

**SECTION**

CASE MANAGEMENT SYSTEM

**SUBJECT**

Medication and Wellness Monitoring

**GENERAL REQUIREMENT**

Medication and Wellness Monitoring is required for all members who self-administer medications.

**MEDICATION MONITORING PROCESS AND REQUIREMENTS**

Medication monitoring is required for members who self-administer their medications and who do not have another designated person assisting with their medications.

- The CMT will require a Private Duty Nurse (PDN) to visit members in their homes and review with the member the member's prescriptions, including medications prescribed as needed;
- The PDN will use SDMI HCBS 814a to document the member's vital signs, pain level and their adherence to their medication regimen. PDNs will review prescription dates and amounts of medication prescribed to determine if there is missing or surplus medication;
- If there is missing or surplus medication, the PDN will discuss the discrepancy with the member and document it on the SDMI HCBS 814a. The nurse will report the discrepancy and any other concerns to the CMT;
- The PDN will discuss with the member side effects or other health concerns and document any new or discontinued medications as well as additional information to be passed on to the primary provider and/or case managers;
- The PDN will meet monthly with the CMT and provide the completed SDMI HCBS 814a forms. The reasons for any missed medication monitoring sessions must also be documented in the member's chart. The Case Managers shall add the SDMI HCBS 814a forms to the member's chart; and
- If it is determined that the member cannot self-administer his or her medication the nurse will set up a process for safely distributing medication.

Medication monitoring may be discontinued at the CMT's discretion if the member has not had any adverse medication issues for one year. Medication monitoring may be resumed if warranted.