

Department of Health Developmental Disabilities Supports Division (DDSD)	Policy Number: M-001
	Supersedes: New Policy
Policy Title: Medication Assessment and Delivery Policy	
Effective Date: November 1, 2006	
Approved:	Date:

I. PURPOSE

This policy clarifies a uniform approach to the assessment of an individual’s ability and/or needs regarding medication delivery methods for adults receiving Community Living, Adult Habilitation and/or Employment Services through the Developmental Disabilities (DD) Waiver Program and/or the DD Adult State General Funded Services.

II. APPLICABILITY

This policy applies to all models of Community Living, Adult Habilitation and/or Employment Services provided to adults through the DD Waiver Program or the DD Adult State General Funded Services.

III. POLICY STATEMENT

It is the policy of the DDSD to establish the process for determining the need for assistance with medications and criteria for various levels of assistance with medication delivery.

A. Determination of the Need for Assistance with Medication

1. Prior to the Interdisciplinary Team (IDT) determination, a licensed nurse will complete the Department of Health (DOH) Medication Administration Assessment Tool (MAAT).
2. The following hierarchy will be used to determine the order in which provider agency nurses are responsible for the completion of the MAAT:
 - a. Community living services provider agency
 - b. Private duty nursing provider agency
 - c. Adult habilitation provider agency
 - d. Community access provider agency
 - e. Supported employment provider agency
3. The MAAT must be completed by a licensed nurse:
 - a. Two weeks before the annual Individualized Service Plan (ISP) meeting and
 - b. When an individual changes agencies or
 - c. When a significant change in health status occurs or
 - d. When the medication regime/route changes requiring delivery by licensed or certified staff or
 - e. When an individual has completed additional training designed to improve their skills to support self-administration. See B.1 a-d and B.3.a-b.
4. After completion of the MAAT, the nurse will identify needed primary care practitioner (PCP) orders, determine the need for consents and any additional needed

information or forms and present his/her recommendations regarding the level of assistance with medication delivery to the IDT. A copy of the MAAT will be sent to all the team members two weeks before the annual ISP meeting and the original MAAT will be retained in the provider agency records.

5. In order to promote an individual's maximum independence and community integration, decisions about medication delivery:
 - a. Shall be made by the individual's IDT by consensus regarding which criteria the person meets considering results of the MAAT and the nursing recommendations and shall be documented in the ISP.
 - b. Shall be based on the individual's best match to criteria for the following:
 - 1.) Self-administration
 - 2.) Self-administration with physical assistance by staff
 - 3.) Assistance with medication delivery by staff
 - 4.) Medication administration by licensed/certified personnel (licensed nurses and certified medication aides).
6. After the IDT determines which criteria the individual best meets, the agency nurse will obtain needed PCP orders and the case manager will obtain needed consents.

B. Criteria for Self-Administration of Medication

1. Individuals are able to independently self-administer their medication if:
 - a. They can identify each medication including a basic understanding of its purpose, prescribed dose, correct medication route, the expected response and most common potential side effects;
 - b. They understand times the medication is to be taken and what to do if a dose is missed;
 - c. They can complete the entire process of taking medication independently from start to finish;
 - d. They are able to reorder medication or seek assistance with reordering medication, **or** a system is planned and in place to support the individual in re-ordering and obtaining their medications.
2. All individuals who self-administer medications must have a current PCP order to self-administer medication and a current written consent must be obtained from the individual/guardian/surrogate health decision maker for self-administration of medication.
 - a. Individuals receiving Independent Living services are not required to have a PCP order or consent to self-administer medications.
3. If the individual has the potential to self-administer medications and only needs additional training and support to accomplish items B.1 a-d, the team (including the nurse) should coordinate, plan and provide this training and support.
 - a. After the training is completed, the nurse will complete another MAAT.
 - b. During the time the individual is receiving additional training and support for self-administration of medications, the medication assistance level will be based upon the current MAAT results, the nurse's recommendation and the level of delivery agreed upon by the IDT.

C. Criteria for Self-Administration of Medication with Physical Assistance by Staff

1. Individuals with physical challenges that prevent them from completing the process of taking medication independently, but who otherwise meet all criteria for independent

self-administration, may receive support in the form of physical assistance from staff.

To meet this criteria:

- a. The individual served must be able to identify each medication including a basic understanding of its purpose, most common expected response and side effects, prescribed dose, and time to be taken;
 - b. Staff must complete DDSA approved training required for assisting with medication;
 - c. The individual served must be able to reorder medication or seek assistance with reordering medication, **or** a system is planned and in place to support the individual in re-ordering and obtaining their medications;
 - d. Staff must provide physical assistance at the least intrusive level necessary for the individual to successfully take his/her medication; and,
2. All individuals (including those in Independent Living) must have a current written consent, obtained from the individual or guardian/surrogate health decision maker for provision of self-administration of medication with physical assistance.
 3. All individuals (including those in Independent Living) must have a current PCP order to self-administer medications with physical assistance by staff.
 4. Criteria C.1.a-d for self-administration with physical assistance by staff **do not** apply to individuals who receive their medication via intramuscular or subcutaneous injections, intravenously, nebulizer (unless pre-mixed) and/or nasogastric tube. See criteria for administration by licensed/certified personnel (see Section E of this policy).

D. Criteria for Assistance with Medication Delivery by Staff

1. For individuals who do not meet the criteria to self-administer medications independently or with physical assistance, trained staff may assist with medication delivery if:
 - a. The individual is unable to complete the entire process of taking medication.
 - b. The individual is unable to determine if he/she is receiving the expected response from the medication.
 - c. The individual is able to communicate to staff verbally/vocally, through gestures or by using communication devices that he/she is experiencing a problem, pain or discomfort.
 - d. The individual's condition is stable and unchanged and signs or symptoms are within established ranges, frequencies or patterns. The individual's condition does not require frequent assessment or monitoring by a licensed nurse to determine his/her health status or his/her response to medication or treatment.
2. Current written consent must be obtained from the individual/guardian/surrogate health decision maker for assistance with medication delivery by staff.
3. All individuals must have a current PCP order to receive assistance with medication delivery by staff.
4. Direct support staff may not administer medications through Gastrostomy (G) tubes or Jejunostomy (J) tubes unless they are:
 - a. Related by affinity (as in the relationship of persons through marriage or adoption) or by consanguinity (as in kinship from a common ancestor).
 - b. A Certified Medication Aide (CMA) who is permitted to administer medication under the supervision/direction of a registered nurse in a New Mexico Board of Nursing (BON) approved program or is a licensed nurse.
 - c. Functioning under the delegation of a licensed nurse. The provider agency nurse may delegate the administration of medication through G or J tubes to a direct

support staff member **only** if the provider agency develops, implements and maintains policies and procedures that actively support the nurse's professional responsibilities regarding delegation as defined in the New Mexico BON Rules. The agency's policies must include but are not limited to the following:

- 1.) The nurse must assess and document each direct support staff member's knowledge, skill level and ability to safely and competently administer medications via a G or J tube for that specific individual;
 - 2.) The nurse must document all training regarding the administration of medications via a G or J tube for the specific direct support staff member and the specific individual;
 - 3.) The nurse must document ongoing monitoring of the direct support staff member's ability to safely and competently administer medications via a G or J tube for that specific individual.
 - a.) Monitoring shall occur at least monthly for G tubes or J tubes and more frequently if problems with the tube exist.
 - 4.) The nurse must rescind delegation at any time he/she determines that the direct support staff member is unable to safely and competently administer medications to the individual. The provider agency must support the nurse in this process and assure the safety of the individual regarding his/her medication administration and assure the safety of any other individuals who may also be affected.
 - 5.) Delegation is a formal process between one licensed nurse and each direct support staff member for one specific individual and is not transferable.
 - d. See G.1-3 for Family Living settings.
5. All staff assisting with the medication delivery must have satisfactorily completed and demonstrated competencies in the DDS approved training for Assisting With Medication Delivery (AWMD), including but not limited to:
- a. Ability to accurately assist with medication delivery including documentation
 - b. Ability to observe for anticipated effects of the medication and who to notify when unanticipated effects are seen
 - c. Ability to observe for signs of pain, illness and side effects common to the medication the individual is taking and who to notify when these observations are made
 - d. Ability to understand and follow requirements for utilization of *Pro Re Nada* (PRN) medications
 - e. Ability to obtain information regarding a medication purpose, expected benefit, most common potential side effects, dose, time to be taken (including allowable "time window") and delivery method
 - f. Appropriate use of the Medication Administration Record (MAR) and reporting of medication errors/missed doses
 - g. Ability to teach the individual how to self-administer medications and to understand the factors listed in section "a-f" (above) related to the individual's medication

E. Criteria for Medication Administration by Licensed/Certified Personnel

1. A Registered Nurse (RN) or Licensed Practical Nurse (LPN) must administer a medication if it is delivered by any of the following medication routes:
 - a. Intramuscular (IM), subcutaneous (SQ), or intravenous (IV) injection
 - b. Naso-gastric (NG) tube

- c. Nebulizer, if the medication is **not** pre-mixed
- 2. In all settings except F.1 (following), a licensed nurse (RN or LPN) must administer any new medication that has been prescribed which requires a routine ordered assessment with the delivery of each dose **until such time as:**
 - a. The nurse determines the individual's condition is stable **and**
 - b. A crisis prevention plan is in place **and**
 - c. Direct care staff, including CMAs, are adequately trained and demonstrate competence on the crisis prevention plan related to the individual's condition; the desired effects of the medication utilized and the routine ordered assessment with the delivery of each dose.
- 3. A CMA may administer medications through all routes including J tube or G tube. A CMA cannot provide medications via NG tube, IM, SQ, or IV routes. CMAs must be supervised/directed by an RN, work for an agency that is a current BON approved provider and function in accordance with all New Mexico BON Rules.

F. PRN medication

- 1. PRN medications may be self-administered by individuals receiving Independent Living services.
- 2. PCP orders for PRN medications in all other living settings shall clearly indicate the circumstances in which they are to be used, the number of doses that may be given in a 24-hour period and indicate under what circumstances the PCP is to be notified.
- 3. Prior to self-administration, self-administration with physical assist or assisting with delivery of PRN medications, the direct support staff must contact the agency nurse to describe observed symptoms and thus assure that the PRN medication is being used according to instructions given by the ordering PCP. In cases of fever, respiratory distress (including coughing), severe pain, vomiting, diarrhea, change in responsiveness/level of consciousness, the nurse must strongly consider the need to conduct a face-to-face assessment to assure that the PRN does not mask a condition better treated by seeking medical attention. This does not apply to homebased/family living settings where the provider is related by affinity or by consanguinity to the individual.
- 4. The agency nurse shall review the utilization of PRN medications routinely. Frequent or escalating use of PRN medications must be reported to the PCP and discussed by the Interdisciplinary for changes to the overall support plan (see Section H of this policy).

G. Criteria for Medication Administration in Family Living Settings

- 1. Family Living providers may administer routine and PRN medications by **any route** if they:
 - a. Are related by affinity or by consanguinity **and**
 - b. Have completed the DDS-approved training for assisting with medication **and**
 - c. Have received any additional, necessary route-specific training conducted by the individual's health care practitioner **or**
 - d. Are an RN or LPN **or**
 - e. Are a CMA and the Family Living agency is a current approved provider by the New Mexico BON.
- 2. If the Family Living providers are **not** related by affinity and consanguinity, they are equivalent to direct support staff in other settings and must follow Sections A-F of this policy.

3. If the Family Living providers are **not** related by affinity and consanguinity and the individual receives medications via the routes listed in Section E.1-3, the Family Living provider agency must arrange for:
 - a. A licensed nurse to administer any medications that are provided by the following routes: NG, IV, SQ, IM or non pre-mixed nebulizer treatments.
 - b. A licensed nurse to administer any new medication that has been prescribed which requires a routine ordered assessment with the delivery of each dose **until such time as:**
 - 1.) The nurse determines the individual's condition is stable **and**
 - 2.) A crisis prevention plan is in place **and**
 - 3.) The Family Living provider, including CMAs, are adequately trained and demonstrate competence on the crisis prevention plan related to the individual's condition, the desired effects of the medication utilized and the routine ordered assessment with the delivery of each dose.
 - c. A CMA to administer medications if the Family Living agency is a current approved provider by the BON or support the surrogate family to become an Agency CMA.
 - d. The provider agency nurse may delegate the administration of medication to surrogate families via IV, SQ, NG, IM, non-premixed nebulizer or G or J tube **only** if the provider agency develops, implements and maintains policies and procedures that actively support the nurse's professional responsibilities regarding delegation as defined in the New Mexico BON Rules. The agency's policies must include but are not limited to the following:
 - 1.) The nurse must assess and document the direct support staff member's knowledge, skill level and ability to safely and competently administer medications via the routes listed in G.3.d for that specific individual;
 - 2.) The nurse must document all training regarding the administration of medications via the routes listed in G.3.d for the specific direct support staff member and the specific individual;
 - 3.) The nurse must document ongoing monitoring of the surrogate family member's ability to safely and competently administer medications via the routes listed in G.3.d for that specific individual.
 - a.) Monitoring shall occur at least weekly for IV, SQ, NG, and IM routes and at least monthly for G tubes or J tubes. Monitoring shall occur more frequently if any problems are indicated.
 - 4.) The nurse must rescind delegation at any time he/she determines that the direct support staff member is unable to safely and competently administer medications to the individual. The provider agency must support the nurse in this process and assure the safety of the individual regarding his/her medication administration and assure the safety of any other individuals who may also be affected.
 - 5.) Delegation is a formal process between one licensed nurse and one direct support staff member for one specific individual and is not transferable.

H. Agency Nurse Monitoring

1. Regardless of the level of assistance with medication delivery that is required by the individual or the route through which the medication is delivered, the agency nurses must monitor the individual's response to the effects of their routine and PRN medications. The frequency and type of monitoring must be based on the nurse's

assessment of the individual and consideration of the individual's diagnoses, health status, stability, utilization of PRN medications and level of support required by the individual's condition and the skill level and needs of the direct care staff. Nursing monitoring should be based on prudent nursing practice and should support the safety and independence of the individual in the community setting. The health care plan shall reflect the planned monitoring of the individual's response to medication.

I. Inconclusive situations

1. In situations where the MAAT is inconclusive or there is lack of consensus with the IDT regarding determination of need for medication support or the level of support:
 - a. The IDT may request team facilitation from the Individualized Assistance and Advocacy/Dispute Resolution Process (IAA/DRP) Unit of the DDS for assistance in reaching consensus.
 - b. If the IDT cannot reach consensus, the individual/guardian/surrogate health decision maker shall decide the appropriate method of medication delivery for the individual, as long as that decision is not contrary to the determination of the PCP.

IV. DEFINITIONS

Administration of Medication: Means delivery of medication by a licensed or certified healthcare professional.

Affinity: Means the connection existing in consequence of a marriage between each of the married persons and the kindred of each other or relationships of same-sex or opposite-sex partners, or godparents or godchildren or other similarly situated persons.

Agency Nurse: Means the nurse hired or contracted by the provider to assist with the health care needs of individuals served.

Assistance with Medication: Means support provided to individuals served through the DD Waiver or the DD Adult State General Funded Services to take their medication, delivered by non-licensed or non-certified paid staff.

Certified Medication Aide (CMA): Means a person certified by either or both the New Mexico Board of Nursing under the Nursing Practice Act, Chapter 61, Article 3, 10.2 and/or NMAC Title 16, Chapter 12, Part 5 Certified Medication Aide Rules to administer medication under the supervision/direction of a registered nurse in a Board of Nursing approved program. CMAs are not allowed to administer medication through any type of injection, through a nasogastric (NG) tube or a non-premixed nebulizer treatment.

Community Living: Means services described in the DD Waiver Standards for Supported Living, Family Living and Independent Living and/or the service described in the State General Fund Standards for Independent Living.

Consanguinity: Means the kinship, blood relationship or the connection or relation of persons descended from the same stock or common ancestor.

Crisis Prevention Plan (also known as Crisis Prevention/Intervention Plan): Means a document that provides guidance to staff when an individual has a medical condition or

challenging behavior that has the potential to escalate to a severity level posing great risk of harm to the individual or others. Each Crisis Prevention Plan addresses a single condition. Individuals with multiple conditions that pose great risk of harm will therefore have more than one Crisis Prevention Plan. All staff must be trained on all Crisis Prevention Plans for the individuals they support. Each Crisis Prevention Plan is developed by the team member(s) with expertise relevant to the condition addressed, written in simple terminology and shall include the following elements:

1. Description of the condition,
2. Strategies to prevent the condition from escalating,
3. Observable signs that the condition is escalating, and
4. Steps to take if escalation occurs (including criteria for seeking emergency medical care and emergency contacts).

Current Written Consent: Means a written informed consent form that identifies the type of medication delivery and the assistance or administration the individual requires that is signed by the individual/guardian/surrogate health decision maker. Consents must be signed at least annually and when there is any change in the individual's functional ability or the guardian/surrogate health decision maker.

Custodial Care Facility: Means any facility or business, including a non-profit entity, that provides care and services on a continuing basis, for two or more in-house residents, not related to the operator, and which maintains custody of the residents' drugs.

Gastrostomy: Means the surgical formation of an opening through the abdominal wall into the stomach.

Guardian: Means a judicially appointed guardian having authority to make a healthcare decision for an individual.

Human Rights Committee: Means a committee required for service provider agencies that reviews and monitors implementation of Behavior Service Plans and Crisis Plans that meet the criteria established under the following DDS policies: (1) Psychotropic Medication Use, (2) Human Rights Committee Requirements, (3) Behavior Supports Service Provision and (4) Aversive Intervention Prohibition.

IAA/DRP Unit: Means the Individual Assistance and Advocacy/Dispute Resolution Process Unit that provides interpreters (at no charge) and information/support that enhances awareness, communication, team process and outcomes for individuals, guardians and IDT members.

Individual Service Plan (ISP): Means a comprehensive plan also known as a Plan of Care that identifies all of the individual's needs and how they will be addressed.

Intramuscular: Means situated within, occurring within, or administered by entering a muscle.

Intravenous: Means situated within, performed within or administered by entering a vein.

Interdisciplinary Team (IDT): Means the person receiving services, their families and/or guardians and a group of professionals, paraprofessionals or other support persons who are responsible for the development of the Individual Service Plan (ISP) and who recommend agencies and/or individuals responsible for providing the services and supports identified in the ISP (7 NMAC 26.5).

Jejunostomy: Means a surgical formation of an opening through the abdominal wall into the jejunum (portion of the small intestine).

Licensed/Certified Personnel: Means licensed practical nurses, registered nurses and certified medication aides (CMAs).

Licensed Practical Nurse (LPN): Means a nurse who practices licensed practical nursing and whose name and pertinent information are entered in the register of licensed practical nurses maintained by the board or the nurse who practices licensed practical nursing pursuant to a multi-state licensure privilege as provided in the Nurse Licensure Compact.

Medication Administration Assessment Tool (MAAT): Means a tool conducted by the agency nurse and discussed/reviewed by the individual's team to determine the individual's capacity to self-administer their medication, and/or their need for assistance from staff and/or their need for administration by a nurse or CMA.

Medication Administration Record (MAR): Means the legal document used to record when a person takes medication, refuses to take medication, misses a dose of medication, etc. The MAR includes, but is not limited to, the following: month, year, person's name, person's date of birth, name of person's primary care practitioner, name(s) of medication, prescribed purpose(s) of the medication, and name(s) of staff providing medication support to the individual. Refer to NMAC 16.19.11 for specific requirements regarding documentation on the MAR.

Medication Delivery: Means the method by which the individuals take or receive their medication.

Medication Route: Means a method of medication entry into an individual's body (e.g., oral, injection, rectal or topical).

Nasogastric: Means relating to, or performed by, intubation of the stomach by way of the nasal passages.

Nebulizer: Means an atomizer equipped to produce an extremely fine spray for deep penetration of the lungs.

Nursing Monitoring: Means the type, frequency and duration of nursing contact that is based on an assessment of the individual's needs. It may include assessing the individual's condition, their response to medications or treatment until stable; and /or contact with the individual, family or direct support staff to provide support.

Physical Assistance: Means support to an individual with the cognitive capacity to self-administer his/her medication, but who is limited by a physical disability from doing so independently.

Pre-Delivery Assessment: Means assessment of an individual's health status and/or vital signs immediately prior to delivery of a medication.

Primary Care Practitioner (PCP): Means a physician, nurse practitioner or physician's assistant who oversees the health care of the individual.

PRN Medication: Means an acronym for the Latin term *Pro Re Nada*. PRN medication refers to prescribed or over-the-counter medications (including comfort medications) that are administered (or taken) only on an as needed basis, when symptoms warrant as directed by the PCP.

Registered Nurse (RN): Means a nurse who practices professional registered nursing and whose name and pertinent information are entered in the register of licensed registered nurses maintained by the board or a nurse who practices professional registered nursing pursuant to a multi-state licensure privilege as provided in the Nurse Licensure Compact.

Side Effect: Means an effect of a medication that results in a different outcome than for what the medication was given. Some side effects may be mild or merely annoying, while others can cause harm, including death.

Significant Change in Health Status: Means the individual has experienced one or more of the following: a decline in physical, cognitive or functional ability; a new diagnosis or event that requires a change in medication or treatment or requires creation or revision to a health care or crisis prevention plan; a change in medication or the medication route that would permanently alter the level of assistance with medication delivery.

Stable: Means the individual's condition is unchanged; signs and/or symptoms are within established ranges, frequencies or patterns. The individual's condition does not require frequent assessment or monitoring by a licensed nurse to determine their status or their response to medication or treatment.

Staff: Means the individuals hired or subcontracted by the DD Waiver provider to implement the Individual Service Plan for individuals they support.

Subcutaneous: Means administered by entering under the skin but above the muscle layer.

Surrogate Family: Means a Family Living provider that is not related by affinity or consanguinity.

Surrogate Health Decision Maker: Means a person appointed through an advanced directive or otherwise through implementation of the New Mexico Uniform Healthcare Decisions Act to make health decisions on behalf of an individual determined to lack decisional capacity necessary to understand and appreciate the nature and consequences of the proposed healthcare. This person will make and communicate a healthcare decision for an individual

determined to lack decisional capacity. Two health care professionals, one of whom has expertise with developmental disabilities, must make the determination.

V. REFERENCES

DDSD Crisis Prevention/Intervention Plan Policy

DDSD Human Rights Committee Requirements Policy

DDSD Psychotropic Medication Use Policy

New Mexico Administrative Code (NMAC) –Title 16, Chapter 19, Part 11

New Mexico Administrative Code (NMAC) - Certified Medication Aide Rules – NMAC Title 16, Chapter 12, Part 5

New Mexico Statute Authority (NMSA), Nursing Practice Act, Chapter 61, Article 3, 10.2

New Mexico Statute Authority (NMSA), Chapter 61, Article 3, Section 3D, 3I and 3O.

Occupational and Professional Licensing Rules - Title 16, Chapter 19, Part 11

New Mexico Statute Authority, Uniform Healthcare Decisions Act, NMSA 1978 24-7a-11