

## **Service: Medication Administration**

### Service Definition

As reimbursed through this service, medication administration includes the act of introducing a drug (any chemical substance that, when absorbed into the body of a living organism, alters normal bodily function) into the body of another person by any number of routes including, but not limited to the following: oral, nasal, inhalant, intramuscular injection, intravenous, topical, suppository or intraocular. Medication administration requires a written service order for Medication Administration and a written order for the medication and the administration of the medication that complies with guidelines in Part II, Section 1, Subsection 6 - Medication of the Provider Manual. The order for and administration of medication must be completed by members of the medical staff pursuant to the Medical Practice Act of 2009, Subsection 43-34-23 Delegation of Authority to Nurse and Physician Assistant and must be administered by licensed or credentialed\* medical personnel under the supervision of a physician or registered nurse in accordance with O.C.G.A. This service does not cover the supervision of self-administration of medications (See Clinical Exclusions below).

The service must include:

1. An assessment, by the licensed or credentialed medical personnel administering the medication, of the youth's physical, psychological and behavioral status in order to make a recommendation regarding whether to continue the medication and/or its means of administration, and whether to refer the youth to the physician for a medication review.
2. Education to the youth and/or family/responsible caregiver(s), by appropriate licensed medical personnel, on the proper administration and monitoring of prescribed medication in accordance with the youth's resiliency plan.

For individuals who need opioid maintenance, the Opioid Maintenance Type of Care should be requested.

### Admission Criteria

1. Youth presents symptoms that are likely to respond to pharmacological interventions; and
2. Youth has been prescribed medications as a part of the treatment/service array; and
3. Youth/family/responsible caregiver is unable to self-administer/administer prescribed medication because:
  - a. Although the youth is willing to take the prescribed medication, it is in an injectable form and must be administered by licensed medical personnel; or
  - b. Although youth is willing to take the prescribed medication, it is a Class A controlled substance which must be stored and dispensed by medical personnel in accordance with state law; or
  - c. Administration by licensed/credentialed medical personnel is necessary because an assessment of the youth's physical, psychological and behavioral status is required in order to decide regarding whether to continue the medication and/or its means of administration and/or whether to refer the youth to the physician for a medication review.

- d. Due to the family/caregiver's lack of capacity there is no responsible party to manage/supervise self-administration of medication (refer youth/family for CSI and/or Family or Group Training in order to teach these skills).

#### Continuing Stay Criteria

Youth continues to meet admission criteria

#### Discharge Criteria

1. Youth no longer needs medication; or
2. Youth/Family/Caregiver is able to self-administer, administer, or supervise self-administration medication; and
3. Adequate continuing care plan has been established.

#### Service Exclusions

1. Medication administered as part of Ambulatory Detoxification is billed as "Ambulatory Detoxification" and is not billed via this set of codes.
2. Must not be billed in the same day as Nursing Assessment.
3. For individuals who need opioid maintenance, the Opioid Maintenance service should be requested.

#### Clinical Exclusions

This service does not cover the supervision of self-administration of medications. Self-administration of medications can be done by anyone physically and mentally capable of taking or administering medications to himself/herself. Youth with mental health issues, or developmental disabilities are very often capable of self administration of medications even if supervision by others is needed in order to adequately or safely manage self-administration of medication and other activities of daily living.

#### Required Components

1. There must be a written service order for Medication Administration and a written order for the medication and the administration of the medication that complies with guidelines in Part II, Section 1, Subsection 6 - Medication of the Provider Manual. The order for and administration of medication must be completed by members of the medical staff pursuant to the Medical Practice Act of 2009, Subsection 43-34-23 Delegation of Authority to Nurse and Physician Assistant. The order must be in the youth's chart. Telephone orders are acceptable provided they are co-signed by the appropriate members of the medical staff in accordance with DBHDD requirements.
2. Documentation must support that the individual is being trained in the risks and benefits of the medications being administered and that symptoms are being monitored by the staff member administering the medication.
3. Documentation must support the medical necessity of administration by licensed/credentialed medical personnel rather than by the youth, family or caregiver.
4. Documentation must support that the youth AND family/caregiver is being trained in the principles of self-administration of medication and supervision of self administration or that the youth/family/caregiver is physically or mentally unable to self-administer/administer. This

documentation will be subject to scrutiny by the Administrative Services Organization in reauthorizing services in this category.

5. This service does not include the supervision of self-administration of medication.

#### Staffing Requirements

Qualified Medication Aides working in a Community Living Arrangement (CLA) may administer medication only in a CLA.

#### Clinical Operations

1. Medication administration may not be billed for the provision of single or multiple doses of medication that an individual has the ability to self-administer, either independently or with supervision by a caregiver, either in a clinic or a community setting. In a group home setting, for example, medications may be managed by the house parents or residential care staff and kept locked up for safety reasons. Staff may hand out medication to the residents, but this does not constitute administration of medication for the purposes of this definition and, like other watchful oversight and monitoring functions, are not reimbursable treatment services.
2. If individual/family requires training in skills needed in order to learn to manage his/her own medications and their safe self-administration and/or supervision of self-administration, this skills training service can be provided via the Community Support or Family/Group Training services in accordance with the person's individualized recovery/resiliency plan.
3. Agency employees working in residential settings such as group homes, are not eligible for CSI or Family/Group Training in the supervision of medication self administration by youth in their care.

#### Service Accessibility

1. Medication Administration may not be provided in an Institution for Mental Diseases (IMD, e.g., state or private psychiatric hospital, psychiatric residential treatment facility or Crisis Stabilization Unit with greater than 16 beds), jail, youth development center (YDC) or prison system.
2. This service may not be provided and billed for youth who are involuntarily detained in Regional Youth Detention Centers (RYDCs) awaiting criminal proceedings, penal dispositions, or other involuntary detainment proceedings. Any exception to this requires supporting documentation from the DJJ partners. The provider holds the risk for assuring the youth's eligibility.

#### Billing & Reporting Requirements

1. If a Medicaid claim for this service denies for a Procedure-to-Procedure edit, a modifier (59) can be added to the claim and resubmitted to the MMIS for payment.
2. When Opioid Maintenance type of care is required for an individual, then the authorization and billing parameters set forth in Part I, Section II govern units and initial/concurrent authorization.