

## **Probation Service Definition**

## ADMINISTRATIVE OFFICE OF THE COURTS & PROBATION

SERVICE NAME	
	Medication Management ☐ Adult ☑ Juvenile
Category	Treatment
Setting	Professional office environment, clinic, mental health substance treatment use center, private practice,
	teleservice or other environment appropriate to the provision of evaluation/assessment services.
Facility License	As required by Department of Health and Human Services (DHHS)-Division of Public Health
Service Description	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 psychotropic medications, provision of a prescription, and ongoing medical monitoring of those medications.
	During ongoing medication management, the youth's psychiatric/mental health/medical outpatient interventions are used to reduce/stabilize and/or eliminate psychiatric symptoms through pharmacologic management with the goal of improved functioning, including management and reduction of psychiatric symptoms.
	During medication management, there is ongoing medical monitoring/evaluation related to the youth's use of the psychotherapeutic medication, and education about those medications for the youth and parent/guardian/caregiver.
Service Expectations	This service will include the following:
	<ul> <li>Complete an initial diagnostic interview that identifies the need for medication management.</li> </ul>
	• Identification of psychotherapeutic medication(s) that will help stabilize a youth's behavioral health symptoms
	<ul> <li>Prescription of medications will include consideration of allergies, substance use, current medications, medical history, physical status and other pertinent information.</li> </ul>
	<ul> <li>Routine monitoring of the medication prescription, symptoms, side effects, lab work if required to monitor physical effects of medication, administration and supervision.</li> </ul>
	<ul> <li>Inform youth/parent/guardian and family regarding medication, side effects so that they can effectively participate in decisions concerning medication that is administered to the youth.</li> </ul>

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"All service providers and services must be in compliance with the Standards of Practice and Juvenile Services Voucher Rules"

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	<ul> <li>If clinically necessary, the practitioner upon permission from the legal guardian shall communicate with current/former providers as appropriate to coordinate services.</li> <li>Services must be trauma informed, culturally sensitive, age and developmentally appropriate and incorporate evidence-based practices when appropriate.</li> </ul>
Service Frequency	Prescriber will meet as often and for as long as deemed clinically necessary.
Length of Service	As long as deemed clinically necessary and client/guardian continues to consent. As often and for as long as deemed medically necessary and youth parent, guardian/caregiver continues to consent.
Staffing	A prescribing medical professional must maintain a current license as directed by Nebraska Department of Health and Human Services (DHHS)-Division of Public Health:
	<ul> <li>Physician</li> <li>Advanced Practice Registered Nurse-Nurse Practitioner (APRN-NP)</li> <li>Physician Assistant (PA)</li> </ul>
Staff to Client Ratio	As per physician or approved designee caseload.
Hours of Operation	Providers are expected to be flexible in scheduling which may include evening and/or weekend availability.
Service Desired Outcomes	<ul> <li>Educate the youth on the type of prescribed medication; side effects and function; to support the youth in making an informed decision for its use.</li> <li>Educate the parents, guardian/caregiver of the medication's use, side effects and function</li> <li>Decreased/minimized symptoms and improved/maintained functionality for individuals receiving the service.</li> <li>The youth will experience stabilization/resolution of psychiatric symptoms for which the medication was prescribed as an intervention.</li> </ul>
Unit and Rate	See rate sheet

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