



## Medication Support Only Case Policy

<p><b>Effective Date</b> 06/01/1995 <b>Revised Date</b> 06/22/2022</p>	<p style="font-size: small;">DocuSigned by:</p> <p><i>Dr. Georgina Yoshioka, Interim Director</i></p> <p style="font-size: x-small;">7DF8077EFA674B2...</p> <p>Georgina Yoshioka, DSW, MBA, LCSW, Interim Director</p>
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**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.

**Definition(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"> <li>• Select clients who can be treated with medication support services only, and</li> <li>• Periodically review entire caseload and determine which clients are stable enough to not require individual, group or any other mental health services</li> </ul>

## Medication Support Only Case Policy, Continued

### Role and Responsibility, continued

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

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## Medication Support Only Case Policy, Continued

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- 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.
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**Referenced Forms, Policies, and Procedures**

This information block will guide you to all forms, policies, and procedures referenced in this Procedure.

**DBH Departmental Forms:**

- Abnormal Involuntary Movement Scale (AIMS);
  - Physical assessment;
  - Medication consent;
  - Diagnosis sheet;
  - Medication Support Services Client Plan, and
  - Psychiatric Evaluation
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**Reference(s)**

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