilled assessment of the person prior to administration, any extended release medication, which must be crushed, cut or otherwise altered before administration and any nutritional supplement or medication administered enterally (ie: G-tube).

I authorize these services to continue, unless:

a. the condition of the person served changes, or a new medical condition develops;
b. an emergency situation develops;
c. there is a change in SLA provider;
d. any other situation occurs as described by the Provider of Healthcare, or;
e. revoked, in writing, by person served/guardian.

Comment: _____
_____
_____

_____ _____
Signature of Person Served/Guardian — Date

Name:

Record #:

Attachment E - MHDS Medication Administration Assessment Tool

MHDS MEDICATION ADMINISTRATION ASSESSMENT TOOL

SCORE ITEMS 1- 4 using code below.)

1= UNABLE TO COMPLETE
2= ABLE TO COMPLETE WITH HAND OVER HAND ASSIST **(physical assistance necessary)**
3= ABLE TO COMPLETE WITH PHYSICAL PROMPT/DEMONSTRATION **(no physical assistance necessary, demonstration only)**
4= ABLE TO COMPLETE WITH VERBAL PROMPT **(verbal assistance required)**
5= ABLE TO COMPLETE INDEPENDENTLY **(no assistance required)**

NOTE: In questions 1 – 4 the person must be able to exhibit the skills necessary on a consistent basis (ex. 9 of 10 times adequately demonstrates). Base scores on the person's abilities related to medication administration activities.

1. DOES THE PERSON EXHIBIT FINE MOTOR SKILLS _____
(EX: Can the person pick out a single bubble pack/bottle, press the "bubble/blister" with enough force to remove pills, pick up a single pill from a flat surface, etc.)

2. DOES THE PERSON DEMONSTRATE GROSS MOTOR SKILLS _____
(EX: The person can reach to pick up and return the medication box to its storage place, lift and carry the medication box to the place of administration, ambulate or mobilize to the place of administrations, etc.)

3. DOES THE PERSON POSSESS RECEPTIVE SKILLS AND IS ABLE TO FOLLOW DIRECTION _____
(EX: The person is able to follow verbal and/or demonstrative directions such as washing hands, obtaining medication cups and fluids to take medications, select the correct bubble pack for the administration time, identify the correct day, date, and blister to be opened, etc.)

4. CAN THE INDIVIDUAL ACKNOWLEDGE, EITHER VERBALLY OR NON-VERBALLY, AWARENESS OF THE USE OF MEDICATIONS? _____
(EX: The person indicates basic comprehension of ingesting or applying medications to include eye drops, ointments, etc)

(Item # 5 has a separate scoring code.)

5. DOES THE PERSON HAVE A VISUAL IMPAIRMENT? _____
Score: 1= Legally Blind
3= Partial impairment with or without corrective glasses
5= No noted visual impairment

TOTAL POINTS: _____

DIVIDED BY 5: _____

TOTAL SCORE: _____

***Persons with total score 3.4 or less *must* be assisted with medications by a Direct Support Staff certified in medication administration according to MHDS policies and procedures.**
Note: A person's level of medication administration must be addressed in the ISP and plans developed and implemented according to the person's support needs.
The ISP team will review the assessment at least annually and determine if an update is warranted based on changing medical/physical condition or status.

NAME

RECORD #:

6. The person's physical, cognitive and mental health status has been evaluated by the team and has determined that medications are required to be locked?

☐ Yes
☐ No
Justification:

7. The person's housemates have been evaluated by the team and have determined that their medications be locked?

☐ Yes
☐ No

8. Is the person capable of utilizing a key to access their medication if necessary to have medications locked in the home?
☐ Yes
☐ No (If not explain reason.)

9. Does the person demonstrate behavioral challenges or non-adherence that interferes with the ability to safely self-administer medications?
☐ Yes - If checked- **The individual requires certified staff for medication administrations regardless of score on front page.**
☐ No

Questions 11-13 are to assist the provider in knowing what types of containers the person is most capable of utilizing.

10. Can the person open and close medication bottles? ☐Yes ☐No
11. Can the person utilize a bubble pack? ☐Yes ☐No
12. Is the person capable of filling a medication minder with minimal support? ☐Yes ☐No ☐N/A

Additional Supports Needed/ Reviewer Comments:

_____

_____

_____ _____ Date _____
Printed Name and Title of Evaluator Signature and Title of Evaluator

_____ _____ Date_____
Printed Name and Title of Reviewer Signature and Title of Reviewer
(***Must be reviewed by a Nurse or QMRP***)

ISP Team Review Dates: _____ Revised Evaluation Required: ☐Yes ☐No
_____ ☐Yes ☐No
_____ ☐Yes ☐No
_____ ☐Yes ☐No

NAME

RECORD #: