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Circular Letter: EOE A 13-2

TO: Assisted Living Residences
FROM: Ann L. Hartstein 
DATE: March 14, 2013
RE: Self-Administered Medication Management ("SAMM")

Purpose: The purpose of the letter is to clarify the set of requirements that must be adhered to by Assisted Living Residences ("ALRs") when an ALR intends to utilize the process of Self-Administered Medication Management ("SAMM"). This Circular Letter (CL) supersedes CL 12-2 and prior FAQ's that address the issue of SAMM.

Definition

SAMM is a process which includes reminding residents to take medication, opening containers for residents, opening prepackaged medication for residents, reading the medication label to residents, and observing the residents while they take the medication.

Disclosure

In accordance with 651 CMR §§ 12.08(3) and (2), information regarding the ALR's policy on SAMM shall be set forth in the Residency Agreement and included in the Disclosure of Rights and Services.

Self-Administration

SAMM shall only be performed by an individual who has completed Personal Care Service Training as set forth in 651 CMR 12.07(3) and (4), a practitioner, as defined in MGL c. 94C, or a nurse registered or licensed under the provisions of MGL c. 112, § 74 or 74A to the extent

allowed by laws, regulations and standards governing nursing practice in Massachusetts. Appropriate documentation of such training or licensure shall be kept in the employee's record.

When assisting a resident to self-administer medication, the individual performing SAMM must perform all of the following elements:

- Remind resident to take medication; and
- Check the package to ensure that the name on the package is that of the resident; and
- Observe the resident while they take the medication; and
- As described more specifically below, document the observation of the resident's actions regarding the medication.

If requested by the resident, the individual performing SAMM may open prepackaged medication and/or open containers/bottles. This means the appropriate staff person may "punch" medication out of a unit and/or multi-dose package. The individual performing SAMM may also read the name of the medication and directions to the resident and respond to any questions the resident may have regarding the directions on the label. If a resident requires assistance with any type of medication that needs to be poured and/or measured, this action would be considered "dosing," and is not permitted under SAMM guidelines.

Assistance which consists exclusively of a "medication reminder," without the other components of assisting a resident to self-administer medication set forth in the above four bullet points, is prohibited. Therefore, an ALR is not in compliance with SAMM if, for example, the ALR uses phone calls or in-person reminders to a resident to take his or her medication, or if it leaves medication on a kitchen or bedside table to be taken at a later time independently by the resident.

Documentation

Documentation of the resident's actions regarding the medication must at a minimum include the following:

- The name of the resident;
- The time assistance with SAMM was provided/offered (e.g. 8AM, 10AM, Noon and 8PM);
- Information indicating whether the medication was taken or not;
- If the medication was not taken, the reason that the medication was not taken (e.g., refused, Medical Leave of Absence, Leave of Absence, no medication available);
- The signature and initials of the employee who assisted and observed SAMM for regularly scheduled medications

Such documentation is a part of the resident record and must, as with all other required documentation, be available for review by an authorized employee or agent of the Executive Office of Elder Affairs ("EOEA").

Medication packaging

The ALR is allowed to assist a resident with SAMM from a medication container that has been removed from its original pharmacy-labeled packaging or container by another person (i.e. by the resident's family). Such assistance, however, is not required of the ALR.

If an ALR chooses to provide SAMM assistance from a non-pharmacy filled medication container, then at a minimum the resident would have to sign:

(a) A written disclosure of the risks involved, which clearly outlines the possible risks associated with the practice including the following:

- (1) the resident may not receive the correct medication or the correct dosage;
 - (2) all of the medication may not have been included in the container; and
 - (3) the container may be filled improperly causing the resident to take the wrong medication or an incorrect dosage, which could cause serious harm up to and including death;
- and,

(b) A written consent by the resident and/or his or her Legal Representative, which shall be kept in the resident record. Note that it is the resident, not the family member responsible for filling the containers, who must consent to these risks.

The written disclosure of risks set forth in this Circular Letter reflects existing requirements. Thus, no additional element is being imposed. Current Disclosure Statements should already include information regarding the SAMM program's disclosure of risks.

If the ALR chooses to allow the use of such containers for residents who participate in SAMM, then, as with all services, the ALR must offer this option to all residents for whom the service is appropriate. However, the ALR may refuse to offer this service to a resident if the ALR finds that the person who would be filling the containers for the resident is unable to do so properly or in a timely manner. Any ALR that sets limits on medication packaging systems must submit a policy regarding medication packaging systems to EOEa for approval prior to implementation of the policy.

Pharmacy choice

In accordance with 651 CMR § 12.08(1)(G), the ALR may not restrict residents' utilization of the pharmacy of choice subject to reasonable rules imposed by the ALR. EOEa will not approve any policy that precludes a resident from being able to make use of insurance coverage for medications or which requires a resident to use a certain or limited number of pharmacies. For example, if a resident's insurance only covers mail-order medication, then the ALR must accept such a packaging system.

Prohibition of medication limits

The ALR may not exclude particular prescription medications or specific over-the-counter medication. An ALR may, however, exclude a type or category of medication, if an essential characteristic of that category of medication conflicts with an underlying purpose of the SAMM program. An example of one such category is medications whose dosage typically varies significantly from day to day.

Storage of medication

Central storage of resident medications (the storage of medication in an area outside of the resident's unit) is prohibited in an ALR. Therefore, medication must be delivered from the

pharmacy directly to the Resident. If the resident is unavailable at the time of delivery, with prior written permission, medication may be delivered directly to the resident's unit and stored in the standard manner or location within the unit. ALRs shall provide a refrigerator to store medication in the resident's unit if refrigeration is required. Medication may be kept in a locked container in the resident's unit for the resident's safety. Both the medication assessment and the service plan should document the need for the medication to be kept in a locked container.

Implementation

ALRs have 30 days from the effective date of this Circular Letter to implement all policies set forth in this Circular Letter.

Effective Date

March 14, 2013

Contact

If you have any questions regarding this letter, please contact EOE's Director of Housing and Assisted Living.