

## **POLICY**

**SUBJECT: Medication Management at Discharge/Release or Placement**

**NUMBER: HC-310-16**

**APPLICABLE TO: Operations Staff (Community, Residential, Transportation, Somatic Health and Behavioral Health Staff)**

**APPROVED:** \_\_\_\_\_ /s/ signature on original

**Sam Abed, Secretary**

**DATE:** \_\_\_\_\_ 11/21/16

**I. POLICY**

When a youth under DJS custody is transferred to another placement or released to their home, the youth shall have a 30-day supply or prescription for a 30-day supply of needed medication.

**II. AUTHORITY**

A. Md. Code Ann., Human Services, §9-203 and §9-204.

B. National Commission of Correctional Health Care (NCCHC), 2011; Sections Y-D-02: Medication Services and Y-E-13: Discharge Planning

**III. DIRECTIVES/POLICIES RESCINDED**

None

**IV. FAILURE TO COMPLY**

Failure to comply with the Department's Policy and Procedures shall be grounds for disciplinary action up to and including termination of employment.

**V. STANDARD OPERATING PROCEDURES**

Standard operating procedures have been developed.

**VI. REVISION HISTORY**

DESCRIPTION OF REVISION	DATE OF REVISION
New policy issued.	11/21/16

# PROCEDURES

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**APPROVED:** \_\_\_\_\_ /s/ signature on original

**Linda McWilliams, Deputy Secretary**

**DATE:** \_\_\_\_\_ 11/17/16

## **I. PURPOSE**

To provide procedures for handling a youth's medication upon release or transfer.

## **II. DEFINITIONS**

*Legally Authorized Prescriber (LAP)* means a physician, dentist, nurse practitioner, or physician assistant who is authorized to prescribe medication within his/her scope of practice.

*Planned release/discharge* means the date of discharge/release or placement that is recommended by DJS and ordered by the court.

*Qualified Health Care Professional* means licensed physicians, physician's assistants, dentists, nurses, nurse practitioners, mental health professionals and others who by virtue of their education, credentials, and experience are permitted by law to evaluate and care for youth.

*Facility Treatment Team* – specialized team of staff from multiple disciplines that meets monthly to ensure the needs of youth in custody are met and responsive treatment services are developed and implemented.

*Unplanned release/discharge* means a date of discharge/release or placement that is recommended by DJS and ordered by the court.

### III. PROCEDURES

#### A. **General Procedures**

The CMS shall determine the youth's MA eligibility status prior to placement and following release/discharge to the community in accordance with the Medical Assistance Policy.

#### B. **Admission**

1. Upon admission, the Facility Nurse shall complete an Admission Nursing Assessment, including any currently prescribed medications. The Facility Nurse shall attempt to obtain confirmation of the prescribed medications from the parent and/or youth's prescribing physician.
2. The Facility Nurse will forward the confirmed prescription to the Legally Authorized Prescriber (LAP) or notify the LAP that no prescription could be confirmed.
3. The LAP may:
  - a. Continue the medication as confirmed;
  - b. Adjust prescription until a further assessment is completed; or
  - c. Discontinue the medication until a further assessment is completed.
4. If the youth remains in placement, the LAP will re-evaluate the need for additional medication for the youth every 30 days during the youth's stay in placement.

#### C. **Detention**

##### 1. **Planned Release or Placement**

When the youth's release from detention is planned and another placement is confirmed, the medications shall be transferred with the youth to the new placement or home.

- a. At least 10 business days prior to planned release or placement, the Facility CMS shall ensure that if the youth will require medication at release or placement, the **Medical and Dental Discharge Summary (Appendix 1)** is completed by the Facility Nurse and/or the **Behavioral Health Discharge Summary (Appendix 2)** is completed by Behavioral Health staff and is given to the Facility CMS.
- b. At least 5 business days prior to planned release or placement, the Facility CMS shall notify the Facility Nurse by email confirming the date of the youth's discharge or placement.
- c. At least 5 business days prior to planned release or placement, the Facility Nurse shall evaluate the youth's medication needs. If medication is needed, the Facility Nurse will notify the LAP of the youth's medication needs and request an order for a written prescription or medication to ensure a 30-day supply. (This supply may include the medication remaining from a prior prescription and the new prescription to complete a 30-day regimen.) The Facility Nurse will document in the youth's health record

regarding obtaining appropriate orders from the LAP and placing the order for the medication.

- d. On the day of the planned release or placement in another residential program, the Facility Nurse shall ensure a completed **Chain of Custody of Medication Transferred form (Appendix 3)** is given to the DJS staff or the law enforcement officer providing transport.
- e. DJS staff transporting medication shall follow the guidelines in accordance with the *Transportation of Youth policy*.
- f. If the youth is being placed in a non-DJS residential placement, the Community CMS shall forward a copy of the completed **Medical and Dental Discharge Summary** and/or the **Behavioral Health Discharge Summary** completed by Behavioral Health staff to the non-DJS residential placement provider.
- g. If the youth is being released, the Facility Nurse and CMS shall facilitate the return of the medication or prescription to the parent/guardian/custodian on the day of release in accordance with Section D of these procedures.

## 2. **Unplanned Release or Placement**

When the youth's release from detention is unplanned, the medications shall be transferred with the youth to the new placement or given to the parent/guardian/custodian.

- a. The Community CMS must notify the Facility Nurse and Community CMS of the youth's unplanned discharge or placement within 4 hours of the discharge hearing.
- b. The Community CMS shall notify the parent of the medications available for the youth at the discharging facility within 4 hours of the discharge.
- c. The Facility Nurse and CMS shall facilitate the return of the medication or prescription to the youth and parent/guardian/custodian on the day of release in accordance with Section D of these procedures. The Facility Nurse will document in the youth's health record.

## D. **Committed**

### 1. **Planned Discharge from Committed Facilities**

- a. At the Facility Treatment Team meeting, held 45 calendar days prior to the youth's release from placement, the Facility Nurse shall review the current medication regimen to determine what medication will be required upon discharge.
- b. At least 30 calendar days prior to planned release or placement, the Facility CMS shall ensure that if the youth will require medication at discharge, the **Medical and Dental Discharge Summary** is completed by the Facility Nurse and/or the **Behavioral Health Discharge Summary** is completed by Behavioral Health staff.

- c. The Facility Nurse shall ensure that the youth was seen by the LAP 14 calendar days prior to discharge and a prescription for the correct medication dosage was reviewed.
- d. The Facility Nurse shall notify the LAP at least 5 business days prior to discharge to obtain the appropriate medication orders that will ensure the youth will have a 30-day supply of the prescribed medication upon discharge. (This supply may include the medication remaining from a prior prescription and the new prescription to complete a 30-day regimen.)
- e. On the day of discharge, the Facility Nurse shall complete the **Medication Transfer Record/Inventory and Chain of Custody form** and give the completed form and the medication to DJS staff (Transportation Unit staff or Community CMS) who will be transporting youth.
- f. DJS staff transporting medication shall follow the guidelines in accordance with the *Transportation of Youth policy*.
- g. The DJS staff providing transportation of youth must ensure the transfer of the medication to the parent/guardian/custodian who will be taking custody of the youth in accordance with the *Transportation of Youth Policy*. DJS staff may only transfer the medication when the parent or guardian has presented a valid form of ID to confirm their identity. The DJS staff providing transportation of youth shall ensure the parent/guardian/custodian signs the **Medication Transfer Record/Inventory and Chain of Custody form** in order to accept the medication supply. The DJS staff shall forward the signed form to the Facility Nurse.
- h. The Facility Nurse and CMS shall facilitate the return of the medication or prescription to the youth and parent/guardian/custodian on the day of release in accordance with Section D of these procedures. The Facility Nurse will document in the youth's health record.

## 2. **Transfer between DJS Facilities**

- a. If a youth is transferred from one DJS facility to another, the medication will be transferred with the youth in accordance with the *Transportation of Youth Policy*.
- b. The Facility Nurse shall ensure a completed **Chain of Custody of Medication Transferred form (Appendix 3)** is given to the DJS Transportation Officer who is transporting the youth.
- c. The receiving facility shall sign and fax a copy of the form back to the sending facility.

## 3. **Unplanned Discharge from Committed Facilities**

- a. The Facility CMS must notify the Facility Nurse and Community CMS of the youth's unplanned discharge from placement within 4 hours of the discharge.

- b. The Community CMS shall notify the parent of the medications available for the youth at the discharging facility within 4 hours of the discharge.
- c. The Facility Nurse and CMS shall facilitate the return of the medication or prescription to the youth and parent/guardian/custodian on the day of release in accordance with Section D of these procedures. The Facility Nurse will document in the youth's health record.

**E. Facilitating the Return of Medication or a Prescription**

- 1. The Facility Nurse and CMS shall facilitate the return of the medication and/or prescription to the youth and parent/guardian/custodian on the day of release by completing the Medication Transfer Record and giving it to the DJS staff or law enforcement officer who is transporting youth.
- 2. If the youth is being **transported by the DJS Transportation Unit**,
  - a. DJS staff transporting medication shall follow the guidelines in accordance with the *Transportation of Youth policy*.
  - b. the Facility Nurse shall give the DJS Transportation staff the medications and/or prescription to fill a 30-day supply in compliance with the *Transportation of Youth Policy*; and
  - c. The staff providing transportation of youth must ensure the parent or guardian signs the **Chain of Custody of Medication Transferred form (Appendix 3)** in order to accept the medication supply.
- 3. If the youth is being **transported by the Sheriff**; the Facility Nurse shall
  - a. give the prescription to the law enforcement officer with instructions to provide to the parent; and
  - b. ensure the Sheriff signs the **Chain of Custody of Medication Transferred form (Appendix 3)**.
- 4. If **neither DJS nor the Sheriff transports**, the Facility CMS shall give the parent the option to pick-up the medications and/or prescription to fill the 30-day supply at the facility **or** have the prescription mailed;
  - a. when the parent picks up the medication at the facility, the Facility Nurse or CMS shall ensure a completed **Release of Medication or Medical Devices form (Appendix 4)** is completed and signed by the parent
  - b. if the prescription is sent to the parent, the Facility Nurse or CMS shall document in the youth's record and track the mailed prescription.

**IV. RESPONSIBILITY**

Facility Administrators and Regional Directors are responsible for implementation and compliance with this procedure.

**V. INTERPRETATION**

The Deputy Secretary for Operations shall be responsible for interpreting and granting any exceptions to these procedures.

**VI. LOCAL OPERATING PROCEDURES REQUIRED**

No

**VII. DIRECTIVES/POLICIES REFERENCED**

Transportation of Youth Policy

**VIII. APPENDICES**

1. Medical and Dental Discharge Summary
2. Behavioral Health Discharge Summary
3. Chain of Custody of Medication Transferred form
4. Release of Medication or Medical Devices form





## **DJS POLICY AND STANDARD OPERATING PROCEDURES**

### **Statement of Receipt and Acknowledgment of Review and Understanding**

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I have received and reviewed a copy (electronic or paper) of the above titled policy and procedures. I understand the contents of the policy and procedures.

I understand that failure to sign this acknowledgment form within five working days of receipt of the policy shall be grounds for disciplinary action up to and including termination of employment.

I understand that I will be held accountable for implementing this policy even if I fail to sign this acknowledgment form.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
DATE

***SEND THE ORIGINAL, SIGNED COPY TO VERNELL JAMES IN THE DJS OFFICE OF HUMAN RESOURCES FOR PLACEMENT IN YOUR PERSONNEL FILE.***

# MEDICAL AND DENTAL DISCHARGE SUMMARY

**YOUTH NAME:**

**DOB:**

**DATE CARE BEGAN:**

**DATE RELEASED FROM CARE:**

**Date of last History and Physical Examination:**

**Date of 1st Preventative Dental Examination:**

**MEDICAL & DENTAL CONDITIONS TREATED WHILE IN CARE:**

**ALLERGIES:**

**CHRONIC HEALTH CONDITIONS REQUIRING ON-GOING CARE:**

(attach asthma action plan or other health forms if indicated)

**SIGNIFICANT LABORATORY OR RADIOGRAPHIC FINDINGS:** (attach lab results)

**IMMUNIZATIONS:** (see attached immunization record)

- Immunizations up to date
- Vaccine records incomplete or missing
- Immunizations still needed and date needed:

**TUBERCULOSIS (PPD) TESTING:**

**Date of PPD:**  
**Date PPD read:**  
**Results in mm:**

**MEDICATIONS AND OTHER DISCHARGE CARE INSTRUCTIONS:**

(attach prescriptions, diet plan, etc if needed)

**PENDING MEDICAL AND DENTAL APPOINTMENTS, REFERRALS, AND FOLLOW-UP CARE:**

- Annual routine dental care
- Annual physical examination with your doctor
- Other:

**PERSON COMPLETING FORM:**

**SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**MD/NP SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Send copies of Discharge Summary to:

- Chart
- Parent/Guardian
- Youth
- Placement: \_\_\_\_\_
- Community Case Manager
- Medical Provider: \_\_\_\_\_
- Other: \_\_\_\_\_



**BEHAVIORAL HEALTH DISCHARGE SUMMARY – MEDICATION**

Youth Name \_\_\_\_\_ Address \_\_\_\_\_

DOB \_\_\_\_\_ County \_\_\_\_\_

PID \_\_\_\_\_ Phone \_\_\_\_\_

Facility Name \_\_\_\_\_

Admit Date \_\_\_\_\_ Discharge Date \_\_\_\_\_

Current medication with dosage \_\_\_\_\_

Name of doctor who prescribed/wrote the discharge prescription \_\_\_\_\_

Insurance/Medicaid # \_\_\_\_\_

\_\_\_\_\_  
DJS Staff Signature

\_\_\_\_\_  
Date

**Department of Juvenile Services  
Transportation Division**

**CHAIN OF CUSTODY OF MEDICATION  
TRANSFERRED**

Name of Youth \_\_\_\_\_

Medication Received in Custody: Date \_\_\_\_\_ Time \_\_\_\_\_

Received From: \_\_\_\_\_ Sending Facility \_\_\_\_\_

Received By : \_\_\_\_\_ ( Transportation Officer)

Condition of Transport Bag:  **Good/Sealed**       **Torn/Open/Not Sealed**

Medication Received by: \_\_\_\_\_ Receiving Facility: \_\_\_\_\_

Medication Received in Custody: Date \_\_\_\_\_ Time \_\_\_\_\_

Received From : \_\_\_\_\_ ( Transportation Officer)

Condition of Transport Bag:  **Good/Sealed**       **Torn/Open/Not Sealed**

Medication Received by: \_\_\_\_\_ Receiving Facility: \_\_\_\_\_

Medication Received in Custody: Date \_\_\_\_\_ Time \_\_\_\_\_

Received From : \_\_\_\_\_ ( Transportation Officer)

Condition of Transport Bag:  **Good/Sealed**       **Torn/Open/Not Sealed**

Medication Received by: \_\_\_\_\_ Receiving Facility: \_\_\_\_\_

Medication Received in Custody: Date \_\_\_\_\_ Time \_\_\_\_\_

Received From : \_\_\_\_\_ ( Transportation Officer)

Condition of Transport Bag:  **Good/Sealed**       **Torn/Open/Not Sealed**

Note: All undelivered medications should be returned to the facility or program that sent the medication. The Supervisor and Director of Transportation should be notified of any undelivered medication. Also, the Nursing Director's office should be notified for any undelivered medications for further instructions as needed at 410-230-3256.



**Department of Juvenile Services**

**Release of Medication or Medical Devices**

**Facility Name** \_\_\_\_\_

I, \_\_\_\_\_, am the guardian and/or case manager of youth \_\_\_\_\_ whose DOB is \_\_\_\_\_.

I have received the Medication(s) and or Medical Device(s) listed below. I will provide photo identification and possibly other paperwork to verify my identity as needed.

Name of Medication/Medical Device	Dosage of Medication	When/ and How to take Medication	Quantity Released

I have had an opportunity to ask questions and have my questions answered relating to the medication (s) or medical device(s).

Signature of person receiving Medication(s) and or Medical Device(s):

\_\_\_\_\_

Relationship to Youth: \_\_\_\_\_

Identification verified:     Yes     No

Date Received: \_\_\_\_\_                      Time Received: \_\_\_\_\_

Nurse's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Youth's Name: \_\_\_\_\_ DOB: \_\_\_\_\_