Medication Self-Assessment

Frequently Asked Questions (FAQs)

1.) Q: If a participant takes medication before bedtime and they are assessed to be dependent but do not have IHSS or a caregiver, are the CBAS center nurses responsible for their medications after hours?

A: The CBAS center nurse is not directly responsible for the administration of medications when the participant is not at the center. However, when the participant is identified as needing assistance, it is the Multi-Disciplinary Team’s (MDT) responsibility to document this and develop a plan with the participant that meets their individual needs.

Please reference the following regulations:

T-22 § 54211 (b)(2)(A)(10) “The individualized plan of care shall include:…10. A plan for other needed services which the adult day health care center will coordinate.”

T-22 § 54329 (a)(8) “Medical social services shall…serve as liaison with other community agencies (such as IHSS, Home Health) …to meet the participant’s needs…”

T-22 § 78303 (b)(d)(3)(10) “…The multidisciplinary team… shall assess each participant’s need for services…A written individualized plan of care shall be developed to meet participant needs and shall include… Prescribed medications and frequency of administration…” and “A plan for other services needed by the participant.”

There is a large volume of research related to medication management and the elderly. Medication management is a complex process that must be interdisciplinary in its approach. The CBAS center nurse should assess the participant's medication management needs, determine which are most important to address, and work with the MDT, participant, caregiver, and other resources as identified, to address those needs within the Treatment Authorization Request (TAR) period.

2.) Q: Can the CBAS center nurse administer medications without a doctor’s authorization?

A: The nurse must administer medications in a manner consistent with the standard of practice. T-22 § 78317 states no medication shall be administered to a participant unless the name, dosage and frequency of administration of the drug and the name of the prescriber is recorded in that participant’s record. PRN drug orders shall include an indication for use. In addition, medications may only be administered from a properly labeled prescription bottle labeled in accordance with state and federal laws and regulations. Nurses are responsible for understanding the purpose and intended use of the medication, associated side effects, adverse drug reactions and risks.

3.) Q: Is a properly labeled prescription bottle the same as an MD order?

A: Yes, a properly labeled prescription bottle is an acceptable type of medication order.
4.) Q: If the participant is able to provide a properly labeled prescription bottle, is there a need for any additional written orders?

A: If the medication reconciliation did not produce discrepancies or other questions it would not be necessary.

5.) Q: If the participant just needs cueing for medication administration do we need to document it on the Medication Administration Record (MAR)?

A: If a participant has medications scheduled during the hours they attend the CBAS program and has been assessed by the MDT to require cueing to administer their medications safely, then the participant is not independent and would require medications administered to them by nursing services.

Note: The caregiver is able to provide cueing/supervision/assistance for medication administration at home.

6.) Q: If a patient refuses to give up their right to self-administer medications at the CBAS center, and they have been determined to be "unsafe" to self-administer, does a "release of liability form" cover that situation?

A: If a participant is assessed as unsafe to administer their own medications, then the CBAS provider is required to maintain their safety and provide appropriate interventions that would resolve or mitigate the risk. It is in the general provisions of the program to maintain the ability of the participant to remain in the community and avoid emergency department visits, hospitalizations, or institutionalization. If decreased cognitive capacity is the primary reason that the participant is unsafe to self-administer their medication, then communication is key. The participant is expressing a need that should be acknowledged and addressed by the MDT. Providing the participant an opportunity to participate in a solution and remain an active participant in their care is person-centered and vital. Working with the participant’s caregiver and your MDT, including the mental health consultant, your pharmacist, and your staff physician, may provide you with viable options such as a revised dosage scheduling or safe, compliant, and suitable alternatives.

7.) Q: How would the center document medication administration for a participant who only needs supervision? Would we just use the MAR form, a flowsheet, or progress note? Or is it not necessary to document this action?

A: If a participant has medications scheduled during the hours they attend the CBAS program, and they have been assessed by the MDT (using an industry standard medication self-administration assessment tool) to require cueing or supervision or reminders to administer their medications safely, then the nurse must administer the medications. Nursing services would follow the regulatory requirements for medication administration and documentation.

8.) Q: If a participant has daily medication and requires assistance/supervision, but inconsistently brings the medication do we need to document this?

A: Yes, if a medication is ordered and not given, nursing services is required to document the reason it was held. If a participant has medications scheduled during the hours they attend the CBAS program and have been assessed by the MDT to require
assistance such as cueing or supervision or reminders to administer their medications safely, nursing services must administer the medications.

A thorough MDT assessment and treatment plan would include an intervention to mitigate the problem of not bringing the medication consistently to the center. If the participant is assessed as requiring assistance/supervision to administer their medications, the MDT would also assess the participant’s ability to maintain responsibility to transport their medications to the center with interventions that mitigate or resolve the problem. Many centers store participants’ medications overnight and send the empty bottles home for refills one time a month.

9.) Q: If a participant's medication is administered by the caregiver and the center, is the participant at risk for medication mismanagement?

A: In box 17 of the IPC the term, risk factors is used to describe those conditions that the participant has that place them at risk for an adverse event. If the participant has a working safety net, they are currently at a reduced risk for an adverse event, such as hospitalization for medication mismanagement; however, they continue to have the conditions that place them at risk.

10.) Q: Some primary care physicians have a different definition of self-administration and nurse administration. How do we deal with MDs that disagree with our definition?

A: The center’s responsibility is to meet the needs of the participant. If the PHCP has checked the box to allow the participant to self-administer their medications and the MDT has made the determination that the participant is not able to safely self-administer their medications, then liaison with the PHCP is indicated. The physician may not be aware of the cognitive symptoms or functional impairments that prohibit safe medication administration. Sending the results of the assessment tool would provide valuable feedback.

11.) Q: If a participant brings medication to the center that has been prepared by the caregiver but they don't require medication assistance at the center, how should the center document this? Technically, in the IPC it will be considered assisted, but the nurses will not be assisting them while at the center. Please clarify this as many centers have this issue.

A: Decreased manual dexterity or vision impairment and its effect on the participant’s ability to identify the correct medication, open medication containers, and prepare medications (e.g., breaking tablets) for administration are some of the reasons a participant may require assistance with medication preparation and a caregiver to fill their mediset. If the MDT assessment identifies that the participant is independent with medication self-administration and does not require supervision, assistance, or cues to administer their own medication safely, and it is clearly documented in the record, then the fact that the family fills the mediset should not impact their ability to safely self-administer their medications. Some families may provide assistance for medication preparation or procurement which may or may not be related to the participant’s ability to safely self-administer their medications independently.
12.) Q: Can the CBAS center nurse prepare weekend medications for participants who require medication administration?

A: T-22 § 78317 (c) Nursing Services: Medications states, “Center personnel, except those lawfully authorized to do so, shall not dispense, repackage or label drugs or transfer drugs between containers. The center should assess the participant’s need for help at home and provide assistance to obtain other services if indicated by the needs of the participant.

13.) Q: How have other CBAS providers been able to obtain permission to use Medi-Cog/standardized test since they are copyrighted?

A: Contact the author of the Medi-Cog here: https://pharmacistsinternational.wordpress.com/contact-information/

14.) Q: Can a participant with a dementia diagnosis self-administer medications if the MD, RN, and MDT deem the participant capable?

A: The MDT assessment will determine the participant’s functional abilities. Most people with dementia will need help with Instrumental Activities of Daily Living (IADL) due to problems with executive functioning (e.g., judgment, abstract reasoning, planning, organization, and mental flexibility). IADLs include: managing money, managing medications, cooking, housekeeping, using appliances/telephone/television, shopping, and maintaining leisure activities. Handling money, phone use, and medication administration are categorized as the most complex. Persons with dementia may be able to perform these tasks independently, with some difficulty, or with additional assistance. However, their performance may change over time. It is likely that functional impairment would manifest across more than one area of IADLs. It is best practice to develop a baseline functional status to anticipate the person’s needs as the disease progresses over time.

15.) Q: The IPC has a section regarding medication management. Is it possible for a participant to need supervision for management, but be independent for self-administration? Are the two terms considered to be the same (management and administration)?

A: Yes, It is possible for a participant to require supervision for medication management and be independent with medication administration. Medication management includes a wide variety of factors that may require supervision or assistance. Difficulties with medication procurement and physical impairments such as poor vision and grip strength are examples of components of medication management that may require assistance or supervision and not conflict with the participant’s ability to safely self-administer their medication. Medication self-administration is a component of medication management and involves a complex activity of daily living that requires the ability to execute a sequence of events, plan, and organize. The abilities closely align with the sequencing required to balance a check book.

16.) Q: Is the participant’s ability to pick up medication from a pharmacy a component of medication management?

A: Yes, medication procurement is a component of medication management. Not filling or refilling prescriptions is a common cause for medication nonadherence in older
adults. Those that participate in programs that provide pharmacy delivery and refill reminders have fewer adverse drug events and higher compliance than those who do not. Barriers related to procurement include transportation and lack of funds.