**DDS/DMH/DCF/MassAbility MAP TECHNICAL ASSISTANCE TOOL**
Medication System Monitoring Check List
4.15.2025

**Service Provider:** **MAP Registered Site Address:** **DPH MCSR:** **Exp. Date:**
There are __ persons at this site; ___'s HCP orders, pharmacy labels and medication sheets were reviewed, unless otherwise indicated.
Contact(s):
Date of Visit: Reason for Visit:
MAP Coordinator/Service Provider Reviewer:

The MAP Technical Assistance Tool is divided into categories A-N. Each category of the 'Tech Tool' corresponds to a MAP Policy Manual 'Section Number' and 'Section Title'. The 'Comments/Required Follow Up' column is used by the MAP Coordinator/Service Provider Reviewer detailing technical assistance provided and follow up required.

Issues that require immediate action(s) and a response will be identified/determined by the reviewer during the visit. The immediate action(s) plus additional issues marked 'NO' below, require a response to the reviewer by: When responding, include a description of actions taken or planned per issue identified. The response may include but is not limited to supporting documents (such as staff training attendance lists, etc.). Please include the responsible person(s) and timelines for implementation and/or completion. The response may be added to the 'Comments/Required Follow Up' column below.

| **A. DEPARTMENT GUIDANCE (SECTION 01)** | | | | |
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| **Definition of Terms Used at a MAP Registered Site** | **YES** | **NO** | **N/A** | **COMMENTS/REQUIRED FOLLOW UP** |
| 1. Documentation (if hand-written) of the staff's first and last name to signify their completion of a task is legible | | | | |
| **B. HEALTH CARE PROVIDER (HCP) ORDERS (SECTION 08)** | | | | |
| **08-1 Required Components of Health Care Provider Medication Orders** | **YES** | **NO** | **N/A** | **COMMENTS/REQUIRED FOLLOW UP** |
| 1. HCP orders including Protocols and Support Plans referencing medication are present for all medication (prescription, Over the Counter) and Dietary Supplements | | | | |
| a. HCP orders including Protocols and Support Plans are valid with HCP signature (i.e., 'wet', 'image' or electronic) included on each page and dated within 1 year | | | | |
| b. Electronic HCP orders (e.g., hospital discharge orders) received unaltered through electronic system, are valid with HCP signature (i.e., 'wet', 'image' or electronic) are dated, pages numbered, and fastened together as one unit. May have only the last page signed and dated by the HCP. | | | | |
| c. Psychotropic medication review is completed by HCP and HCP orders are valid with HCP signature; individuals are seen within clinically appropriate intervals (DMH or DCF) | | | | |
| d. HCP orders include the dose, including liquid medication | | | | |
| e. HCP instructions are documented in the event the medication is not available to administer such as prior authorization, etc. reflecting HCP recommendation until the medication is obtained | | | | |
| f. If highlighting is used on an HCP order, it is only used as a visual prompt for an HCP signature. HCP orders are not edited, altered, or tampered with by Certified/licensed staff after orders are signed and dated by HCP | | | | |
| 2. If a prescription is used as an HCP order it must include the required components for medication administration | | | | |

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| a. The prescription must include the medication strength and the amount to administer (i.e., the dose) | | | | |
| 3. Changes in medication orders are handled as new HCP orders | | | | |
| a. Outdated HCP orders, which have been superseded by newer orders, are not being used and are removed from the Medication Book | | | | |
| **08-2 Health Care Provider Orders Received by Telehealth and Telephone** | **YES** | **NO** | **N/A** | **COMMENTS/REQUIRED FOLLOW UP** |
| 1. Telehealth/Telephone orders are signed within 72 hours, posted, and verified twice; once before and once after HCP signs | | | | |
| **08-3 PRN Health Care Provider Medication Orders** | **YES** | **NO** | **N/A** | **COMMENTS/REQUIRED FOLLOW UP** |
| 1. PRN orders include a frequency specifying how many hours apart doses may be administered, reason, target signs and symptoms, instructions for use and guidelines when to notify HCP, if applicable | | | | |
| 2. PRN orders include hours apart from regularly scheduled doses of the same medication | | | | |
| 3. PRN orders for 'pain', 'constipation', 'anxiety', etc. must be defined. If the person self-reports, self-reporting must be included in order, (e.g., 'c/o' or 'complaint of headache', etc.) | | | | |
| **08-4 Transcribing, Posting and Verifying of Health Care Provider Orders** | **YES** | **NO** | **N/A** | **COMMENTS/REQUIRED FOLLOW UP** |
| 1. HCP orders are posted and verified (staff signatures, dates, and times) below HCP signature | | | | |
| 2. Discontinued medication listed on an existing multiple medication HCP order, is documented by printing in the left-hand margin: DC, date, initials, and see new order, if applicable | | | | |
| **08-5 Monthly Accuracy Check of Health Care Provider Orders** | **YES** | **NO** | **N/A** | **COMMENTS/REQUIRED FOLLOW UP** |
| 1. Two-Person Monthly Accuracy Check completed (indicated by date, time, signature on med sheet) prior to start of new month | | | | |
| 2. HCP orders, pharmacy labels and medication sheets agree | | | | |
| **08-6 Medication Reconciliation and Discharge Health Care Provider Orders** | **YES** | **NO** | **N/A** | **COMMENTS/REQUIRED FOLLOW UP** |
| 1. All HCP orders that were in place (at the MAP Registered site) prior to the Health Care Facility admission are valid and were reconciled with the new Health Care Facility discharge orders. If same med was on both sets of orders, the discharge (new) HCP medication order replaced the prior existing HCP medication order | | | | |
| **C. PHARMACY (SECTION 10)** | | | | |
| **10-1 Acceptable Prescription Medication Packaging** | **YES** | **NO** | **N/A** | **COMMENTS/REQUIRED FOLLOW UP** |
| 1. 'Schedule II-V' medication and 'High-Risk Schedule VI' medication is received by pharmacy in tamper-resistant unit-dose packaging (e.g., blister packs, cassettes, syringes) | | | | |
| a. The package is such that each 'window', 'bubble', 'cartridge', etc., contains one unit of medication and each unit is uniform throughout package | | | | |
| b. Medication dispensed in liquid form is received in unit-dose tamper resistant packaging | | | | |

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| c. Varying strengths of the same medication must be in its own separate packaging and clearly labeled | | | | |
| 2. 'Schedule VI' medication is received by pharmacy in either non-tamper resistant or tamper resistant packaging | | | | |
| a. If tamper-resistant packaging is used, the package is such that each 'window', 'bubble', 'cartridge', etc., contains a uniform dose (strength and amount) of medication | | | | |
| b. Varying strengths of the same medication (to equal the dose) is uniform throughout the package | | | | |
| c. If non-tamper resistant packaging is used, i.e., a pill bottle, the strength must be identical | | | | |
| 3. If blister pack monitoring is completed, initials, date, and time are noted on backside of the package only | | | | |
| 4. Packaging for medications (prescription and OTCs) and Dietary Supplements is intact (e.g., no cuts, no glue, no staple, no tape, etc.) | | | | |
| a. Unless guidelines are given by a Law Enforcement Rep or DCP Investigator due to tampering, any package that is compromised (e.g., blister cracked, bubble damaged, package unglued, cassette broken, etc.) are disposed per MAP policy | | | | |
| **OPUS Cassette Management of Spare Tablets** | **YES** | **NO** | **N/A** | **COMMENTS/REQUIRED FOLLOW UP** |
| 5. If medication is countable, there are no spare tablets | | | | |
| 6. If medication is non countable, the pharmacist does not supply spare tablets or | | | | |
| 7. Non countable spare tablets are disposed so that empty cassettes are returned or | | | | |
| 8. There is an inventory system to track non countable spare tablets returned | | | | |
| **Pharmacy Packaged Multi-Dose Medication Packaging** | **YES** | **NO** | **N/A** | **COMMENTS/REQUIRED FOLLOW UP** |
| 9. 'Pharmacy Packaged Multi-Dose Medication Packaging' Service Provider Policy is on site and includes, but is not limited to | | | | |
| a. Process is in place for when there is a new changed HCP order for a medication already packaged in multi-dose medication package | | | | |
| b. Process is in place for when a new changed HCP order is obtained on a day or time in which it cannot be repacked by pharmacy, the Service Provider must have a plan to ensure correct administration of medication until the pharmacy is able to repackage the multi-dose medication package | | | | |
| c. System is in place to manage dropped or wasted pills | | | | |
| 10. Service Provider has a signed agreement with pharmacy, agreeing to terms & conditions regarding packaging and management of multi-dose medication packaging | | | | |
| 11. Only medications to be administered to same individual on same date and time are included in package | | | | |
| 12. Schedule II-V (i.e., countable controlled substances) medication and 'high-risk Schedule VI' medication is ***not*** included in the 'multi-dose packaging' | | | | |

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| 13. Medications in multi-dose medication package are labeled by pharmacy, with all required components | | | | |
| a. Each 'bubble', 'cartridge', or 'unit' contains individual's name, medication name and strength of tablet or capsule | | | | |
| 14. 'Pharmacy Packaged Multi-Dose Medication Packaging' training by a person knowledgeable in the medication administration process (e.g., MAP Trainer, MAP Supervisor, etc.) including how to complete the required Medication Administration Process using the multi-dose packaging label is on site and includes name and contact info of Trainer, dated attendance list of trained staff proficient in the skill, complete set of training materials used to train staff | | | | |
| **10-2 Receiving Medication from Pharmacy** | **YES** | **NO** | **N/A** | **COMMENTS/REQUIRED FOLLOW UP** |
| 1. Documentation of medication ordered and received is on site | | | | |
| 2. The pharmacy labels are intact and absent of alterations (e.g., marks, highlighter) by staff | | | | |
| 3. When a person requires med administration at 2 different locations, 2 separate labeled packages are received from pharmacy | | | | |
| **10-4 Exhausting a Current Supply** | **YES** | **NO** | **N/A** | **COMMENTS/REQUIRED FOLLOW UP** |
| 1. Exhausting a current supply of meds meets criteria (new written HCP order with corresponding transcription) | | | | |
| a. Documentation present that a MAP Consultant verified pill, tablet, capsule, etc. allows for proper preparation | | | | |
| b. Medication container has been flagged using a 'directions change' sticker that does not cover label directions and the sticker is not used for more than 30 days | | | | |
| c. The medication container or pharmacy label is not written on by staff | | | | |
| d. 'Current supply' is disposed when cannot be exhausted and/or new supply is received from pharmacy | | | | |
| 2. Directions change sticker use is limited to exhausting a current supply of meds criterion | | | | |
| **10-5 Maintaining Sufficient Supply** | **YES** | **NO** | **N/A** | **COMMENTS/REQUIRED FOLLOW UP** |
| 1. The '***Ordering*** *and Receiving System'* includes a Documented Record of all medication ordered to include | | | | |
| a. When ordered by Certified/licensed staff (perform inventory, determine if supply is low, request refill) the documentation of ordering medication is present | | | | |
| b. When pharmacy provides automatic refills, documentation of what site is expecting pharmacy to dispense is present | | | | |
| c. When pharmacy utilizes an 'electronic-refill system', documentation is present of what site requested the pharmacy to dispense | | | | |
| 2. The '*Ordering and* ***Receiving*** *System'* includes a documented comparison of what the pharmacy dispensed to what was ordered including | | | | |

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| a. The medication and quantity received | | | | |
| b. The number of refills remaining | | | | |
| c. Date and signature of Certified/licensed staff who accepted the medication | | | | |
| 3. Pharmacy manifests (e.g., delivery slips, receipts) are kept on site for 90 days | | | | |
| a. If pharmacy manifest is used to document medications received from pharmacy, the manifest becomes part of the site's medication '*Ordering and Receiving System'* | | | | |
| **10-6 OTC Meds & Dietary Supplements without a Pharmacy Label** | **YES** | **NO** | **N/A** | **COMMENTS/REQUIRED FOLLOW UP** |
| 1. Service Provider designee (licensed nurse, pharmacist, HCP, or if need be, a MAP Certified Supervisor) completed verification process for each differing OTC medication and/or Dietary Supplement without a pharmacy label | | | | |
| a. MAP Certified Supervisor, if applicable, conferred with pharmacist or MAP Consultant to ensure product purchased agrees with what HCP ordered | | | | |
| b. Container is marked (individual's name, designee's initials, and date) by Service Provider designee | | | | |
| c. HCP order for the OTC medication/Dietary Supplement is noted (designee's initials and date) after verification by Service Provider designee | | | | |
| 2. Process is repeated each time HCP order is updated and/or each time new OTC medication and/or Dietary Supplement is purchased | | | | |
| 3. 'OTC Medication and/or Dietary Supplement without Pharmacy Label' training by Service Provider designee is on site and includes name and contact info of Trainer; dated attendance list of trained staff proficient in the skill; complete set of training materials for each differing OTC Medication and/or Dietary Supplement | | | | |
| **D. MEDICATION ADMINISTRATION RECORD (SECTION 11)** | | | | |
| **11-1 Required Components of a Medication Administration Record (MAR)** | **YES** | **NO** | **N/A** | **COMMENTS/REQUIRED FOLLOW UP** |
| 1. Monthly MAR with required components is present | | | | |
| **11-2 Transcribing Required Information onto the Medication Administration Record (MAR)** | **YES** | **NO** | **N/A** | **COMMENTS/REQUIRED FOLLOW UP** |
| 1. All medications and Dietary Supplements are transcribed onto MAR | | | | |
| 2. If there is a documentation error in transcription or the medication or Dietary Supplement order changes, the order was re-transcribed; edits are not made to an existing transcription | | | | |
| a. If medication order is DC'd by HCP; corresponding medication is correctly DC'd on MAR | | | | |
| 3. Reason why each medication and Dietary Supplement is ordered is on MAR | | | | |
| 4. Data collection (e.g., vital signs, bowel tracking, lab work, etc.) required to cross reference for medication administration is recorded on MAR | | | | |

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| a. Data collection is documented on MAR, in a separate block, above or below or consecutive to the medication to be administered or electronically linked to the medication to be administered | | | | |
| 5. A current seizure record is present (includes date of last known seizure, if infrequent) to cross reference for medication administration; if applicable | | | | |
| **11-3 Service Provider Transcription of Medication Management System** | **YES** | **NO** | **N/A** | **COMMENTS/REQUIRED FOLLOW UP** |
| 1. Biennial 'TMM' System (Transcription, Posting and Verifying and Monthly Accuracy Check) training by Service Provider designee 'TMM' Instructor (MAP Trainer, Certified Supervisor, etc.) is on site and includes name and contact info of Instructor; dated attendance list of trained staff proficient in the skill; complete set of training materials | | | | |
| a. Completed customized 'TMM System Competency Evaluation Tool' for each staff trained is present | | | | |
| **11-4 Medication Administration Record Documentation** | **YES** | **NO** | **N/A** | **COMMENTS/REQUIRED FOLLOW UP** |
| 1. All MAP associated documentation is in blue or black ink or font color | | | | |
| 2. All boxes on MAR are initialed that medication was given and/or, if applicable | | | | |
| a. Only acceptable codes are used and are listed on MAR | | | | |
| b. A progress note is written by staff who administered a medication but forgot to initial | | | | |
| 3. When person 'is present' at site at the scheduled medication time but the medication is not administered (e.g., med not available, refusal, etc.) documentation is completed, including | | | | |
| a. Initials are circled on medication sheet | | | | |
| b. A corresponding progress note indicating why medication was not given | | | | |
| c. Who was contacted, recommendations given, and actions taken are present | | | | |
| 4. Administration of PRN medication is documented correctly including | | | | |
| a. Initials and time of administration | | | | |
| b. Reason medication was given | | | | |
| c. Effectiveness of medication given (using subjective and/or objective observations) | | | | |
| 5. Errors are properly corrected (single line through error, 'error', initials); followed by corrected documentation | | | | |
| 6. The signature legend that corresponds with medication administration that is located on, or electronically linked to MAR, reflects each staff's legible initials and proper name (full first & last name) | | | | |
| 7. Emergency Fact Sheet is present with current identification information | | | | |

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| a. Current medications, dosage and frequency are listed or attached | | | | |
| 8. Allergies are written on all health-related documents, (e.g., HCP orders, protocols, support plans, consult forms, MARs, and emergency fact sheets, etc.) | | | | |
| a. If individual does not have any known allergies (i.e., No Known Allergies), then this information is listed | | | | |
| b. If preferred, allergy list may be formatted to assist in readily identifying allergies (e.g., circling allergy list with red pen, electronically generated Allergy Alert 'text box', etc.) | | | | |
| **E. MEDICATION SECURITY (SECTION 12)** | | | | |
| **12-1 Medication Storage** | **YES** | **NO** | **N/A** | **COMMENTS/REQUIRED FOLLOW UP** |
| 1. 'Medication Storage Area' complies with the following requirements | | | | |
| a. Oral meds stored separately (e.g., different shelf or separate storage containers) from meds administered by other routes | | | | |
| b. Meds and Dietary Supplements requiring refrigeration are stored in a key-locked container within the shared refrigerator (e.g., kitchen refrigerator), or stored in a separate (key-locked) refrigerator dedicated to med storage | | | | |
| c. Unless prescription plan requires otherwise, no more than a 37-day supply of prescription medication is safely stored on site. (If excess due to prescription plan requirement, documentation is present) | | | | |
| d. OTC meds and Dietary Supplements in original manufacturer's package, an excess of 37 days is permitted | | | | |
| e. Prescription and OTC medications and Dietary Supplements are in date | | | | |
| 2. Site has a specific area devoted strictly to storage of all Schedule II-VI prescription meds, OTC meds and Dietary Supplements, medication-related supplies, and records relevant to med administration | | | | |
| a. Area designated for 'medication storage' is key-locked | | | | |
| b. Area designated for Schedule II-V and High-Risk Schedule VI meds is double key-locked | | | | |
| 3. Possession of storage keys and access to storage area is limited to authorized Certified or licensed staff responsible for med administration at the site | | | | |
| 4. When there are no Schedule II-V medications or High-Risk Schedule VI meds stored at the site, there is a procedure that identifies the Certified or licensed staff responsible for control of the medication storage key | | | | |
| 5. When there are no Certified or licensed staff on-site, the med storage keys are housed in a designated locked container (e.g., realtor box) | | | | |
| a. Housing med storage keys in realtor box happens only when there are no Certified or licensed staff on-site | | | | |
| b. Only the med storage keys are housed in the realtor box | | | | |
| 6. Only Certified or licensed staff assigned med administration or med security responsibilities access the keys from the realtor box | | | | |

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| 7. The site has only one back-up set of med storage keys kept in a separate locked location (e.g., second realtor box) and knowledge of how to access back-up set of med storage keys is restricted to only off-site administrative staff | | | | |
| **12-2 Schedule II-V Medication Security Measures** | **YES** | **NO** | **N/A** | **COMMENTS/REQUIRED FOLLOW UP** |
| 1. Schedule II-V and high-risk Schedule VI security measures are in place and reconciliation (counting) of the meds to ensure what is on hand and what is documented in the count book are the same | | | | |
| a. Every time control of med storage keys changes hands (e.g., change of shift, partial-shift assignment, Service Provider nurse oversight review, relief staff assignment, more than one Certified staff is assigned to administer meds during the same shift, etc.) | | | | |
| b. Every time the med storage keys are placed into and removed from the realtor box | | | | |
| 2. A 'Shoulder to Shoulder' count is completed with 2 Certified and/or licensed staff every time the meds are reconciled | | | | |
| a. If a 'Single-Person Count' is utilized the criteria for use was met | | | | |
| b. Single Certified or licensed staff sign Count Book and note 'single-person count' | | | | |
| c. No later than 24 hours after the last count was conducted by two persons, a required two-person count is conducted | | | | |
| 3. The Certified or licensed staff assigned med administration responsibilities and security of the med storage area keeps the keys on their person during their entire shift/assignment | | | | |
| 4. Medication count is correct at time of review | | | | |
| 5. Any suspicious discrepancy noted in 'Countable Controlled Substance Count' is reported immediately to Site Supervisor or designee of site; within 24 hours of discovery to DCP and to MAP Coordinator | | | | |
| 6. Count Sheet pages and Count Signature pages include progress notes explaining count discrepancies (suspicious and/or non-suspicious) and status of count is marked as 'no', if applicable | | | | |
| **12-3 Countable Controlled Substance Book (Count Book)** | **YES** | **NO** | **N/A** | **COMMENTS/REQUIRED FOLLOW UP** |
| 1. Count Book used for documentation specific to Schedule II-V meds and Schedule VI meds identified by DCP as having a high-risk potential for abuse and | | | | |
| a. has not been transferred from another site, contains address of MAP Registered site as listed on MCSR, and is chronologically numbered | | | | |
| 2. Only one Count Book is in use; is bound, preprinted, has consecutively numbered pages, is intact with an Index, Count Sheet pages and Count Signature Sheet pages | | | | |
| 3. Site Supervisor has ensured accuracy of index (e.g., acknowledging removal of a medication, acknowledging page transfers, etc.) | | | | |
| a. Highlighting, if used, is only in Count Book Index to indicate a row is not active | | | | |
| 4. When Count Book transfer of information was required, Site Supervisor with another Certified/licensed staff signatures are present | | | | |
| 5. Schedule II-V meds and high-risk Schedule VI written prescriptions awaiting drop off to pharmacy are on count | | | | |

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| 6. Schedule II-V meds and high-risk Schedule VI meds discontinued medications awaiting disposal are on count | | | | |
| a. If Schedule II-V meds and high-risk Schedule VI meds are disposed, documentation includes reason, disposal record item number, and two staff signatures | | | | |
| b. If Schedule II-V meds and high-risk Schedule VI meds are disposed and remainder is zero, 'amount left' column is marked as '0' | | | | |
| 7. Count Sheet page headings reflect HCP order and pharmacy label information | | | | |
| 8. Two signatures are present when adding medication to the count (newly ordered meds and refills) | | | | |
| a. Each time there is a change in prescription number the new number and date received is documented | | | | |
| 9. Schedule II-V meds and high-risk Schedule VI meds are subtracted from the Count Book when removed (to be administered, LOA, transfer to DP, etc.) | | | | |
| 10. Entries are not squeezed in between lines | | | | |
| 11. The same 2 Certified staff signatures are present, and continuation pages are referenced correctly when transferring to a new Count Sheet page (bottom of used page/top of new page) | | | | |
| 12. Errors are properly corrected (single line through error, 'error', initials); followed by corrected documentation | | | | |
| 13. There are no blank spaces; pages and/or lines are not skipped | | | | |
| **12-4 Transfer of Medication** | **YES** | **NO** | **N/A** | **COMMENTS/REQUIRED FOLLOW UP** |
| 1. Certified staff transport medication for people at MAP Registered site for which staff works and only during working hours; medication transfer forms are maintained at MAP Registered site and include | | | | |
| a. address of MAP Registered site the medication is transferred from and the address of the location the medication is transferred to | | | | |
| b. signatures of Certified/licensed staff who secured, transferred, and accepted the medication | | | | |
| **12-6 Syringe Security and Storage** | **YES** | **NO** | **N/A** | **COMMENTS/REQUIRED FOLLOW UP** |
| 1. Syringes with an attached needle, including pre-filled labeled syringes are stored in locked med area, unless secured by VNA | | | | |
| 2. Pharmacy labeled pre-filled syringes containing a Schedule II-V or high-risk Schedule VI medication are added to Count Book as 'units' | | | | |
| **12-7 Drug Tampering and Suspected Drug Tampering** | **YES** | **NO** | **N/A** | **COMMENTS/REQUIRED FOLLOW UP** |
| 1. Drug tampering and suspected drug tampering were reported to DCP within 24 hours after discovery as reflected on Drug Incident Report (DIR) | | | | |
| a. Procedures after discovery were followed per MAP policy and associated documentation is present | | | | |
| b. After notification to DCP, Site Supervisor (or designee) notified MAP Coordinator | | | | |

| 12-8 Drug Loss | YES | NO | N/A | COMMENTS/REQUIRED FOLLOW UP |
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| 1. Drug losses, including diversion, for prescription medications (Schedule II-VI) and/or written prescription losses, prescription meds disposed by one Certified staff or by one licensed staff, missing disposal form(s), missing Count Books, etc. were reported to DCP. Drug Incident Report (DIR) reflects drug losses are reported within 24 hours after discovery | | | | |
| a. If drug loss led to omission of medication, omission was submitted as an MOR | | | | |
| b. After notification to DCP, Site Supervisor (or designee) notified MAP Coordinator | | | | |
| **12-9 Biometric Medication Security** | **YES** | **NO** | **N/A** | **COMMENTS/REQUIRED FOLLOW UP** |
| 1. The medication storage area is accessed through use of a biometric lock, and the 'Schedule II-V' medication and 'high-risk Schedule VI' medication is accessed through a second biometric lock | | | | |
| a. A key-lock is utilized to access the medication storage, and a biometric lock is utilized to access the 'Schedule II-V' medication and 'high-risk Schedule VI' medication, if preferred | | | | |
| 2. The system maintains a trackable history of staff access | | | | |
| **F. MEDICATION ADMINSTRATION (SECTION 13)** | | | | |
| **13-1 Medication Administration** | **YES** | **NO** | **N/A** | **COMMENTS/REQUIRED FOLLOW UP** |
| 1. Medication and Dietary Supplements are documented as administered on MAR | | | | |
| a. Special Instructions (e.g., administer 1 hour before meals, etc.) are followed | | | | |
| 2. Medication administration times schedule is present | | | | |
| 3. Certified/licensed staff documenting on MAR can be identified (e.g., signature list, digital signature, etc.) | | | | |
| 4. Training documentation [name/contact info of Trainer (HCP, Pharmacist, RN, LPN, or MAP Trainer); dated attendance list; complete set of training materials] is present for routes other than oral | | | | |
| **13-2 Medication Refusals** | **YES** | **NO** | **N/A** | **COMMENTS/REQUIRED FOLLOW UP** |
| 1. Medication refusals reported to prescribing or covering HCP, unless an order states otherwise | | | | |
| a. Documentation includes circled initials on MAR with corresponding progress note (date, time of refusal, reason; HCP notification and recommendations if any; staff observations and actions taken) | | | | |
| **13-3 Day Program Medication Requirements** | **YES** | **NO** | **N/A** | **COMMENTS/REQUIRED FOLLOW UP** |
| 1. Transfer forms are on site (dated and signed) | | | | |
| 2. Medication was split-packaged by pharmacist | | | | |
| 3. Copies of all HCP orders are present | | | | |

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| 4. Only medication (scheduled and PRN) day program staff administer, are transcribed | | | | |
| 5. Plan in place to obtain PRN medication in a timely manner, if not stored on site | | | | |
| 6. A communication system is established between the Residential site and the MAP Registered Day Program for medication related issues (e.g., PRN med use, data tracking, etc.) and/or concerns | | | | |
| **G. POLICIES, PROCEDURES, AND RECORDKEEPING (SECTION 14)** | | | | |
| **14-1 Service Provider MAP Policies** | **YES** | **NO** | **N/A** | **COMMENTS/REQUIRED FOLLOW UP** |
| 1. Trained Certified Staff | | | | |
| 2. Access to MAP Consultant(s) | | | | |
| 3. Medical Emergencies Related to Medication Administration | | | | |
| 4. Transcription of Medication Management System | | | | |
| 5. Leave of Absence (LOA) | | | | |
| 6. Off-Site Administration (OSA) of Medication | | | | |
| 7. Vacation (V) | | | | |
| 8. Backpacking | | | | |
| 9. Vital Signs | | | | |
| 10. Obtaining Properly Labeled Containers | | | | |
| 11. Access to Medication Storage Area (Keys or Biometrics) | | | | |
| 12. Health Care Provider Order | | | | |
| 13. Pharmacy Packaged Multi-Dose Medication Packaging, if applicable | | | | |
| 14. Pertinent Medication Specific Policies | | | | |
| a. Warfarin Sodium Therapy | | | | |
| b. Clozapine Therapy | | | | |
| c. Medications Requiring Additional Monitoring of an Individual | | | | |

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| d. OTC Medication and Dietary Supplements without a Pharmacy Label | | | | |
| e. Blood Glucose Monitoring | | | | |
| f. Oxygen Therapy | | | | |
| g. Auto-Injectable Epinephrine | | | | |
| h. Medication Administration via Gastrostomy (G) Tube or Jejunostomy (J) Tube | | | | |
| i. Insulin (via Insulin Pen) Therapy by MAP Certified Staff | | | | |
| j. Schedule VI Injectable Medication (via pen) by MAP Certified Staff | | | | |
| **14-2 Site Record Keeping Requirements** | | | | |
| **MAP Reference Sources** | **YES** | **NO** | **N/A** | **COMMENTS/REQUIRED FOLLOW UP** |
| 1. Current MAP Policy Manual is on site (electronic or hard copy) | | | | |
| a. Advisories are on site, when applicable (electronic or hard copy) | | | | |
| 2. Current MAP curriculum, 'Responsibilities in Action' (RIA) is on site (electronic or hard copy) | | | | |
| 3. Current (dated less than 2 years) Drug Handbook or medication information sheets from pharmacy (for each medication and Dietary Supplement ordered) is on site; printed or electronic | | | | |
| a. If needed, a reputable online source may be used to print the medication information sheet | | | | |
| 4. Electronically filed required reference materials are readily accessible for oversight and review by State agencies | | | | |
| 5. If electronic version of required reference materials is used, training documentation available on site that 'all' Certified staff know how to access | | | | |
| a. electronic version is on site & readily available twenty-four hours a day, seven days a week | | | | |
| b. there is a contingency plan in the event the site's internet service or computer is not functioning | | | | |
| **Service Provider Procedures** | **YES** | **NO** | **N/A** | **COMMENTS/REQUIRED FOLLOW UP** |
| 6. Medication Refusal-procedure includes Service Provider's internal reporting measures, (e.g., incident reports, data tracking forms, etc.) | | | | |
| 7. Medication Incident-procedure includes Service Provider's internal reporting systems; quality assurance standards; actions taken that address med incidents that are not med occurrences, etc. | | | | |

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| 8. Emergency Fact Sheet (EFS)-procedure includes measures to ensure current medications, dosages, frequencies, etc. are listed on EFS or attached to EFS; includes measures to ensure current Medication List is shared with pertinent HCP | | | | |
| **Registrations** | **YES** | **NO** | **N/A** | **COMMENTS/REQUIRED FOLLOW UP** |
| 9. Current MAP Massachusetts Controlled Substances Registration (MCSR) is on site in med room | | | | |
| 10. Current Clinical Laboratory Improvement Amendments (CLIA) Certificate of Waiver, if applicable | | | | |
| 11. Drug Control Program (DCP) granted Waivers, if applicable | | | | |
| **Staff (including Relief Staff) Certifications** | **YES** | **NO** | **N/A** | **COMMENTS/REQUIRED FOLLOW UP** |
| 12. Current MAP Certifications (printed copies or readily accessible electronically filed) are on site | | | | |
| 13. Current CPR Certifications are on site | | | | |
| 14. Current First Aid Certifications are on site | | | | |
| **Emergency Contact List** | **YES** | **NO** | **N/A** | **COMMENTS/REQUIRED FOLLOW UP** |
| 15. Single page of Emergency Contact Numbers (i.e., 911, Poison Control, all MAP Consultants, Managerial/Supervisory staff) | | | | |
| **Internal MAP Monitoring System** | **YES** | **NO** | **N/A** | **COMMENTS/REQUIRED FOLLOW UP** |
| 16. Documentation of completed Tool(s), Checklist(s), etc. used for monitoring, or to complete a review/audit, is on site | | | | |
| **MAP Registered Youth Sites (DCF and DMH only)** | **YES** | **NO** | **N/A** | **COMMENTS/REQUIRED FOLLOW UP** |
| 17. There is a MAP Quality Assurance Monitor in place at the site | | | | |
| 18. Annual 'Medication Administration Observation' documentation is present for all staff, (including relief staff) | | | | |
| **14-3 Retention Period for MAP Program Records** | **YES** | **NO** | **N/A** | **COMMENTS/REQUIRED FOLLOW UP** |
| 1. Site Supervisor or designee is aware that two years' (timed from the date of the record) worth of MAP documentation must be available on site | | | | |
| **H. MEDICATION DISPOSAL (SECTION 15)** | | | | |
| **15-1 Medication Disposal Guidelines** | **YES** | **NO** | **N/A** | **COMMENTS/REQUIRED FOLLOW UP** |
| 1. Current DPH disposal form is used for ALL prescription meds (Schedule II-VI). May also be used for OTCs and Dietary Supplements | | | | |
| a. Disposal form heading is complete with Service Provider name, address and DPH MAP Registration number (MCSR) | | | | |
| b. Page numbers are completed sequentially | | | | |

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| c. Item numbers are completed sequentially | | | | |
| d. Disposal blocks are not skipped | | | | |
| e. All spaces are completed within a medication disposal block | | | | |
| f. Countable medication disposal block includes a Count Book number and Count Sheet page number | | | | |
| 2. Discontinued or outdated meds are disposed of in a timely manner by two Certified and/or licensed staff, one of which is site supervisor using acceptable disposal practices | | | | |
| a. Disposal documentation of Schedule II- V medications and high-risk Schedule VI medications match Count Book documentation | | | | |
| 3. If a site supervisor is unavailable when an individual refuses a prepared medication, or a pill is inadvertently dropped, two Certified staff may dispose of the medication | | | | |
| 4. Licensed staff participating in disposal with site supervisor sign in signature space labeled 'staff' | | | | |
| 5. If site participates in an 'anonymous' (e.g., National Prescription Take-Back Day) take back program, steps are completed by two Certified and/or licensed staff, one of which is the site supervisor and include | | | | |
| a. Medication rendered unusable on site | | | | |
| b. Disposal documented on disposal form | | | | |
| c. 'Take-back' box checked on disposal form | | | | |
| d. Unusable medication is taken to the 'anonymous' drop-off program for disposal | | | | |
| 6. If site participates in 'non-anonymous' (e.g., Household Pharmaceutical Take-Back Program) drop-off program, steps are completed by two Certified and/or licensed staff, one of which is the site supervisor and include | | | | |
| a. Medications are brought in original container with affixed pharmacy label to take-back program | | | | |
| b. Medications are transported in a locked container to the take back program with the disposal form | | | | |
| c. Medications are rendered unusable at take back program by the two staff who document on disposal form, or meds were turned over to a federal, state, or local law enforcement sanctioned program and 'Take-Back' box is checked on disposal form | | | | |
| d. Completed disposal form is brought back to site | | | | |
| **I. OFF-SITE MEDICATION ADMINISTRATION, CERTIFIED/LICENSED STAFFED VACATION, LEAVE OF ABSENCE, BACKPACKING (SECTION 16)** | | | | |
| **16-2 Off-Site Administration (OSA) of Medication** | **YES** | **NO** | **N/A** | **COMMENTS/REQUIRED FOLLOW UP** |
| 1. Certified/licensed staff accompany and administer meds to an individual at an off-site location (e.g., trip to mall, etc.) and/or during day program hours at an off-site location (e.g., work, etc.), and ensure | | | | |

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| a. Medication is packaged by pharmacy if administering meds for a period of 'more than 24 hours' | | | | |
| b. Medication is packaged by the same Certified/licensed staff who administers the med for a period of 'less than 24 hours', if pharmacy is unable | | | | |
| 2. OSA documentation (i.e., progress notes and OSA on med sheet) is completed correctly | | | | |
| 3. Unused, oral OSA medication return procedures are followed | | | | |
| **16-3 Vacation (V) Accompanied by Certified/Licensed Staff** | **YES** | **NO** | **N/A** | **COMMENTS/REQUIRED FOLLOW UP** |
| 1. Certified/licensed staff accompany and administer meds to an individual on vacation, and ensure | | | | |
| a. Medication is packaged by pharmacy and securely transported | | | | |
| 2. Vacation copies of HCP orders, med sheets and med info sheets are used and filed on site. Documentation is completed by staff accompanying people on vacation and staff at residential site | | | | |
| **16-4 and 16-5 Leave of Absence (LOA)** | **YES** | **NO** | **N/A** | **COMMENTS/REQUIRED FOLLOW UP** |
| 1. Pharmacists package medication for routine absences less than 72 hours and/or extended absences greater than 72 hours | | | | |
| 2. If pharmacy cannot, and absence is unplanned and less than 72 hours, medication may be packaged by Certified staff per MAP Policy | | | | |
| 3. LOA forms with signatures of those releasing and accepting medication are maintained in person's record | | | | |
| 4. LOA documentation is complete | | | | |
| 5. Oral LOA medications returned to the site are disposed per MAP Policy | | | | |
| 6. Procedure is in place regarding staff responsibilities upon return | | | | |
| **16-7 'Backpacking'** | **YES** | **NO** | **N/A** | **COMMENTS/REQUIRED FOLLOW UP** |
| 1. Storing, transporting, securing, and handling a person's backpacked medication is managed per Service Provider Procedure | | | | |
| 2. Documentation of the Service Provider's Backpacking Procedures Training includes the training date, names of staff trained, and contact information of the Trainer | | | | |
| **J. MEDICATION OCCURRENCES (SECTION 17)** | **YES** | **NO** | **N/A** | **COMMENTS/REQUIRED FOLLOW UP** |
| 1. MAP Consultants are available 24 hours a day, 7 days a week | | | | |
| 2. 'Hotline Event' MORs are submitted to DPH and MAP Coordinator within 24 hours of discovery | | | | |
| 3. All Non-Hotline MORs submitted to MAP Coordinator (DDS-HCSIS; DMH-MAP MOR form; MassAbility-Qualtrics; DCF-i-FamilyNet) within 7 days of discovery | | | | |

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| a. All original, unaltered 'paper' MOR forms are filed and retained on site, if applicable | | | | |
| b. MOR data entered directly into HCSIS (DDS); i-FamilyNet (DCF) (no paper form used) can be retrieved electronically at the site | | | | |
| 4. Documentation of follow-up actions (e.g., supervised 'med pass', staff training/retraining, environmental issues addressed, review of correct procedure/process, etc.) that focus on contributing factors that may have led to the med occurrence is on site | | | | |
| **K. ANCILLARY PRACTICES BY CERTIFIED STAFF (SECTION 18)** | | | | |
| **18-1 Vital Signs Monitoring Related to Medication Administration by Certified Staff** | **YES** | **NO** | **N/A** | **COMMENTS/REQUIRED FOLLOW UP** |
| 1. Each HCP is consulted to determine if vital signs (VS) are required for medication administration | | | | |
| a. There are specific written parameters and steps to take when readings are outside stated parameters | | | | |
| b. VS are monitored by Certified and/or licensed staff as ordered | | | | |
| c. VS are documented on med sheet above or below or consecutive to or electronically linked to medication | | | | |
| 2. HCP is notified if VS were not obtained, or parameter steps not followed | | | | |
| a. Following notification, HCP orders and/or instructions received are documented | | | | |
| 3. VS training is on site and includes at a minimum, name and contact info of Trainer (HCP, RN, LPN, Pharmacist, Paramedic or EMT); dated attendance list of trained staff proficient in skill; list of equipment used; a complete set of training materials | | | | |
| a. 'Competency Evaluation Tool for Vital Signs Training' is present | | | | |
| 4. Manufacturer's instructions for how to operate specific equipment used is readily available on site | | | | |
| **18-2 Blood Glucose Monitoring (BGM) by Certified Staff** | **YES** | **NO** | **N/A** | **COMMENTS/REQUIRED FOLLOW UP** |
| 1. There is an HCP order and/or protocol for BGM that includes specific written upper/lower parameters and steps to take when readings are outside stated parameters | | | | |
| a. Blood glucose is monitored by Certified and/or licensed staff as ordered | | | | |
| 2. Instructions are obtained from HCP for any required follow-up (e.g., when blood glucose levels are outside of parameters, when there is a failure to obtain blood glucose levels, etc.) | | | | |
| a. Following notification, HCP orders and/or instructions received are documented | | | | |
| 3. 'General Knowledge' BGM training is on site and includes at a minimum, name and contact info of Trainer (HCP, Pharmacist, RN, LPN); dated attendance list of staff; list of equipment used; a complete set of training materials | | | | |
| a. Competency Evaluation Tool for 'General Knowledge' of Blood Glucose Monitoring is present | | | | |

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| 4. 'Individual-specific' BGM training is on site and includes at a minimum, name and contact info of Trainer (HCP, Pharmacist, RN, LPN); dated attendance list of staff proficient in the skill; a complete set of training materials | | | | |
| a. Competency Evaluation Tool for 'Individual-Specific' Blood Glucose Monitoring is present | | | | |
| 5. Manufacturer's instructions for how to operate specific equipment used is readily available on site | | | | |
| **L. SPECIALIZED TRAINING RELATED TO MEDICATION (SECTION 19)** | | | | |
| **19-2 Oxygen Therapy** | **YES** | **NO** | **N/A** | **COMMENTS/REQUIRED FOLLOW UP** |
| 1. There is an HCP order and/or protocol for oxygen therapy that includes medical condition for use, parameters, and instructions for administration; including instructions for follow up with HCP when oxygen needs are outside of established parameters; person-specific adverse effects and when to call 911 and/or HCP | | | | |
| 2. HCP is notified if notification parameters were met; if oxygen was not administered; or if parameter steps were not followed; HCP orders and/or instructions received are documented | | | | |
| 3. 'General Knowledge' Oxygen Therapy training is on site and includes at a minimum, name and contact info of Trainer (HCP, RN, LPN, Respiratory Therapist or Trainer from oxygen supply company); dated attendance list of staff; list of equipment used; a complete set of training materials | | | | |
| a. Competency form for 'General Knowledge' Oxygen Therapy Training is present | | | | |
| 4. 'Individual-Specific' Oxygen Therapy training is on site and includes at a minimum; name and contact info of Trainer (HCP, RN, LPN, Respiratory Therapist or Trainer from oxygen supply company); dated attendance list of staff; list of equipment used; a complete set of training materials | | | | |
| a. Competency form for 'Individual-Specific' Oxygen Therapy Training is present | | | | |
| 5. Certified staff administering oxygen have current vital signs training | | | | |
| **19-3 Epinephrine Administration via Auto-Injector Device(s)** | **YES** | **NO** | **N/A** | **COMMENTS/REQUIRED FOLLOW UP** |
| 1. There is an HCP order and/or protocol for epinephrine via auto-injector administration that includes specific medical condition for use; specific allergen(s); 'individual-specific' adverse effects to observe for, when to call 911 and/or HCP | | | | |
| 2. Annual 'General Knowledge' Epinephrine via Auto-Injector Device Training is on site and includes at a minimum, name and contact info of Trainer (HCP, PA, Pharmacist, RN, Paramedic or EMT; subsequent annual review may be by LPN); dated attendance list of staff; complete set of training materials | | | | |
| a. Required Competency Evaluation Tool for 'General Knowledge' of Epinephrine Administration via Auto-Injector Device is present | | | | |
| 3. Annual 'Individual-Specific' Epinephrine via Auto-Injector Device Training is on site and includes at a minimum, name and contact info of Trainer (HCP, PA, Pharmacist, RN, Paramedic or EMT); subsequent annual review by LPN, dated attendance list of staff; complete set of training materials | | | | |
| a. Required Competency Evaluation Tool for 'Individual-Specific' Epinephrine via Auto-Injector Device is present | | | | |

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| b. Required Competency Evaluation Tool for Epinephrine via Auto-Injector Device 'Return Demonstration' is present | | | | |
| 4. Certified staff administering epinephrine via auto-injector have current vital signs, first aid and CPR training | | | | |
| 5. Epinephrine auto-injector disposal guidelines are followed per MAP policy | | | | |
| **Non-MAP Staff Administration of Epi-Pen and Rescue Inhalers** | **YES** | **NO** | **N/A** | **COMMENTS/REQUIRED FOLLOW UP** |
| 1. Rescue inhalers or epinephrine auto-injectors that are to be administered by non-MAP staff, are kept in a separate storage area from the Residential site medication storage area | | | | |
| 2. Documentation of the administration of rescue inhalers or epinephrine auto-injectors is documented separate from the Residential site medication administration record | | | | |
| 3. There is a communication system to ensure awareness of all site staff when a rescue inhaler or epinephrine auto-injector is administered | | | | |
| **19-5 Medication Administration and Water Flushes via G or J Tube** | **YES** | **NO** | **N/A** | **COMMENTS/REQUIRED FOLLOW UP** |
| 1. There is an HCP order and/or protocol for medication and water flushes via the G or J tube route, including but not limited to specific medical condition for use; when to call 911 and/or HCP; and instructions for follow up (e.g., issues with G or J tube, integrity of skin/stoma site, etc.) with HCP, if applicable | | | | |
| 1. Documentation of contact with HCP and recommendations given is present | | | | |
| 2. 'General Knowledge' Medication Administration and Water Flushes via the G or J Tube Route Training is on site and includes at a minimum, name and contact info of Trainer (RN, HCP); subsequent reviews may be conducted by LPN; dated attendance list of staff; complete set of training materials | | | | |
| a. Required Competency Tool for General Knowledge of Medication Administration via a Gastrostomy (G) or Jejunostomy (J) Tube is present | | | | |
| 3. 'Individual-Specific' Medication Administration and Water Flushes via the G or J Tube Route Training is on site and includes at a minimum, name and contact info of Trainer (RN, HCP); subsequent reviews may be conducted by LPN; dated attendance list of staff; complete set of training materials | | | | |
| a. Required Competency Tool for Individual-Specific Medication Administration via a Gastrostomy (G) or Jejunostomy (J) Tube is present | | | | |
| b. Required Competency Evaluation Tool for biennial Return-Demonstration of Medication Administration via the Individual's (G) or Jejunostomy (J) Tube is present | | | | |
| c. Required Competency Evaluation Tool for Return-Demonstration of Water Flush via the Individual's (G) or Jejunostomy (J) Tube is present | | | | |
| 4. Certified staff administering meds via G or J Tube have current vital signs, first aid, and CPR training | | | | |
| **19-7 High Alert Medication-Warfarin Sodium (Coumadin) Therapy** | **YES** | **NO** | **N/A** | **COMMENTS/REQUIRED FOLLOW UP** |
| 1. There is an HCP order and/or Protocol for warfarin sodium that includes specific medical condition or diagnosis; frequency of PT and INR lab work draws; specific INR target range/goal; 'Individual-Specific' adverse effects to observe for, including when to call 911 and/or HCP, instructions to follow when a dose is not administered as ordered | | | | |
| a. Warfarin sodium dosages received from an Anticoagulation Management Service are ordered by an HCP | | | | |

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| b. Dose changes are communicated to all staff, verbally and/or in writing; narrative note is documented in person's record | | | | |
| 2. An individualized 'Warfarin sodium Therapy Protocol' is present | | | | |
| 3. Medication sheet includes upcoming INR and PT lab draw date and completion, space for second staff (when available) to verify (initial) accuracy of medication dosage, 'NSS' is used if no second staff available to verify dose | | | | |
| 4. There is a 'Warfarin sodium Tracking System in place including either adding to the Count Book, an accounting documentation procedure or 'Blister Pack Monitoring System' | | | | |
| 5. 'General Knowledge' Warfarin sodium Therapy Training is on site; training content includes but is not limited to name and contact info of Trainer (HCP, RPh, RN); subsequent reviews may be conducted by LPN; dated attendance list of staff proficient in the skill; a complete set of training materials | | | | |
| a. Required Competency Evaluation Tool for 'General Knowledge' of Warfarin Sodium (Coumadin) Therapy is present | | | | |
| 6. 'Individual-Specific' Warfarin sodium Therapy Training is on site; training content includes but is not limited to name and contact info of Trainer (HCP, RPh, RN); subsequent reviews may be conducted by LPN; dated attendance list of staff proficient in the skill; a complete set of training materials | | | | |
| a. Required Competency Evaluation Tool for 'Individual-Specific' Warfarin Sodium (Coumadin) Therapy is present | | | | |
| 7. Certified staff administering Warfarin sodium have current vital signs, first aid and CPR training | | | | |
| **19-8 High Alert Medication-Clozapine (Clozaril) Therapy** | **YES** | **NO** | **N/A** | **COMMENTS/REQUIRED FOLLOW UP** |
| 1. There is an HCP order and/or Protocol for Clozapine that includes specific medical condition; individualized instructions to follow when dose is not administered for 2 days or more; adverse effects to watch for, when to call 911 and/or HCP prescriber | | | | |
| a. Dose changes are communicated to all staff, verbally and/or in writing; narrative note is documented in person's record | | | | |
| 2. Clozapine Therapy Training is on site; training content includes but is not limited to name and contact info of Trainer (HCP, RPh, RN); subsequent reviews may be conducted by LPN; dated attendance list of staff proficient in the skill; a complete set of training materials | | | | |
| a. Required Competency Evaluation Tool for Clozapine (Clozaril) Therapy is present | | | | |
| 3. Certified staff administering Clozapine have current vital signs, first aid and CPR training | | | | |
| **19-9 High Alert Medication-Insulin (via Insulin Pen) Therapy** | **YES** | **NO** | **N/A** | **COMMENTS/REQUIRED FOLLOW UP** |
| 1. There is an HCP order and/or Protocol for Insulin (via an Insulin Pen) that includes specific medical condition; type of Insulin device (i.e., Insulin Pen); blood glucose monitoring; what to do in the event of a high or low blood glucose level, when to call 911 and/or HCP | | | | |
| a. Dose changes and/or prescribed Insulin Pen device changes are communicated to all staff, verbally and/or in writing; narrative note is documented in person's record | | | | |
| b. If there is any change in the dose or prescribed Insulin Pen device, Supplemental Training is completed by qualified trainer (HCP, RPh, RN) prior to staff administering | | | | |

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| 2. | There is a licensed nurse, or if not available, 2 Insulin trained staff on site during medication administration times | | | | |
| 3. | Medication sheet includes space for second Insulin trained staff to document 'Verification Process', if 2 Insulin trained staff are not available, the insulin is not administered by 1 Insulin trained staff | | | | |
| 4. | Annual 'General Knowledge' Insulin Administration via Insulin Pen Therapy by MAP Certified Staff training is on site; training content includes but is not limited to name and contact info of Trainer (HCP, RPh, RN); dated attendance list of staff proficient in the skill; a complete set of training materials | | | | |
| | a. Required Competency Evaluation Tool for 'General Knowledge' of Insulin (via Insulin Pen) Therapy is present | | | | |
| 5. | Annual 'Individual-Specific' Insulin Administration via an Insulin Pen Therapy Training is on site; training content includes but is not limited to name and contact info of Trainer (HCP, RPh, RN) | | | | |
| | a. Required Competency Evaluation Tool for 'Individual-Specific' Insulin (via Insulin Pen) Therapy is present | | | | |
| | b. Required Competency Evaluation Tool for 'Initial Return-Demonstration' of Insulin (via Insulin Pen) Therapy is present | | | | |
| | c. Required Competency Evaluation Tool for 'Annual Demonstration' of Insulin (via Insulin Pen) Therapy is present | | | | |
| 6. | Certified staff administering Insulin via an Insulin Pen have their current Massachusetts Certified Nurse Aide (CNA) certification, vital signs, first aid and CPR and Blood Glucose Monitoring training | | | | |
| 7. | When only licensed staff administer Insulin, medication ordered is transcribed onto med sheet, identifying when next injection is expected to be administered, transcription clearly indicates who is administering medication and special instructions include a telephone number regarding when to notify VNA service, service provider nurse, etc. | | | | |
| **19-10 Schedule VI Injectable Medication** | | **YES** | **NO** | **N/A** | **COMMENTS/REQUIRED FOLLOW UP** |
| 1. | There is an HCP order and/or Protocol for Schedule VI injectable medication per subcutaneous route only (except for Epinephrine via Auto-Injector Device); specific medical condition; adverse effects to observe for; and when to call 911 and/or the HCP | | | | |
| | a. Dose changes and/or prescribed pen device changes are communicated to all staff, verbally and/or in writing; narrative note is documented in person's record | | | | |
| | b. If there is any change in HCP order and/or Protocol or prescribed pen device, Supplemental Training is completed by qualified trainer (HCP, RPh, RN) prior to staff administering | | | | |
| 2. | The Schedule VI medication is packaged and labeled by the pharmacy in a pen device | | | | |
| 4. | Annual 'General Knowledge' Schedule VI Injectable Medication via Pen Device Training by MAP Certified Staff training is on site; training content includes but is not limited to name and contact info of Trainer (HCP, RPh, RN); subsequent reviews may be conducted by LPN; dated attendance list of staff proficient in the skill; a complete set of training materials | | | | |
| 5. | Annual 'Individual-Specific' Schedule VI Injectable Medication via Pen Device Training including a Schedule VI Injectable Medication via Pen Device 'Return-Demonstration' is present | | | | |
| 6. | Certified staff Training and Competency in medication specific Schedule VI Injectable Medication documentation is on site | | | | |

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| 7. Certified staff administering Schedule VI Injectable medication have current vital signs, first aid and CPR training | | | | |
| 8. When only licensed staff administer an injectable medication, the medication ordered is transcribed onto med sheet, identifying when next injection is expected to be administered, transcription clearly indicates who is administering medication and special instructions include a telephone number regarding when to notify VNA service, service provider nurse, etc. | | | | |
| **M. LEARNING TO SELF-ADMINISTER MEDICATION (SECTION 20)** | | | | |
| **20-1 Definition and Criteria for Self-Administration of Medication** | **YES** | **NO** | **N/A** | **COMMENTS/REQUIRED FOLLOW UP** |
| 1. Medication is under complete control of person. If required that person's medication is stored in site's med storage area (for safety of others) only the person maintains key to their locked container of medication | | | | |
| **20-3 Self-Administration of Medication Skills Determination/Assessment** | **YES** | **NO** | **N/A** | **COMMENTS/REQUIRED FOLLOW UP** |
| 1. Self-Administration of Medication Skills Determination/Assessment is present and dated within 1 year | | | | |
| **20-4 Development of a Learning to Self-Administer Medication Teaching/Support Plan** | **YES** | **NO** | **N/A** | **COMMENTS/REQUIRED FOLLOW UP** |
| 1. Self-Administration of Medication Teaching/Support Plan, including documentation from all prescribers (as applicable) indicating approval for transitioning to self-administration is present | | | | |
| 2. Teaching/Support Plan is documented per State Agency requirements (e.g., CSP, ITP, ISP, Individualized Medication Plan, etc.) with documented periodic reviews as applicable | | | | |
| a. If a DMH supported person's CSP does not include goal or objective, an accompanying medication Teaching/Support Plan is present | | | | |
| **20-5 Learning to Self-Administer Medication and Appropriate Use of Pill-Organizers** | **YES** | **NO** | **N/A** | **COMMENTS/REQUIRED FOLLOW UP** |
| 1. HCP orders include number of days/doses a person may pack and hold regularly scheduled and or PRN meds | | | | |
| 2. Changes in HCP order regarding days/doses is documented and available to all staff | | | | |
| 3. Only pharmacists or individuals learning to self-administer prepares pill-organizer | | | | |
| 4. If person learning to self-administer prepares pill-organizer, documentation is present by Certified staff that includes their observation of person packaging regularly scheduled and/or PRN medication on an observation or medication sheet. | | | | |
| a. Date, name, dosage, and quantity of each medication transferred/repackaged by person is present | | | | |
| b. Documentation of when pill organizer is returned, including empty or if medication remains is present | | | | |
| c. Returned or forgotten doses are reported to HCP and are disposed per MAP Policy | | | | |
| 5. PRN medication is packaged separate from scheduled medication | | | | |
| a. Number of PRN doses packaged based on skill assessment and HCP documentation | | | | |

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|---|---|---|---|---|
| b. There is no more than a maximum of 7 doses of PRN medication packaged | | | | |
| c. There is a system for subsequent documentation of PRN doses taken and its effectiveness (e.g., individual notifies program staff PRN med was taken and its effectiveness) | | | | |
| 6. If a person is transitioning to self-administration of an injectable medication that is not administered subcutaneously or the subcutaneous medication is administered by only licensed staff, the transition is only with licensed staff support and supporting documentation is present | | | | |
| **20-8 Change in Individual's Status Warranting a Reevaluation** | **YES** | **NO** | **N/A** | **COMMENTS/REQUIRED FOLLOW UP** |
| 1. Reevaluation of medication skills following an event (e.g., after hospitalization for major illness, etc.) or change in status (e.g., alteration in vision, etc.) determining if person continues to meet criteria for Self-Administration or Learning to Self-Administer Process per MAP policy is present | | | | |

| **N. OTHER** | |
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