



Medication Support Only Case Policy

Effective Date 06/01/1995
Revised Date 07/01/2020


Veronica Kelley, DSW, LCSW, Director

Policy It is the policy of the Department of Behavioral Health (DBH) to provide adequate psychiatric care including follow-up services to clients who are considered psychiatrically stable and do not require ongoing counseling or therapy at the outpatient level.

Note: This policy does not apply to minors under age eighteen (18) or to clients placed in DBH housing programs.

Purpose To establish guidelines for determining and monitoring clients who require only medication support services and do not require other treatment services.

Definitlon(s) **Decompensation:** A significant deterioration in overall functioning and/or behavior requiring additional outpatient services or an increase in follow-up visit frequency or crisis intervention to prevent placement at a higher level of care, such as an acute psychiatric hospital or long-term locked facility.

Medication Support Only Case Qualifications A client who has been stable for at least one (1) year will be considered a candidate for a medication support only case. Evidence proving stability includes:

- No inpatient hospitalization;
- No crisis intervention, and
- No screening by emergency services

Note: When clinically appropriate, medication support only cases may be referred to the client's primary care physician.

Role and Responsibility The following table indicates roles and responsibilities for medication support only cases.

Role	Responsibility
Psychiatrist	<ul style="list-style-type: none">• Select clients who can be treated with medication support services only, and• Periodically review entire caseload and determine which clients are stable enough to not require individual, group or any other mental health services

Continued on next page

Medication Support Only Case Policy, Continued

Role and Responsibility, continued

Role	Responsibility
Psychiatrist	<ul style="list-style-type: none"> • Ensure the medication support services progress notes are complete and current; • Ensure the following forms are complete and current: <ul style="list-style-type: none"> ○ Abnormal Involuntary Movement Scale (AIMS); ○ Physical assessment; ○ Medication consent; ○ Diagnosis sheet; ○ Medication Support Services Client Plan, and ○ Psychiatric Evaluation. <p>When the Psychiatrist assigned to the medication support only client changes, the following apply:</p> <ul style="list-style-type: none"> • The new Psychiatrist may do one of the following: <ul style="list-style-type: none"> ○ Re-evaluate the client, or ○ Review the current Psychiatric Evaluation from the transferring doctor and document the review on a pink note. • The new Psychiatrist will determine if the client needs or does not need additional mental health services
Clinic Supervisor	<ul style="list-style-type: none"> • Monitor chart compliance; • Ensure any chart deficiencies are corrected as soon as possible, and • Refer any compliance problems to the Director of Medical Services

Continued on next page

Medication Support Only Case Policy, Continued

Discontinuance A medication support only case may be discontinued in consultation with the psychiatrist when one or more of the following occur:

- The client has reached a point of decompensation requiring more intensive treatment;
 - The client is hospitalized in a psychiatric inpatient unit/facility, or
 - The client is in crisis and/or uses emergency services.
-

Reference(s)

- Department of Health Care Services Mental Health and Substance Use Disorder Services Information Notice No. 17-040
