

**BAY-ARENAC BEHAVIORAL HEALTH AUTHORITY
POLICIES AND PROCEDURES MANUAL**

| | | | |
|--|---|---|--|
| Chapter: 4 | Care and Treatment Services | | |
| Section: 9 | Health Care Management | | |
| Topic: 23 | Individuals Receiving Meds-Only Services | | |
| Page: 1 of 5 | Supersedes Date: Pol: Proc: 4-1-19, 2-29-16, 5-1-15, 9-23-14, 7-25-13, 2-21-08 | Approval Date: Pol: 2-21-08 Proc: 6-2-2022 | <hr/> <i>Board Chairperson Signature</i> <hr/> <i>Chief Executive Officer Signature</i> |
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Policy

It is the policy of Bay-Arenac Behavioral Health Authority (BABHA) to establish criteria for Medication Only services and ensure eligible persons receive an annual Individualized Plan of Service (IPOS) with a crisis plan.

Purpose

This policy and procedure is established to outline eligibility criteria for Medication Only services and ensure eligible persons complete a Medication Only Services Person Centered Plan that addresses the required elements with the person’s input and participation. Medication Only services exist to provide short-term, transitional support services to persons until they can be fully transferred to the next most appropriate and available level of care, i.e. primary community care services.

Education Applies to:

- All BABHA Staff
- Selected BABHA Staff, as follows: All Clinical Staff, Clinical Management, Ancillary Care and Clinical Nursing Staff
- All Contracted Providers: Policy Only Policy and Procedure
- Selected Contracted Providers, as follows: Primary Care, Psychiatric Providers
 Policy Only Policy and Procedure
- Other:

Definitions

N/A

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Procedure

Annual Clinical Assessment:

1. All individuals (adults and children/adolescents) assigned to Medication Only Services will be required to participate in an annual clinical assessment update.
2. All transfers into Medication Only Services will have an updated clinical assessment within 30 days of transfer to Medication Only Services.
3. Medication Only Services assigned individuals who do not participate in an annual clinical assessment update and/or do not respond to outreach to complete annual clinical assessment update may be subject to receiving an Adverse Benefit Notice and subsequent closure to services if unresponsive.
4. Clinical Assessment updates and/or regular Medication Review appointments may reveal the need for increased level of care. Individuals shall not be maintained at sub-therapeutic levels of care if clinical documentation of professional staff recommend additional supports services and the individual continues to meet specialty mental health services criteria.

Annual Plan of Service for individuals receiving Medication Only Services:

5. All persons entering services for medication only with BABHA
 - Will have an annual Person Centered Planning meeting,
 - With the development of an IPOS that includes objectives and interventions,
 - And will include offering of a crisis plan.
6. The annual IPOS will include the Medicaid notice regarding hearing rights, and
7. A Consumer Budget Summary and the annual crisis plan will educate each person or his/her parent/guardian of what to do if an emergency or crisis arises and whom to contact.

Eligibility Criteria for Medication Only Services for Adults:

- Completed course of specialty behavioral health care (i.e. Targeted Case Management/Supports Coordination or Outpatient Therapy)
- Meet the specialty mental health definition of having a current diagnosis of Severe Mental Illness (SMI) and/or Developmental Disability (DD)
- Stable on current medications for the last 6 months
- Adequate natural supports for their recovery

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Exclusionary Criteria to Medication Only Services for Adults:

- Active participation in a Substance Use Disorder program that includes maintenance doses of Methadone or Suboxone. (To be eligible, consumer must agree to coordination of care through signing a release of information for the provider and provider must be willing to provide current assessment and treatment plan at minimum.) In addition, BABH will require at minimum a Supports Coordinator with BABH or contracted site to function as liaison with SUD provider as needed.
- Active substance abuse or dependence diagnosis whether the individual is in treatment for this condition or not. BABH will require at minimum a Supports Coordinator with BABH or contracted site to function as liaison with community supports as needed.
- Chronic co-morbid health conditions that require regular monitoring that may be affecting activities of daily living or relationships and/or that require dosing of Methadone. BABH will require at minimum a Supports Coordinator with BABH or contracted site to function as liaison with community supports as needed.
- See Benzodiazepine Protocol for additional criteria

Eligibility Criteria for Medication Only Services for Children:

- Completed course of specialty behavioral health care (i.e. Targeted Case Management/Supports Coordination or Outpatient Therapy)
- Meet the specialty mental health definition of having a current diagnosis of Serious Emotional Disturbance (SED) and/or Developmental Disability (DD)
- Stable on current medications for the last 6 months
- Have a CAFAS/PECFAS completed at Entrance, Quarterly, and at Exit. Current CAFAS/PECFAS score indicating Severely Emotional Disturbance (SED) (Total CAFAS/PECFAS score between 50 and 90 or a score of 40 with at least one subscale equaling 30).

Continued Periodic Review process is conducted at each kept medication review appointment and documented in the medication review document in the EHR. Individuals are transitioned to community care when/if the community provider is willing to accept them into care and take over their prescribing needs.

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Specific children’s cases are reviewed with the Medical Director and Children’s Mental Health Nurse for medical necessity in an on-going basis.

Formal requests for medication only services for Children and Adolescents are submitted to the Clinic Practice Manager for consideration with the assigned prescriber using the Team Time Case Presentation Form. Once a decision is made and documented in the chart and communicated to the primary responsible worker by the Clinic Practice Manager, the Case Presentation Form will be uploaded to the EHR as supporting documentation to the current plan if Medication Only services are denied or to the Meds Only Plan of Service once implemented.

Attachments

Team Time Case Presentation Form

Related Forms

Annual Person-Centered Plan Medication-Only Services (EHR)

Related Materials

N/A

References/Legal Authority

Michigan Department of Health and Human Services

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| SUBMISSION FORM | | | | |
|-----------------------------|---|--------------------------------------|--|--|
| AUTHOR/ REVIEWER | APPROVING BODY/COMMITTEE/ SUPERVISOR | APPROVAL /REVIEW DATE | ACTION (Deletion, New, No Changes, Replacement or Revision) | REASON FOR ACTION - If replacement list policy to be replaced |
| M. Bartlett | CLT | 11/19/07 | New | |
| P. Baker | P. Baker | 08/24/10 | No changes | reviewed |
| D. Cranston A. Folsom | MMPRC/PNLT | 07/25/13 | Revision | Triennial review – Revised to include Meds-only Children and Adolescent PCP |
| J. Hahn A. Folsom | C. Pinter | 05/1/15 | Revision | |
| J. Hahn A. Folsom | C. Pinter | 09/23/14 | | |
| J. Hahn A. Folsom | C. Pinter | 02/29/16 | | Section change from C04-S03-T12, Updated to include exclusionary criteria |
| A. Folsom | | 4/1/19 | Revision | Update to current practice and process of approval |
| A. Folsom | C. Pinter | 1/21/22 | No Changes | Triennial review. |
| A. Folsom | A. Folsom | 6/2/22 | Revision | Triennial review |