The Commonwealth of Massachusetts

Executive Office of Health and Human Services

Department of Public Health

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**MAP Advisory**

**From:** Department of Public Health, Medication Administration Program (MAP)

**To:** MAP Administrators and Coordinators

**Date:** August 1, 2023

**Subject:** Prepackaged Medication Administration by Non-MAP Certified staff in Registered Community Programs

Pursuant to section 67 of chapter 2 of the acts of 2023, unlicensed staff who are not MAP Certified (non-MAP Certified staff) are authorized to possess and administer prepackaged medications to individuals in Department of Mental Health (DMH), Department of Developmental Services (DDS), Department of Children and Families (DCF) and Massachusetts Rehabilitation Commission (MRC) MAP Registered Community Programs, as defined in 105 CMR 700.001.

As this is an extraordinary departure from the Medication Administration Program’s (MAP) foundational requirement that licensed or MAP Certified staff administer medications, this authorization is subject to the following conditions:

1. A MAP Registered site using non-MAP Certified staff to administer prepackaged medications must
   1. exhaust all efforts to have licensed or MAP Certified staff administer medications prior to engaging non-MAP Certified staff,
   2. assure appropriate consent procedures are followed,
   3. submit any resulting Medication Occurrence Reports (MOR), as usual, and
   4. provide weekly notice to the Department of Public Health (DPH), in the manner and form outlined below, on the number of times medications were administered by non-MAP Certified staff in the preceding week.
2. Medications must be prepackaged by a MAP Certified Supervisor or their MAP Certified designee, for the individual(s) living at or supported by the MAP Community Program, for up to seven days at a time.
3. Service Providers must have policies and procedures to provide staff guidance on how medications will be administered in such circumstance, including but not limited to:
   1. Secure storage methods separate from the MAP Community Program medication storage area.
      1. The prepackaged medications will be placed in a locked container with a combination lock. This container must be separate from the MAP Community Program medication storage area.
      2. The MAP Certified Supervisor or MAP Certified designee must limit access to the combination, and change the combination as needed for medication security.
   2. Prepackaging method for medications to be administered by non-MAP Certified staff.
      1. The medication must be in packages that are able to be sealed (e.g., a sealable coin envelope), with all medications that are scheduled for the same time (i.e., all 8am medications) being placed in the same package.
         1. Each package must be marked with the:
            * Individual’s name;
            * Name and dose of each medication in the package;
            * Scheduled time to administer;
            * Date packaged; and
            * Name of MAP Certified Supervisor or MAP Certified designee packaging the medication
         2. If the prepackaged medication involves a countable controlled substance, the medication will be subtracted from the count when prepared into the package.
         3. Once prepared, the package must remain sealed.
            * If a seal is found to be broken, the medication may not be administered, and the MAP Certified Supervisor must be contacted.
      2. Service Providers must have policies and procedures in place for how PRN (“as needed”) medications will be administered.
      3. Service Providers must have policies and procedures in place for how medications that require vital signs monitoring and high alert medications will be administered, including additional training and safety procedures (e.g., real-time virtual contact with the MAP Certified Supervisor or MAP Certified designee).
      4. Service Providers must make medication information and/or support process with resources available for non-MAP Certified staff.
      5. Service Providers must provide access to policies and procedures to DPH MAP Clinical Reviewers and/or MAP Coordinators upon request.
   3. Separate documentation process from that used by MAP Certified staff;
      1. The Service Provider must determine the documentation paperwork to be used for medication administration sign off by the non-MAP Certified staff (e.g., calendar page, notebook, sign off on prepack envelopes, etc.).
      2. Documentation of the prepackaged medications (including information outlined in 3(b)(i)(1) above) should be completed and maintained at the MAP Community Program.
      3. The Service Provider must develop a communication system between the non-MAP Certified staff and the MAP Certified staff to indicate when medications have been administered by non-MAP Certified staff.
   4. Safety check process for non-MAP Certified staff to follow before administering medications and after administering meds; and
      1. The MAP Certified Supervisor or MAP Certified designee will inform the non-MAP Certified staff that they must administer medications at particular medication time(s).
      2. The MAP Certified Supervisor or MAP Certified designee will inform the non-MAP Certified staff person where the prepackaged medications are located and give them the combination to the area and/or the package.
      3. Using a video call or telephone call during the medication administration process *may be an approach* the non-MAP Certified staff person could utilize to ensure that they have selected the correct prepackaged medications and that the correct medications are to be administered to the correct individual.
      4. The MAP Certified Supervisor or MAP Certified designee will also provide guidance on documentation and securing the rest of the medications.
   5. Process for inventory and restocking of prepackaged medications
4. Chain of Custody requirements remain in effect for all medications in the MAP medication storage area.
5. Only MAP Certified/licensed staff are permitted to document on the MAP medication administration sheets (MARs).
   1. If a non-MAP Certified staff administers the medication from a prepackaged container, the MAP medication sheet will remain blank on the grid for that date/time.
   2. MAP Certified staff may not administer medication from the prepackaged containers.

**How to Report Utilization**

Any MAP Registered site using this authorization must notify DPH weekly as follows:

* Submit notice every Monday if medications were administered by non-MAP Certified staff in the preceding week (Monday through Sunday).
* Notice shall consist of a completed “Non-MAP Certified Medication Administration” form: [Medication Administration Program (MAP) Recent News | Mass.gov](https://www.mass.gov/info-details/medication-administration-program-map-recent-news#11-14-2022-)
* Email completed form to [map.dcp@mass.gov](mailto:map.dcp@mass.gov)
  + Use subject line “Non-MAP Certified Medication Administration”
  + Copy appropriate MAP Agency partner (DMH, DDS, DCF, MRC)

This guidance will remain in effect until November 10, 2023.

If you have any questions or need guidance on how to implement this process, please contact your DMH, DDS, DCF or MRC MAP Coordinator.

**Attachment A**

1. The Service Provider is responsible for using non-MAP Certified staff to administer prepackaged medications only if standard MAP medication administration is not available.
   1. The Service Provider must assure that appropriate consent procedures are followed.
2. Medications may only be prepackaged by a MAP Certified Supervisor or their MAP Certified designee.
   1. Medications may only be prepackaged for the individual(s) living at or supported by the MAP Community Program, for up to seven days at a time.
3. Service Providers that make use of non-MAP staff to administer prepackaged medication must report this practice, for each site utilizing the practice, on a weekly basis.
4. Service Providers must have policies and procedures to provide staff guidance on how medications will be administered in such circumstance, including but not limited to:
   1. Secure storage methods separate from the MAP Community Program medication storage area.
      1. The prepackaged medications will be placed in a locked container with a combination lock. This container must be separate from the MAP Community Program medication storage area.
      2. The MAP Certified Supervisor or MAP Certified designee must limit access to the combination, and change the combination as needed for medication security.
   2. Prepackaging method for medications to be administered by non-MAP Certified staff.
      1. The medication must be in packages that are able to be sealed (e.g., a sealable coin envelope), with all medications that are scheduled for the same time (i.e., all 8am medications) being placed in the same package.
         1. Each package must be marked with the:
            * Individual’s name;
            * Name and dose of each medication in the package;
            * Scheduled time to administer;
            * Date packaged; and
            * Name of MAP Certified Supervisor or MAP Certified designee packaging the medication
         2. If the prepackaged medication involves a countable controlled substance, the medication will be subtracted from the count when prepared into the package.
         3. Once prepared, the package must remain sealed.
            * If a seal is found to be broken, the medication may not be administered, and the MAP Certified Supervisor must be contacted.
      2. Service Providers must have policies and procedures in place for how PRN (“as needed”) medications will be administered.
      3. Service Providers must have policies and procedures in place for how medications that require vital signs monitoring and high alert medications will be administered, including additional training and safety procedures (e.g., real-time virtual contact with the MAP Certified Supervisor or MAP Certified designee).
      4. Service Providers must make medication information and/or support process with resources available for non-MAP Certified staff.
   3. Separate documentation process from that used by MAP Certified staff;
      1. The Service Provider must determine the documentation paperwork to be used for medication administration sign off by the non-MAP Certified staff (e.g., calendar page, notebook, sign off on prepack envelopes, etc.).
      2. Documentation of the prepackaged medications (including information outlined in 3(b)(i)(1) above) should be completed and maintained at the MAP Community Program.
      3. The Service Provider must develop a communication system between the non-MAP Certified staff and the MAP Certified staff to indicate when medications have been administered by non-MAP Certified staff.
   4. Safety check process for non-MAP Certified staff to follow before administering medications and after administering meds; and
      1. The MAP Certified Supervisor or MAP Certified designee will inform the non-MAP Certified staff that they must administer medications at particular medication time(s).
      2. The MAP Certified Supervisor or MAP Certified designee will inform the non-MAP Certified staff person where the prepackaged medications are located and give them the combination to the area and/or the package.
      3. Using a video call or telephone call during the medication administration process *may be an approach* the non-MAP Certified staff person could utilize to ensure that they have selected the correct prepackaged medications and that the correct medications are to be administered to the correct individual.
      4. The MAP Certified Supervisor or MAP Certified designee will also provide guidance on documentation and securing the rest of the medications.
   5. Process for inventory and restocking of prepackaged medications
5. Chain of Custody requirements remain in effect for all medications in the MAP medication storage area.
6. Only MAP Certified/licensed staff are permitted to document on the MAP medication administration sheets (MARs).
   1. If a non-MAP Certified staff administers the medication from a prepackaged container, the MAP medication sheet will remain blank on the grid for that date/time.
   2. MAP Certified staff may not administer medication from the prepackaged containers.

**Attachment B**

**Non-MAP Certified Medication Administration Reporting Requirements**

Pursuant to section 67 of chapter 2 of the acts of 2023, the activity previously authorized by the DPH Commissioner’s COVID-19 Public Health Emergency Order No. 2022-20: *Prepackaged Medication Administration by Non-MAP Certified staff in Registered Community Programs,* has been extended until November 10, 2023, in accordance with the MAP Advisory issued on June 30, 2023.

**Instructions:**

Submit this form every Monday to report medications administered by Non-MAP Certified staff during the previous week, Monday-Sunday.

1) Provide the Service Provider name, site address, first and last name and email address of the Service Provider representative completing this form; enter the date of the Monday of the week covered by this report; and attest that the required conditions for utilization contained in the MAP Advisory dated May 11, 2023, have been met.

2) This utilization report should be submitted on the Monday following the week during which non-MAP Certified staff administered medications on one or more occasions. Do not submit a report of anticipated utilization of non-MAP Certified staff to administer medications.

3) In the table below, place a check mark in each box when non-MAP Certified staff administered medications to one or more individuals at this site.

4) Scan and attach the completed document to an email or select-all and copy and paste the contents of this document into the body of an email addressed to [**MAP.DCP@mass.gov**](mailto:MAP.DCP@mass.gov).

Enter **Non-MAP Certified Medication Administration** in the subject line of the email.

Service Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MAP Site Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Occupancy: \_\_\_\_\_\_\_

Group/Residential Living: \_\_\_\_ Scattered Site: \_\_\_\_ Day Program: \_\_\_\_

Agency: DDS \_\_\_\_ DMH \_\_\_\_ DCF\_\_\_\_ MRC \_\_\_\_

Site Supervisor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Week of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Morning | Mid-day | Evening | PRN |
| Monday |  |  |  |  |
| Tuesday |  |  |  |  |
| Wednesday |  |  |  |  |
| Thursday |  |  |  |  |
| Friday |  |  |  |  |
| Saturday |  |  |  |  |
| Sunday |  |  |  |  |

\_\_\_\_\_\_\_\_ I attest that all conditions for the utilization of prepackaged medication administration by non-MAP Certified staff in registered community programs in **Attachment A** of this form have been met.