

# Cornerstone Behavioral Healthcare

## Section 15. Medication Administration

### **A. Medication Policies and Procedures:**

1. Cornerstone Behavioral Healthcare's (CBH) licensed providers can order and stock medications to be administered to clients.
2. Medication storage areas will be used for medication only, no food storage. See additional details regarding storage in Section 15Q.
3. Medications delivered, including samples, will be received by Nurse Practitioner (NP). NP will:
  - a. Log the intake of the medication;
  - b. Verify expiration date;
  - c. Verify current prescription on file, if intended for specific client; and
  - d. Verify correct medication and dose, if intended for specific client.
4. Administration of medication will be per policy, see section C below.
5. Medications are not packaged by CBH.
6. Discontinued medications will be documented in the client's chart. In the case of controlled medications, the provider will contact the pharmacy to discontinue the medication and all remaining refills.
7. Medications on-site that are discontinued or expired will be disposed of in a secure medication disposal container. Controlled medications will be disposed of by two persons in a secure medication disposal container. A record of disposal will be completed.
8. All employees administering medication must practice proper hand washing and aseptic techniques. Employees will be trained at orientation and receive annual education. Hand washing areas will be available to all staff and will have instructional flyers on proper hand washing.

**B. Use of Safe and Acceptable Procedures:** CBH will ensure that all employees and affiliates that administer medications use safe and acceptable methods and procedures consistent with recognized standards of practice.

### **C. Administration of Medication:** CBH will ensure the following:

1. Only trained, licensed, and/or certified staff may administer medications. Documentation of training, licensure, and/or certification will be placed in personnel file.
2. Staff responsible for medication administration will be orientated to CBH's procedures and have access to current information regarding medications being used, including but not limited to side effects of medications, contraindications, and dosing.
3. Medications will remain in original packing with medication pamphlet, which lists side effects, contraindications, and dosing.
4. Medication is to be administered in a quiet area, without disruption, to ensure client's privacy.
5. Medication is to be prepared for one (1) client at a time.
6. Before administering medication, staff will:
  - a. Ensure the right client using two (2) client identifiers;
  - b. Ensure the right drug, right dose, right time, and right route of administration;
  - c. Perform proper hand hygiene;
  - d. Check for allergies;
  - e. Complete necessary focused assessment;
  - f. Review applicable labs and vital signs;
  - g. Provide patient education on purpose of use and potential side effects, risks, and contraindications of the medication;
  - h. Review drug interaction precautions and alternative treatment options;
  - i. Document patient's consent or refusal to take medication; and

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- j. Inform client on how the treatment will be monitored.
7. Client will be instructed to contact prescriber if there are concerns about side effects.

**D. Client Transfer:** Not applicable.

**E. Self-Administered Medications:** CBH, to the extent possible, will allow each client the opportunity to self-administer medications according to prescription.

1. Upon admission, CBH will assess each client's ability to self-administer medications, including injectables, to determine if the client is safe to self-administer, as well as mentally and physically capable. If it is determined that client needs medication administration services, CBH will work with community supports and/or refer to appropriate level of care. The team will determine on a case-by-case basis whether to continue prescribing medications in the interim.
2. When indicated, CBH will work with client, client's legal representative, or client's primary care provider to make a final decision about client's ability to self-administer medication.
3. The decision that a client has the ability to self-administer medication(s) will be reevaluated annually or when there is a relevant change in the client's capacity to self-administer medications or other factors that may affect the client's ability to safely self-administer medications.
4. Client or client's legal representative may elect to have the organization administer the client's medications. This request must be made in writing.

**F. Injectable Medications:** Injectable medications will be administered only by employees who are legally authorized to administer injectable medications.

1. Injectable medications will not be administered by a direct access worker except in an emergency.
2. When a direct access worker has successful completion of injectable medication training, documentation will be included in their personnel file.

**G. Medication Containers:** CBH will maintain medications in their original, labeled packaging and containers.

1. CBH will measure and prepare for administration in accordance with standards of practice for medication administration.
2. Personnel may not reuse disposable medicine containers. Reuseable medication measurement and preparation devices will be cleaned and sanitized consistent with manufacturer's guidelines and acceptable healthcare standards of practice.

**H. Medication at Admission:** Clients may be requested to bring currently prescribed medications with them for existing disorders. CBH will comply with the following provisions when clients are admitted to the program:

1. The medication and dose will be prescribed by a licensed practitioner. If there is a discrepancy, CBH will consult with prescribing provider on appropriate order.
2. The medication in the container will be confirmed as the prescribed medication by a licensed practitioner or pharmacist;
3. The medication will be stored in compliance with this rule and applicable statutes; and
4. There will be an order as required by § K(2) of this rule.

**I. Violation of Law:** CBH will not construe anything in this rule as authorizing or permitting a person to violate applicable federal or State laws.

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- J. Lab Testing:** CBH does not conduct blood glucose testing or other phlebotomy. When indicated, urine toxicology screening will be conducted as permitted by the Clinical Laboratory Improvement Amendments (CLIA) waiver.
1. Providers will follow rules as outlined in the MaineCare Benefits Manual, Chapter II, Section 55 Laboratory Services, Drug Testing, pages 3-5. The decision-making for all drug testing, including urine drug screening (UDS) and confirmation testing, will be supported by clinical documentation in the client's chart.
    - a. Urine testing will not be done in areas where medication or food is stored or prepared.
    - b. Urine testing chemicals, including tablets or solutions, will be stored in a locked area where no oral medications are stored and where clients will not be able to access them.
    - c. Maintenance urine testing will occur randomly and as clinically indicated for the treatment of substance use disorder. Clients will be educated to be prepared to provide urine samples at each visit.
    - d. All maintenance clients will receive a minimum of eight (8) toxicology tests per year. Results of toxicology testing will be documented in the client's chart with evidence that the results of the tests have been reviewed with the client and considered as part of the treatment planning process.
    - e. Clients will need to be available to provide a urine sample within 24 hours if asked by provider.
    - f. Pregnancy testing is required for clients of childbearing age to receive MAT/MOUD.
  2. Documentation of the CLIA waiver will be posted in the urine testing areas in the Bangor and Waterville locations.
    - a. Affiliates are responsible for applying and upholding their own CLIA waiver for their practice.
  3. Clients who need to monitor blood glucose levels will have their own blood glucose monitoring device that is kept with their personal belongings. Client will be responsible for management of their device, including calibrating and cleaning.
- K. Licensed Practitioner's Order Required:** CBH will not administer, arrange for self-administration, or discontinue a medication without a written order signed and dated by a practitioner licensed to prescribe medications.
1. An order will be required when prescribing provider approves client for medication self-administration. There must be evidence that the physician was advised of the self-administration assessment results.
  2. Verification of medication or an order will be required prior to administration of medications brought by the client, the client's family, or friends. Please see C6 of this policy.
- L. Written Orders:** Medication and treatment orders for clients will be in writing, signed and dated by a licensed practitioner.
1. Written orders are in effect for the time specified by the licensed practitioner. In no case will the time specified exceed 12 months.
  2. A new written order will be required to continue medication beyond a 12-month period.
  3. Written orders for psychotropic medications will be reissued every three months, unless otherwise indicated by the authorized licensed practitioner.
  4. CBH does not accept standing written orders for medication management.

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5. CBH does not accept verbal orders for medication management.

**M. Pro Re Nata (PRN) Orders for Psychotropic Medications:** CBH is prohibited from administering “as needed” PRN psychotropic medications unless there is an order signed and dated by an authorized licensed practitioner that includes detailed behavior-specific written instructions.

1. Written orders for psychotropic medications must include symptoms that might require use of such medication, exact dosage, exact timeframes between dosages, and the maximum dosage to be given in a 24-hour period.
2. CBH will notify the authorized licensed practitioner within 24 hours when a PRN psychotropic medication has been administered, unless otherwise instructed in writing by the licensed practitioner.
3. A person qualified to administer medications must be on-site at CBH when a client is administered psychotropic medications prescribed PRN, if the PRN medication is not self-administered.

**N. Faxed or Telephoned Orders for Medication:** CBH does not accept medication orders by phone or fax.

**O. Medication Administration Record:** CBH will maintain a written Medication Administration Record (MAR) for each client. The client’s MAR must include, but is not limited to, the following information:

1. The written order for each medication or treatment prescription;
2. The name of the prescribing licensed practitioner;
3. The name of each medication, dosage, route, time to be given, and its clinical indication;
4. Medications or treatments started, given, refused, or discontinued, including those ordered to be administered PRN;
5. Evidence of notification to the physician for refused medications;
6. The type and frequency of monitoring for effects of the medication or treatment;
7. Medications or treatments ordered PRN, including date and time given, medication and dosage, route, reason given, monitored results or response, and initials or signature of administering individual;
8. Any stop order, signed and dated by the authorized licensed practitioner; and
9. At least the following information for each client:
  - a. Date and time the medication or treatment is administered;
  - b. Type of medication or treatment;
  - c. Name of each medication or treatment, dosage, and route;
  - d. Frequency of use; and
  - e. At the time of administration, the initials of the individual administering the medication or treatment as long as the individual’s full signature is written legibly somewhere on the document.

**P. Medication Errors and Adverse Reactions:** Medication errors and adverse reactions will be recorded in an incident report with a copy placed in the client’s chart:

1. Medication errors include errors of omission, as well as errors of commission; and
2. Errors in documentation or charting are errors of omission.

**Q. Storage of Medication Administered by CBH:** CBH will maintain medications in their original containers in a locked storage cabinet.

1. The cabinet must be locked when not in use and:

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- a. The key to the cabinet will be secured by the person on duty in charge of medication administration; and
- b. The cabinet will be equipped with separate cubicles, plainly labeled, or with other physical separation for the storage of each client's medications.
2. CBH will store sample medications in accordance with CBH's policies.
3. CBH will keep medications and treatments administered by CBH that are for external use separate from medication taken internally.
4. CBH will keep medications administered by CBH that require refrigeration safely stored in a separate refrigeration unit that is not used to store food.
  - a. The refrigerator's temperature must not exceed 41 degrees Fahrenheit; and
  - b. A thermometer must be located in the refrigerator to ensure proper temperature control; and
  - c. CBH will monitor the refrigerator temperature weekly and record in the log. If temperature is outside of the acceptable range of 36F-41F degrees, staff will notify supervisors, and CBH will take steps to rectify. Medications that may be spoiled will be disposed of by proper procedure.
5. Expired and discontinued medication will be taken out of service and locked in a separate cabinet away from other medications until disposed of or destroyed.

**R. Medication Labeling Requirements:** CBH personnel that administer medications will ensure that each prescription dispensed by a pharmacy is clearly labeled in compliance with applicable labeling laws and rules.

1. CBH will return pharmaceutical containers having soiled, damaged, incomplete, incorrect, illegible, or makeshift labels to the original dispensing pharmacy for re-labeling within two business days of receipt of the improperly labeled medication or dispose of the medication as allowed by law.
2. CBH employee or affiliate will ensure that the medication label includes at least the information required by 32 M.R.S. § 13794:
  - a. Prescription number;
  - b. Client's full name;
  - c. Name, strength, and amount dispensed of the drug;
  - d. Directions for use;
  - e. Name of prescribing authorized licensed practitioner;
  - f. Name and address of issuing pharmacy; and
  - g. Beyond use date.

**S. Schedule II Controlled Substances:** CBH will ensure adherence to the following standards of Schedule II controlled substances:

1. In addition to complying with federal and state laws, CBH will document and maintain records regarding Schedule II controlled substances in accordance with the following:
  - a. CBH will maintain a record of:
    - i. Name of client;
    - ii. Prescription number;
    - iii. Prescription date;
    - iv. Drug name;
    - v. Prescribed dosage, frequency, and method of administration;
    - vi. Signature of the person administering it; and
    - vii. Verification of the balance on hand

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- b. CBH will maintain a record and signed count of all Schedule II controlled substances at least once a day, if such substances have been used that day; and
  - c. CBH will count all Schedule II and controlled substances on hand at least weekly and keep records of the inventory in a bound book with numbered pages, from which no pages will be removed.
2. CBH will store all Schedule II controlled substances under double lock in a separate locked box or cabinet within the medication cabinet, or in an approved double-locked cabinet attached to the wall.

**T. Disposal and Destruction of Medications:** CBH will destroy and dispose of discontinued, expired, or unused medications, including non-controlled and controlled substances.

1. CBH policies will comply with federal and state law, including Drug Enforcement Agency rules and regulations for medications disposal. CBH will follow federal and state laws for disposing of medications and biologicals. CBH's policy prohibits providers from retaining medications. However, if medications are left in the office, CBH will document the type and the prescriber. The Program Manager or designee will contact the prescriber to request that they retrieve them within 48 hours. If this is not possible and there is no way to get the medications returned, CBH will document the name(s) of the meds, date of disposal, where we disposed, and what staff disposed. Medications will be brought to the local police station medication disposal box and disposed. In the Medication Assisted Treatment program, it is possible that urine samples may be present, which will be properly disposed of. When medication was delivered by a pharmacy, the pharmacy will be called to retrieve it.

**U. Bulk Supplies:** CBH may occasionally stock bulk supplies of items and medications regularly available without prescription. Bulk supply medications will be dated when opened and discarded consistent with the manufacturer's guidelines.

**V. Availability of Medicine During Emergencies:** CBH will ensure the provision of medications to clients during an emergency, such as natural or man/made disaster, as long as provision can be performed safely for staff and clients, and are aligned with State emergency advisories during that time. See Section 2.E.9.

1. In the event that CBH ceases to exist, the provision of medications will follow Section 11.I Closure Policy, Subsection 7.
2. The policies of CBH will be reviewed and updated annually.

**W. Diversion Control Plan:** CBH will maintain a current Diversion Control Plan that contains specific measures to reduce the possibility of diversion of controlled substances from legitimate treatment use, and that assigns specific responsibility to the Medical Director for carrying out the diversion control measures and functions described in CBH's Diversion Control Plan.

1. CBH will inform clients and employees that diversion is a criminal offense reportable to law enforcement and would be a criminal offense if substantiated. To educate and prevent diversion, CBH will:
  - a. Review Patient Treatment Contract and have it signed prior to the start of prescribing
    - i. Create treatment plan based on client's stage in treatment
    - ii. Educate client on storage of medications in locked devices
  - b. Conduct unscheduled prescription/film counting
  - c. Inform client's that The Prescription Monitoring Program (PMP) will be used to identify all medications prescribed to client

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- d. Require clients to bring medication bottles/films/wrappers to each visit for provider to verify
  - e. Perform random UDS for drug use at any time during treatment
  - f. Counseling services are recommended for participation in the MAT/MOUD program
  - g. Access to medication stored on-site will be limited to staff that administer medications
  - h. Proper medication waste containers will be used to avoid medication being disposed of in sharps
2. Suspicions or evidence of diversion by clients will be handled clinically by CBH. If CBH staff has concerns of diversion:
- a. Clinical staff will observe ingestion randomly when diversion is suspected
  - b. Treatment plan will be modified to include smaller supplies of medication, supervised dosing, and increased psychosocial support
  - c. Client must appear within 24-hrs of receiving a call – bring in prescription bottles/films, provider to review PMP
  - d. UDS
  - e. Laboratory analysis will be ordered if clinically indicated
  - f. Client suspected of diversion and other staff will be interviewed to determine diversion opportunities and methods
  - g. Screening for bloodborne pathogens and toxicology is recommended for intravenous diversion concerns
  - h. Findings will be reported to Clinical Director and Medical Director
  - i. Provider may consider injectable medication to reduce diversion
  - j. Prescriber to cancel or taper prescriptions
  - k. Police/DEA report will be filed, if applicable
  - l. Level 2 Critical Incident Report will be filed in the State’s electronic data reporting and utilization management system
  - m. Client may be terminated from CBH’s MAT/MOUD programs



Medical Director

11/07/2025

Date