**MEDICATION MANAGEMENT PLAN TEMPLATE**

The written Medication Management Plan (MMP) is a tool, to be completed by Co-occurring Capable Residential Recovery Services providers. Inpatient and other residential settings (i.e., TSS and COE RRS) can also benefit from completing the MMP template. The plan outlines the strategies, interventions, and/or processes the program will use to support and facilitate medication management, and to enhance staff’s ability to manage medications safely and confidently.

The BSAS understands each program faces specific challenges associated with implementing a medication management plan based on its population, physical space, staffing, and other factors, and will need to structure any guidance and best practice recommendations accordingly based on the service setting.

**What is Medication Management**

Medications are an important part of the overall treatment plan for many patients and residents. Equally important to employing medication management specialists, is providing support, and opportunities for developmental growth for all staff, with regards to the oversight and observation of medication protocols. The MMP will assist the program in identifying training needs, to assure proper medication observation strategies are being followed.

It is an expectation, that residential providers will develop a Medication Management policy, updating existing policies, procedures, and job descriptions that may align with the role of medication management specialist, and adhere to regulatory and contractual standards.

**Medication management** is the process of overseeing patient and resident medications to ensure prescription and over the counter drugs are being taken properly and desired health outcomes are achieved. The process includes initial and ongoing monitoring of medications, addressing medication supply and adherence concerns, and coordinating care.

When implemented effectively, medication management plans improve the quality of care and reduce adverse drug events and errors, which supports the request for a specific, programmatic approach to medication management.

The enclosed Medication Management Plan template has been created as a general guide to assist programs with medication management planning.

***For programs not utilizing the enclosed template, the written plan must, at a minimum, address the medication management activities listed below, and the protocols or processes used to facilitate those activities.***

*Medication Management Service Elements*

* Inventory and storage
* Monitoring use and safe handling of medications
* Disposal

The following as applicable:

* Transporting medications
* Assisting re-packaging medications into pill organizers/boxes and alternative dosage systems

The written plan must also address staffing, including contracted staff positions. The plan shall specify the medication management responsibilities of each staff person or position, coverage, training, and supervision.

**MEDICATION MANAGEMENT PLAN**

Agency/Program Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BSAS License #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Program Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reporter/Submitter Name & Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reporter Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For programs where medications are self-administered, the written plan must address the following medication management service elements:

* Inventory and storage
* Monitoring use and safe handling of medications
* Disposal

The following as applicable:

* Transporting medications
* Assisting re-packaging medications into pill organizers/boxes and alternative dosage systems
* Recommendation to include a methadone take-home policy/procedure, and agreements in place with local MAT providers

**Medication Management Procedures – meeting BSAS regulatory and contractual requirements**

1. **Inventory and Storage**

Storage and recordkeeping practices must establish a full chain of custody for each prescription and non-prescription medication upon arrival/delivery to the facility to disposal or return to resident/patient.

1. Describe how medications are documented, including how medications that cannot reasonably be stored and/or recorded upon arrival or delivery (within 15 minutes) are secured and accounted for until documentation is complete. Assure the patient/resident is involved in the process.

|  |
| --- |
| Titles of person(s) responsible, including 24-hour coverage as applicable:  Explain the protocol or procedure(s): |

1. Describe how inactive medications that are discontinued, expired, abandoned, or otherwise not in current use are tracked, documented, and stored.

|  |
| --- |
| Titles of person(s) responsible, including 24-hour coverage as applicable:  Explain the protocol or procedure(s): |

1. Describe how the program will address medication supply issues and coordinating refills. Explain how low supplies will be identified at admission and throughout treatment, and the person(s) responsible for completing this task, as well as coordination of refills.

|  |
| --- |
| Titles of person(s) responsible, including 24-hour coverage as applicable:  Explain the procedure(s) to coordinate refills: |

1. Describe how medications used to treat emergency or acute episodes, such as Epi Pens®, which are permitted to remain in the resident’s possession (kept on person), will be documented, including the expiration date(s) and quantity.

|  |
| --- |
|  |

1. Describe the return of surplus/unused medications to the patient/resident upon transition/discharge. Include the staff person(s) responsible for completing this task.

|  |
| --- |
| Titles of person(s) responsible, including 24-hour coverage as applicable:  Explain the procedure(s) for return: |

1. **Monitoring Use and Safe Handling of Medications**

*Medication Supports*

1. List the medication supports and/or describe the ways in which staff will help residents/patients take their medications as directed, and the methods or tools staff will have to assist them in providing this support.

|  |
| --- |
|  |

*Monitoring Use*

1. Describe how medications will be monitored initially and ongoing throughout treatment. This can include observation of medication self-administration to assure medication is taken as prescribed, and addressing safety events in real-time, as well as retrospective strategies such as reviewing medication sheets.

|  |
| --- |
| Titles of person(s) responsible, including 24-hour coverage as applicable:  Explain the procedure(s) for monitoring: |

*Behavior Management*

1. Describe how the program will manage medication non-adherence and/or improper use, including any methods or tools staff will utilize such as support plans and behavior modification interventions.

|  |
| --- |
| Titles of person(s) responsible, including 24-hour coverage as applicable:  Explain the protocol or procedure(s): |

*Case Management and Treatment Planning*

1. Describe how the program will directly connect the patient or resident to appropriate prescriber(s) to ensure a continuum of care. Identify the staff person(s) is responsible for this task at admission and throughout the treatment episode.

|  |
| --- |
| Titles of person(s) responsible, including 24-hour coverage as applicable:  Explain the protocol or procedure(s) at admission and throughout treatment: |

*Aftercare Planning*

1. Describe how the program will integrate medications into the aftercare plan, including how the program will assess and/or ensure the patient or resident’s ability to continue prescribed medications after discharge.

|  |
| --- |
|  |

1. **Disposal**

Describe how medications are disposed of, including the method(s) of disposal, responsible staff person(s), and the disposal schedule.

|  |
| --- |
| Titles of person(s) responsible, including 24-hour coverage as applicable:  Explain the protocol(s) and frequency of disposal: |

1. **Other Medication Management Activities**

Transporting Medications

If applicable, list the staff person(s) responsible for transporting medications, describe how medications are transported, and what safeguards exist to prevent theft/pilferage and protect patient privacy.

|  |
| --- |
| Titles of person(s) responsible, including 24-hour coverage as applicable:  Explain the protocol or procedure(s): |

Repackaging Medications

If applicable, describe the process for repackaging medications into pill organizers, pill boxes, or other alternative dosing systems. List the staff person(s) responsible for this task, and what safeguards exist to prevent theft/pilferage and to protect patient privacy.

|  |
| --- |
| Titles of person(s) responsible, including 24-hour coverage as applicable:  Explain the protocol or procedure(s): |

**Medication Policies and Procedures**

List the staff person(s) responsible for writing medication management policies and procedures and how often these processes will be reviewed to align with most current regulations and best practices.

|  |
| --- |
|  |

**Positions and Staffing Pattern**

The Program may propose unique program staffing configurations including position titles and coverage allocations to meet service delivery functions and medication management expectations but must do so while adhering to all licensing regulations and required contracted positions and FTE coverage. Providers will be required to hire and train a minimum of 2FTE Medication Specialist staff (requirement predicated on a 30-bed RRS program), with a higher prorated staffing pattern for larger residential programs.

**Medication Specialist**:

The responsibilities of the Medication Specialist can be undertaken by existing program staff, in addition to the minimum requirement for hiring 2FTE Medication Specialist staff. Describe the program’s intent to employ and train new staff, and/or train current staff in expectations of the Medication Specialist job description.

|  |
| --- |
|  |

**Coverage**: The staffing pattern shall support the safe use of medications. Staffing shortages and turnover rates must be considered. Please describe the plan for coverage in the absence of the Medications Specialist. This may include cross-training other positions.

|  |
| --- |
|  |

**Training and Supervision**

Staff who are engaged in the direct care of residents who take medications and/or oversee staff who are engaged in medication management activities must be provided with ongoing supervision and training.

Supervision, training, and program policies will acknowledge, but not be limited to discussion involving medication errors, diversion, and documenting incidents internally, as well as reporting to BSAS in a timely manner.

**Training**: Describe how ongoing medication management training and professional development will be provided to all direct service personnel.

External agencies and vendors may be utilized for medication training and technical assistance. The external agency should have qualified trainers, such as pharmacists or other professionals with expertise in medication management in the Program’s service setting *and* in the context of substance use and cooccurring disorders.

|  |
| --- |
|  |

**Supervision**: Supervision is ongoing. Specify the frequency and goals of supervision. Supervision can be undertaken by existing staff and does not constitute additional position(s). The person(s) responsible for supervision should be qualified to provide such supervision.

|  |
| --- |
|  |

**Implementation**

The written plan can include a variety of measures that can be implemented immediately and other processes, such as training, that can be instituted over a longer period to improve medication safety.

Please describe the timeline for implementation of the Medication Management Plan. Specify the key date(s) and the person(s) responsible for executing the plan and ensuring the Medication Specialist and medication management system practices are in place no later than January 1, 2023.

|  |
| --- |
|  |