

## **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	N/A
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	<ul> <li>This service will include the following:</li> <li>Complete an initial diagnostic interview that identifies the need for medication management.</li> <li>Identification of psychotherapeutic medication(s) that will help stabilize a youth's behavioral health symptoms</li> <li>Prescription of medications will include consideration of allergies, substance use, current medications, medical history, physical status and other pertinent information.</li> <li>Routine monitoring of the medication prescription, symptoms, side effects, lab work if required to monitor physical effects of medication, administration and supervision.</li> <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>

	<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> <li>Program plan required                         Yes</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	<ul> <li>A prescribing medical professional must maintain a current license as directed by Nebraska Department of Health and Human Services (DHHS)-Division of Public Health:</li> <li>Physician</li> <li>Advanced Practice Registered Nurse-Nurse Practitioner (APRN-NP)</li> <li>Physician Assistant (PA)</li> </ul> This service requires Criminogenic Continuing Education Hours
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