



## ***Probation Service Definition***

ADMINISTRATIVE OFFICE OF THE COURTS & PROBATION

|                             |   |
|-----------------------------|---|
| <b>SERVICE NAME</b>         | <b>Medication Management</b> <span style="float: right;"><input checked="" type="checkbox"/> Adult <input type="checkbox"/> Juvenile</span>   |
| <b>Category</b>             | Treatment   |
| <b>Setting</b>              | Professional office environment, clinic, mental health substance use center, private practice, teleservice or other setting appropriate to the provision of medication management services.   |
| <b>Facility License</b>     | As required by the Nebraska Department of Health and Human Services (DHHS) – Division of Public Health.   |
| <b>Service Description</b>  | Medication Management is the level of outpatient treatment where the sole service rendered by a qualified prescriber is the evaluation of the individual’s need for psychotherapeutic medications, provision of a prescription and ongoing medical monitoring of those medications. After an Initial Diagnostic Interview (Medication Prescriber Only), Medication Management provides for follow-up appointments to assist in monitoring/adjusting medications.  |
| <b>Service Expectations</b> | <p>This service will include the following:</p> <ul style="list-style-type: none"> <li>• Medication evaluation and documentation of monitoring</li> <li>• Provide medication monitoring routinely and as needed</li> <li>• Provide individual education pertaining to the medication to support the individual in making an informed decision for its use.</li> <li>• The service provider must make a good faith attempt to coordinate care with the individual’s primary medical provider.</li> <li>• Services must be trauma informed, culturally sensitive, age and developmentally appropriate and incorporate evidence-based practices when appropriate.</li> </ul> |
| <b>Service Frequency</b>    | Prescriber will meet as often as deemed clinically necessary.   |
| <b>Length of Stay</b>       | As long as deemed clinically necessary and the individual continues to consent.   |
| <b>Staffing</b>             | <p>A prescribing medical professional must maintain a current license as directed by Nebraska Department of Health and Human Services (DHHS)-Division of Public Health:</p> <ul style="list-style-type: none"> <li>• Physician/Medical Doctor (MD)</li> <li>• Advanced Practice Registered Nurse-Nurse Practitioner (APRN-NP)</li> <li>• Physician Assistant</li> </ul>   |

|                                 |  |
|---------------------------------|--|
| <b>Staff to Client Ratio</b>    | As per physician or approved designee caseload   |
| <b>Hours of Operation</b>       | Providers are expected to be flexible in scheduling and be available evenings and/or weekends to accommodate the service needs.  |
| <b>Service Desired Outcomes</b> | <ul style="list-style-type: none"> <li>• The individual will experience stabilization/resolution of psychiatric symptoms for which the medication was intended as an intervention.</li> <li>• Education pertaining to the medication to support the individual in making an informed decision on the use of medication(s)</li> </ul> |
| <b>Unit and Rate</b>            | Per session; see rate sheet  |