



Accreditation Program: Behavioral Health Care  
Medication Management

**Standard MM.01.01.01**

The organization plans its medication management processes.

Note: This standard is applicable to organizations that engage in any of the medication management processes.

**Rationale for MM.01.01.01**

Medication management is often complicated, involving many staff and processes. For this reason, the organization plans each part of the process with care so that safety and quality are maintained. This planning may involve the coordinated efforts of multiple staff.

**Elements of Performance for MM.01.01.01**

1. **D** For organizations that engage in any aspect of the medication management process: The organization has a written policy that describes that the following information about the individual served is accessible to staff who participate in the medication management process: **A**
  - Age
  - Sex
  - Diagnoses/conditions
  - Allergies
  - Sensitivities
  - Height and weight (when necessary)
  - Drug and alcohol use and abuse
  - Current medications
  - Pregnancy and lactation information (when necessary)
  - Any additional information required by the organization(See also IM.02.01.01, EP 3; RC.01.01.01, EP 13)
  
2. For organizations that engage in any aspect of the medication management process: The organization implements its policy to make information about the individual served accessible to prescribers and staff who participate in the management of the individual's medications. **A**

Note: This element of performance does not apply in emergency situations.

**Standard MM.01.01.03**

The organization safely manages high-alert medications.

Note: This standard is applicable to organizations that engage in any of the medication management processes.

**Rationale for MM.01.01.03**

High-alert medications are those medications involved in a high percentage of errors and/or sentinel events, as well as medications that carry a higher risk for abuse or other adverse outcomes. Lists of high-alert medications are available from organizations such as the Institute for Safe Medication Practices (ISMP) (<http://www.ismp.org/Tools/highalertmedications.pdf>). Examples of high-alert medications include investigational medications, controlled medications, medications not on the approved U.S. Food and Drug Administration (FDA) list, medications with a narrow therapeutic range, psychotherapeutic medications, and look-alike/sound-alike medications.

For safe management, the organization needs to develop its own list(s) of high-alert medications based on its unique utilization patterns of medications and its own internal data about medication errors and sentinel events. It is up to the organization to determine whether medications that are new to the market or new to the organization are high alert.

**Elements of Performance for MM.01.01.03**

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| <p>1. <b>D</b> The organization identifies, in writing, its high-alert medications.<br/>Footnote: For a list of high-alert medications, see <a href="http://www.ismp.org">http://www.ismp.org</a>.</p> <p>2. The organization has a process for managing each identified high-alert medication.</p> <p><b>M</b> 3. The organization implements its process for managing high-alert medications. (See also EC.02.02.01, EP 2)</p> <p>7. <b>D</b> For opioid treatment programs: On a daily basis, the program documents the total number of milligrams of medication dispensed.</p> <p>8. <b>D</b> For opioid treatment programs: The program creates an ongoing accurate inventory of all medications received, dispensed, and disposed.</p> <p>9. <b>D</b> For opioid treatment programs: The program has a written diversion control plan.</p> <p>10. For opioid treatment programs: The diversion control plan includes a mechanism for periodic monitoring of clinical and administrative activities to reduce the risk of medication diversion.<br/>Note: One mechanism for monitoring might be to have security or staff regularly walk around the clinic's hallways, alleys, and parking lot to assess whether there is a loitering or diversion problem close to the treatment site. Another example is to examine both dosing and take-home dispensing practices to identify potential weaknesses that could lead to diversion problems. Additionally, the program could periodically consult with law enforcement in the community and in areas where patients live to discuss the perceived and actual problems encountered.</p> <p>11. For opioid treatment programs: The diversion control plan includes specific activities for reducing diversion and identification of those responsible for managing these activities.</p> | <p><b>A</b></p> <p><b>A</b></p> <p><b>3 C</b></p> <p><b>A</b></p> <p><b>A</b></p> <p><b>A</b></p> <p><b>A</b></p> <p><b>A</b></p> <p><b>A</b></p> |
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**KEY:** **A** indicates scoring category A; **C** indicates scoring category C; **2** indicates situational decision rules apply; **3** indicates direct impact requirements apply; **M** indicates Measure of Success if needed; **D** indicates that documentation is required


**Standard MM.01.01.05**

The organization monitors the use of psychotropic medications.

**Rationale for MM.01.01.05**

Because of the risks associated with the use of psychotropic medications, monitoring their use is an important activity for any organization that uses these medications. Establishing formal monitoring processes helps the organization to successfully perform this activity.



**Elements of Performance for MM.01.01.05**

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| 1.  If psychotropic medications are prescribed, the organization establishes written policies and procedures addressing the following: | <b>A</b> |
| - The use of multiple psychotropic agents in the same class   |          |
| - The use of high-dose pharmacotherapy  |          |
| - The prevention, identification, and management of side effects, including tardive dyskinesia  |          |

**Standard MM.01.02.01**

The organization addresses the safe use of look-alike/sound-alike medications.

**Elements of Performance for MM.01.02.01**

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| 1.  The organization develops a list of look-alike/sound-alike medications it stores, dispenses, or administers.<br>Note: One source of look-alike/sound-alike medications is The Institute for Safe Medication Practices ( <a href="http://www.ismp.org/Tools/confuseddrugnames.pdf">http://www.ismp.org/Tools/confuseddrugnames.pdf</a> ). | <b>A</b>   |
| 2. The organization takes action to prevent errors involving the interchange of the medications on its list of look-alike/sound-alike medications.  | <b>A</b>   |
| 3. The organization annually reviews and, as necessary, revises its list of look-alike/sound-alike medications.   |  <b>A</b> |





**Standard MM.02.01.01**




The organization selects and procures medications.





Note: This standard is applicable only to organizations that operate a pharmacy.

**Elements of Performance for MM.02.01.01**

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| 1. For organizations that operate a pharmacy: The organization develops criteria for determining which medications are available for dispensing to individuals served. | <b>A</b> |
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| 2.  | For organizations that operate a pharmacy: The organization develops and approves criteria for selecting medications, which include the following:<br>- Indications for use (See also MM.05.01.01, EP 10)<br>- Effectiveness<br>- Drug interactions<br>- Potential for errors and abuse<br>- Adverse drug events<br>- Sentinel event advisories<br>- Other risks<br>- Costs | <b>A</b> |
| 3.  | For organizations that operate a pharmacy: Before using a medication new to the organization, the organization determines a method to monitor the response of the individual served. (See also MM.07.01.01, EP 2)   | <b>A</b> |
| 5.  | For organizations that operate a pharmacy: The organization makes a written list of medications readily available to prescribers.<br>Note: Sample medications are not required to be on the list.   | <b>A</b> |
| 7.  | For organizations that operate a pharmacy: The organization has a process to select, approve, and procure medications that are not on its list of medications.  | <b>A</b> |
|  8.  | For organizations that operate a pharmacy: The organization implements the process to select, approve, and procure medications that are not on its medication list.   | <b>C</b> |
| 9.  | For organizations that operate a pharmacy: Medications designated as available for dispensing are reviewed at least annually based on emerging safety and efficacy information.   | <b>A</b> |
|  11. | For organizations that operate a pharmacy: The organization communicates medication shortages and outages to prescribers and staff who participate in medication management.  | <b>C</b> |
|  13. | For organizations that operate a pharmacy: The organization implements its approved medication substitution protocols for shortages and outages.  | <b>C</b> |

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**Standard MM.03.01.01**

The organization safely stores medications.

Note: This standard is applicable only to organizations that store medications at their sites.

**Rationale for MM.03.01.01**

Medication storage is designed to assist in maintaining medication integrity, promote the availability of medications when needed, minimize the risk of medication diversion, and reduce potential dispensing errors. Law and regulation and manufacturers' guidelines further define the organization's approach to medication storage including guidelines for medications that require refrigeration.

**Elements of Performance for MM.03.01.01**

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| <p><b>M</b> 2.</p>  | <p>For organizations that store medications: The organization stores medications according to the manufacturers' recommendations or a pharmacist's instructions.</p>   | <p><b>C</b></p>          |
| <p>3.</p>           | <p>For organizations that store medications: The organization stores controlled (scheduled) medications to prevent diversion, in accordance with law and regulation.</p>   | <p><b>A</b></p>          |
| <p>4. <b>D</b></p>  | <p>For organizations that store medications: The organization has a written policy addressing the control of medication between receipt by staff and administration of the medication, including safe storage, handling, security, disposition, and return to storage.</p> | <p><b>A</b></p>          |
| <p><b>M</b> 5.</p>  | <p>For organizations that store medications: The organization safely handles medications between receipt by staff and administration of the medications.</p>   | <p><b>C</b></p>          |
| <p>6.</p>           | <p>For organizations that store medications: The organization prevents unauthorized individuals from accessing medications in accordance with its policy and law and regulation.</p>   | <p><b>A</b></p>          |
| <p><b>M</b> 7.</p>  | <p>For organizations that store medications: The organization labels stored medications with the contents, expiration date, and any applicable warnings provided by the pharmacy.</p>  | <p><b>3</b> <b>C</b></p> |
| <p><b>M</b> 8.</p>  | <p>For organizations that store medications: The organization removes all expired, damaged, and/or contaminated medication and stores them separately from medications available for administration. (See also MM.05.01.19, EP 1)</p>                                      | <p><b>C</b></p>          |
| <p><b>M</b> 18.</p> | <p>For organizations that store medications: The organization inspects all medication storage areas periodically, as defined by the organization, to verify that medications are stored properly.</p>  | <p><b>C</b></p>          |

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**Standard MM.03.01.03**

The organization safely manages emergency medications and supplies.

**Rationale for MM.03.01.03**

Emergencies involving individuals served occur occasionally in behavioral health care settings. The organization, therefore, needs to plan how it will address such emergencies and what medications and supplies it will need, if any. Although the processes may be different, the organization treats emergency medications with the same care for safety as it does medications in nonemergency settings.

**Elements of Performance for MM.03.01.03**

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|  | 1.   | Organization leaders decide which, if any, emergency or first aid medications and their associated supplies will be readily accessible in areas used to provide care, treatment, or services, based on the population(s) served. | A   |
|  |  3. | Whenever possible, emergency medications are available in the most ready-to-administer forms.  | C   |
|  | 6.   | When emergency medications or supplies are used, the organization replaces them as soon as possible to maintain a full stock.  |  A |

**Standard MM.03.01.05**




The organization safely controls medications brought into the organization by individuals served, their families, or prescribers.





Note: This standard is applicable only to organizations that administer medications in their own facility.

**Rationale for MM.03.01.05**

A number of valid reasons exist for allowing the individual served to use his or her own medications in an organization. The organization needs to control the use of these medications in order to protect the safety of the individual served and the quality of care provided. Therefore, the organization needs to define its responsibilities for the safe use of these medications.

**Elements of Performance for MM.03.01.05**

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|  | 1.   | For organizations that administer medications: The organization defines in writing when medications brought into the organization by individuals served, their families, or prescribers can be administered.  | A   |
|  |  2. | For organizations that administer medications: Before use or administration of a medication brought into the organization by an individual, his or her family, or a prescriber, the organization identifies the medication and visually evaluates the medication's integrity. (See also MM.05.01.07, EP 3; MM.06.01.01, EP 4) |  C |
|  |  3. | For organizations that administer medications: The organization informs the prescriber and individual served if the medications brought into the organization by individuals, their families, or prescribers are not permitted.   | C   |


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**Standard MM.04.01.01**

Medication orders are clear and accurate.

Note: This standard is applicable only to organizations that prescribe medications. The elements of performance in this standard do not apply to prescriptions written by a prescriber who is not affiliated with the organization.

**Elements of Performance for MM.04.01.01**

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| 1.          | <p><b>D</b> For organizations that prescribe medications: The organization has a written policy that identifies the specific types of medication orders that it deems acceptable for use.</p> <p>Note: There are several different types of medication orders. Medication orders commonly used include the following:</p> <ul style="list-style-type: none"> <li>- As needed (PRN) orders: Orders acted on based on the occurrence of a specific indication or symptom</li> <li>- Standing orders: A pre-written medication order and specific instructions from the prescriber to administer a medication to an individual in clearly defined circumstances as specified in the instructions</li> <li>- Automatic stop orders: Orders that include a date or time to discontinue a medication</li> <li>- Taper orders: Orders in which the dose is decreased by a particular amount with each dosing interval</li> <li>- Range orders: Orders in which the dose or dosing interval varies over a prescribed range, depending on the situation or status of the individual served</li> <li>- Orders for medication-related devices (for example, inhalers, nebulizers, glucometers)</li> <li>- Orders for investigational medications</li> <li>- Orders for herbal products</li> <li>- Orders for medications at discharge or transfer</li> </ul> | A   |
| 2.          | <p><b>D</b> For organizations that prescribe medications: The organization has a written policy that defines the required elements of a complete medication order.</p>  | A   |
| 3.          | <p><b>D</b> For organizations that prescribe medications: The organization has a written policy that defines when indication for use is required as part of the medication order.</p>   | A   |
| 4.          | <p><b>D</b> For organizations that prescribe medications: The organization has a written policy that defines precautions for ordering medications with look-alike or sound-alike names.</p>   | A   |
| 5.          | <p><b>D</b> For organizations that prescribe medications: The organization has a written policy that defines actions to take when medication orders are incomplete, illegible, or unclear.</p>  | A   |
| 7.          | <p>For organizations that prescribe medications: The organization reviews and updates preprinted order sheets to support clarity, accuracy, and safety.</p>   | A   |
| 8.          | <p>For organizations that prescribe medications: The organization prohibits summary (blanket) orders to resume previous medications.</p>  |  A |
| <b>M</b> 9. | <p>For organizations that prescribe medications: A diagnosis, condition, or indication for use exists for each medication ordered.</p> <p>Note: This information can be anywhere in the clinical/case record and need not be on the order itself. For example, it might be part of the medical history.</p>   | C   |

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| <b>M</b> | 13. For organizations that prescribe medications: The organization implements its policies for medication orders.   | <b>3</b> <b>C</b> |
| <b>M</b> | 16. For opioid treatment programs: The program provides therapeutic doses of medications for each individual patient as determined by the program physician. Program-wide dosage caps or ceilings are not used.   | <b>C</b>          |
| <b>M</b> | 17. For opioid treatment programs: Each dose of opioid medication is individually determined by the physician and based on the package insert. Deviations from the approved labeling are documented by the physician.   | <b>3</b> <b>C</b> |
| <b>M</b> | 18. For opioid treatment programs: The initial methadone dose for a newly admitted pregnant patient and the subsequent induction and maintenance dosing strategy reflect the same dosing protocols used for all other patients.   | <b>3</b> <b>C</b> |
| <b>M</b> | 19. For opioid treatment programs: The duration or the dosage level of medication is based only on clinical indications.  | <b>C</b>          |
| <b>M</b> | 20. For opioid treatment programs: The initial full-day dose of methadone is based on current guidelines and the physician's evaluation of the patient's history and present condition, and on knowledge of local conditions such as the relative purity of available street drugs.<br>Note: The initial dose needs to be reflective of the patient's drug use history and should be the lowest dose possible. Current Center for Substance Abuse Treatment guidelines recommend that for each new patient, the initial dose of methadone is not to exceed 30 mg and the total dose for the first day is not to exceed 40 mg, unless the program physician documents in the patient's clinical/case record that 40 milligrams did not suppress withdrawal symptoms. | <b>3</b> <b>C</b> |

### Standard MM.05.01.01




The organization reviews the appropriateness of all medication orders for medications to be dispensed in the organization.

Note: This standard is applicable only to organizations that operate a pharmacy.

#### Elements of Performance for MM.05.01.01

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|          | 1. For organizations that operate a pharmacy: Before dispensing, a pharmacist reviews all prescription or medication orders unless a prescriber controls the ordering, preparing, and dispensing of the medication, or delaying the order would harm the individual served, in accordance with law and regulation. | <b>A</b>          |
| <b>M</b> | 4. For organizations that operate a pharmacy: All medication orders are reviewed for the individual's allergies or potential sensitivities.  | <b>3</b> <b>C</b> |
| <b>M</b> | 5. For organizations that operate a pharmacy: All medication orders are reviewed for existing or potential interactions between the medication ordered, food, alcohol, and medications the individual served is currently taking.  | <b>3</b> <b>C</b> |
| <b>M</b> | 6. For organizations that operate a pharmacy: All medication orders are reviewed for the appropriateness of the medication, dose, frequency, and route of administration.  | <b>3</b> <b>C</b> |
| <b>M</b> | 7. For organizations that operate a pharmacy: When clinically indicated, medication orders are reviewed for current or potential impact as indicated by laboratory values.   | <b>3</b> <b>C</b> |
| <b>M</b> | 8. For organizations that operate a pharmacy: All medication orders are reviewed for therapeutic duplication.  | <b>3</b> <b>C</b> |

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
- M 9. For organizations that operate a pharmacy: All medication orders are reviewed for other contraindications (for example, age, medical conditions, body weight).  C
- M 10. For organizations that operate a pharmacy: All medication orders and prescriptions are reviewed for variation from the organization's indications for use. (See also MM.02.01.01, EP 2)  C
- M 11. For organizations that operate a pharmacy: After the medication order has been reviewed, all concerns, issues, or questions about the order are clarified with the prescriber before dispensing.  C

### Standard MM.05.01.07

The organization safely prepares medications for administration.

Note: This standard is applicable only to organizations that prepare medications for administration.

#### Elements of Performance for MM.05.01.07

- M 2. For organizations that prepare medications for administration: Staff use clean or sterile techniques and maintain clean, uncluttered, and functionally separate areas for medication preparation.  C  
 Note: Sterile technique (also called aseptic technique) refers to practices that are designed to minimize exposure to germs and maintain sterility of the medication through the use of "no touch" procedures; the use of sterile gloves, supplies, and instruments (for example, needles and syringes); and the use of a sterile field. In contrast, clean technique refers to practices designed to reduce exposure to germs, and include the use of hand washing, clean instruments, and a clean environment. Clean technique does not require the use of sterile technique or sterile supplies. The technique used for medication preparation depends on the need for sterility (for example, intravenous solutions) versus cleanliness (for example, oral products).
- 3. For organizations that prepare medications for administration: During preparation, staff visually inspect the medication for particulates, discoloration, or other loss of integrity. (See also MM.03.01.05, EP 2; MM.06.01.01, EP 4)  A

### Standard MM.05.01.09


Medications are labeled.



Note: This standard is applicable only to organizations that dispense or administer medications.

#### Rationale for MM.05.01.09

A label on every medication and medication container has long been a standard of practice and is required by law and regulation.

#### Elements of Performance for MM.05.01.09

- 1. For organizations that dispense or administer medications: Medication containers are labeled whenever medications are prepared but not immediately administered.  A  
 Note: An immediately administered medication is one that an authorized staff member prepares or obtains, takes directly to an individual served, and administers to that individual without any break in the process.
- 2. For organizations that dispense or administer medications: Information on medication labels is displayed in accordance with law and regulation. A

KEY: **A** indicates scoring category A; **C** indicates scoring category C;  indicates situational decision rules apply;  indicates direct impact requirements apply; M indicates Measure of Success if needed; D indicates that documentation is required

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| 3.  | For organizations that dispense or administer medications: All medications dispensed or administered in the organization are correctly labeled with the medication name, strength, and amount (if not apparent from the container).  | 3 A |
| 4.  | For organizations that dispense or administer medications: All medications dispensed or administered in the organization are correctly labeled with the expiration date when not used within 24 hours.   | 3 A |
| 5.  | For organizations that dispense or administer medications: All medications dispensed or administered in the organization are correctly labeled with the expiration time when expiration occurs in less than 24 hours.  | 3 A |
| 7.  | For organizations that dispense or administer medications: All individualized medications that are dispensed or administered to multiple individuals are labeled with the name of the individual.  | 3 A |
| 8.  | For organizations that dispense and administer medications: All individualized medications that are dispensed or administered to multiple individuals are also labeled with the following: The location where the medication is to be delivered. (See also NPSG.01.01.01, EP 1)<br>Note: The location is not to be used as an identifier of the individual during administration of a medication, as indicated by NPSG.01.01.01, EP 1.                     | A   |
| 9.  | For organizations that dispense or administer medications: When dispensing or preparing individualized medications for administration to multiple individuals, the label also includes directions for use and applicable accessory and cautionary instructions.  | 3 A |
| 10. | For organizations that dispense and administer medications: When an individualized medication(s) is prepared by someone other than the person administering the medication, the label includes the name of the individual served.  | 3 A |
| 11. | For organizations that dispense and administer medications: When an individualized medication(s) is prepared for administration by someone other than the person administering the medication, the label includes the following: The location where the medication is to be delivered. (See also NPSG.01.01.01, EP 1)<br>Note: The location is not to be used as an identifier during administration of a medication, as indicated by NPSG.01.01.01, EP 1. | A   |
| 12. | For organizations that dispense or administer medications: When an individualized medication(s) is prepared for administration by someone other than the staff administering the medication, the label includes directions for use and applicable accessory and cautionary instructions.   | 3 A |

**Standard MM.05.01.11**

The organization safely dispenses medications.

Note: This standard is applicable only to organizations that operate a pharmacy.

**Elements of Performance for MM.05.01.11**

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| <b>M</b> | 1. For organizations that operate a pharmacy: The organization dispenses quantities of medications that are consistent with the needs of the individual served. | C |
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**KEY:** A indicates scoring category A; C indicates scoring category C; 2 indicates situational decision rules apply; 3 indicates direct impact requirements apply; M indicates Measure of Success if needed; D indicates that documentation is required

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| <b>M</b> | 2. For organizations that operate a pharmacy: The organization dispenses medications and maintains records in accordance with law and regulation, licensure, and professional standards of practice.<br>Note: Dispensing practices and recordkeeping include antidiversion strategies. | <b>C</b>          |
| <b>M</b> | 3. For organizations that operate a pharmacy: The organization dispenses medications within time frames it defines to meet the needs of the individuals served.  | <b>3</b> <b>C</b> |
| <b>M</b> | 4. For organizations that operate a pharmacy: Medications are dispensed in the most ready-to-administer forms commercially available and, if feasible, in unit doses that have been repackaged by the pharmacy or licensed repackager.   | <b>C</b>          |
|          | 7. For opioid treatment programs: Doses of methadone or other approved medications are adjusted as needed if a program switches from one generic formulation to another and differences in effective dose cause clinically relevant complaints.  | <b>A</b>          |
|          | 8. For opioid treatment programs: A procedure is established for calibrating medication dispensing instruments consistent with manufacturers' recommendations in order to ensure accurate patient dosing and substance tracking.   | <b>A</b>          |
|          | 9. For opioid treatment programs: The program dispenses methadone only in an oral form that is formulated in such a way as to reduce its potential for parenteral abuse.   | <b>A</b>          |

### Standard MM.05.01.13

The organization safely obtains medications when the pharmacy is closed.

Note: This standard is applicable only to organizations that operate a pharmacy.

#### Elements of Performance for MM.05.01.13

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|          | 1. For organizations that operate a pharmacy: The organization has a process for providing medications to meet the needs of the individual served when the pharmacy is closed.  | <b>A</b>          |
| <b>M</b> | 7. For organizations that operate a pharmacy: The organization implements its process for providing medications to meet the needs of the individual served when the pharmacy is closed.   | <b>3</b> <b>C</b> |
| <b>D</b> | 8. For opioid treatment programs: The program maintains an up-to-date written plan for emergency administration of medications in the event the program must be closed temporarily. The plan describes how patients will be informed of these emergency arrangements. | <b>A</b>          |
|          | 9. For opioid treatment programs: Medication dosages and other pertinent patient information are available on a 24-hour, 7-day-a-week basis in case of patient emergency.   | <b>3</b> <b>A</b> |

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**Standard MM.05.01.15**

For organizations that do not operate a pharmacy but administer medications: The organization safely obtains prescribed medications.

**Elements of Performance for MM.05.01.15**

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| 1.          | For organizations that do not operate a pharmacy but administer medications: The organization has a process for obtaining medications to meet the needs of the individual served.  | <b>A</b>          |
| 2.          | For organizations that do not operate a pharmacy but administer medications: If the organization obtains medications from a pharmacy that is not open 24 hours a day, 7 days a week, the organization has a process for obtaining medications from another source for urgent or emergent conditions when the pharmacy is closed.   | <b>A</b>          |
| <b>M</b> 3. | For organizations that do not operate a pharmacy but administer medications: The organization implements its process for obtaining medications from a pharmacy or licensed pharmaceutical supplier.  | <b>3</b> <b>C</b> |
| 4.          | For organizations that do not operate a pharmacy but administer medications: The organization validates that all medications coming into the organization are appropriately labeled.   | <b>A</b>          |
| 5.          | For organizations that do not operate a pharmacy but administer medications: If an unlabeled medication comes into the organization, the organization takes action to have the medication correctly labeled.<br>Note: For example, if a medication from a contractual pharmacy is not labeled, the organization notifies the pharmacy in order to obtain a correctly labeled medication. | <b>A</b>          |

**Standard MM.05.01.17**

Organizations that operate a pharmacy or distribute sample medications follow a process to retrieve recalled or discontinued medications.

**Elements of Performance for MM.05.01.17**

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| 1. <b>D</b> | For organizations that operate a pharmacy or distribute sample medications: The organization has a written policy describing how it will retrieve and handle medications within the organization that are recalled or discontinued for safety reasons by the manufacturer or the U.S. Food and Drug Administration. (See also EC.02.01.01, EP 11)          | <b>A</b> |
| <b>M</b> 2. | For organizations that operate a pharmacy or distribute sample medications: The organization implements its policy on retrieving and handling medications when they are recalled or discontinued for safety reasons. (See also EC.02.01.01, EP 11)   | <b>C</b> |
| <b>M</b> 3. | For organizations that operate a pharmacy or distribute sample medications: When a medication is recalled or discontinued for safety reasons by the manufacturer or the U.S. Food and Drug Administration, the organization notifies the prescribers and those who dispense or administer the medication. (See also EC.02.01.01, EP 11)                    | <b>C</b> |
| <b>M</b> 4. | For organizations that operate a pharmacy or distribute sample medications: When required by law and regulation or organization policy, the organization informs individuals served that their medication has been recalled or discontinued for safety reasons by the manufacturer or the U.S. Food and Drug Administration. (See also EC.02.01.01, EP 11) | <b>C</b> |

**KEY:** **A** indicates scoring category A; **C** indicates scoring category C; **2** indicates situational decision rules apply; **3** indicates direct impact requirements apply; **M** indicates Measure of Success if needed; **D** indicates that documentation is required

**Standard MM.05.01.19**

The organization safely manages unused, expired, or returned medications.

Note: This standard is applicable only to organizations that administer medications.

**Rationale for MM.05.01.19**

The organization accounts for, controls, and disposes of previously dispensed but unused, expired, or returned medications in order to keep individuals safe and prevent diversion.

**Elements of Performance for MM.05.01.19**

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| 1.          | For organizations that administer medications: The organization determines how it will manage unused, expired, or returned medications. (See also MM.03.01.01, EP 8)   | <b>A</b> |
| 2.          | For organizations that administer medications: When the organization accepts unused, expired, or returned medications, it has a process for destroying the medications or returning the medications to a pharmacy's control that includes procedures for preventing diversion. | <b>A</b> |
| 3.          | For organizations that administer medications: The organization determines if and when outside sources are used for destruction of medications.  | <b>A</b> |
| <b>M</b> 4. | For organizations that administer medications: The organization implements its process for managing unused, expired, or returned medications.  | <b>C</b> |

**Standard MM.06.01.01**

The organization safely administers medications.

Note: This standard is applicable only to organizations that administer medications.

**Elements of Performance for MM.06.01.01**

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| 1.          | <b>D</b> For organizations that administer medications: The organization defines, in writing, the staff that are authorized to administer medication, with or without supervision, in accordance with law and regulation. (See also MM.06.01.03, EP 1)   | <b>A</b>          |
| 2.          | For organizations that administer medications: Only authorized staff administer medications.<br>Note 1: This does not prohibit self-administration of medications by individuals served, when indicated. (See also MM.06.01.03, EP 1)<br>Note 2: This element of performance does not apply to foster parents. | <b>3</b> <b>A</b> |
| <b>M</b> 3. | For organizations that administer medications: Before administration, the staff member administering the medication verifies that the medication selected matches the medication order and product label.  | <b>3</b> <b>C</b> |
| <b>M</b> 4. | For organizations that administer medications: Before administration, the staff member administering the medication visually inspects the medication for particulates, discoloration, or other loss of integrity. (See also MM.03.01.05, EP 2; MM.05.01.07, EP 3)  | <b>3</b> <b>C</b> |

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| <p><b>M</b> 5.</p>  | <p>For organizations that administer medications: Before administration, the staff member administering the medication verifies the medication has not expired.</p>   | <p><b>3</b> <b>C</b></p> |
| <p><b>M</b> 7.</p>  | <p>For organizations that administer medications: Before administration, the staff member administering the medication verifies that the medication is being administered at the proper time, in the prescribed dose, and by the correct route.<br/>Note: For opioid treatment programs: Medications that are best administered by directly observed therapy (DOT) – such as tuberculosis and psychiatric medications – can be given at the same time as the opioid dose.</p>                   | <p><b>3</b> <b>C</b></p> |
| <p><b>M</b> 8.</p>  | <p>For organizations that administer medications: Before administration, the staff member administering the medication discusses any unresolved concerns about the medication with supervisory staff or the prescriber.</p>   | <p><b>3</b> <b>C</b></p> |
| <p><b>M</b> 9.</p>  | <p>For organizations that administer medications: The following individuals are informed about any potential clinically significant adverse medication reactions or other concerns regarding a new medication:<br/>- Individuals served<br/>- Legal guardian if the individual served has one<br/>- Family if authorized by the individual served<br/>(See also MM.06.01.03, EPs 3-6)<br/>Note: The term “adverse medication reaction” is synonymous with the term “adverse drug reaction.”</p> | <p><b>3</b> <b>C</b></p> |
| <p><b>M</b> 11.</p> | <p>For opioid treatment programs: Every dose of medication is recorded on an administration sheet at the time the dose is administered or dispensed, and recorded on the patient’s individual medication dose history.</p>  | <p><b>C</b></p>          |
| <p><b>M</b> 12.</p> | <p>For opioid treatment programs: For patients in interim maintenance treatment, treatment medication is administered only under observation; unsupervised or “take-home” use is not allowed.</p>   | <p><b>C</b></p>          |

**Standard MM.06.01.03**

Self-administered medications are administered safely and accurately.

Note: The term self-administered medication(s) may refer to medications administered by a family member.

**Elements of Performance for MM.06.01.03**

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| <p>1. <b>D</b></p> | <p>If self-administration of medications is allowed, the organization has a written policy that addresses the training and supervision of the individual served to guide the safe and accurate self-administration of medications. (See also MM.06.01.01, EPs 1 and 2)<br/>Note: Self-administration includes those instances when an individual served independently uses a medication that is stored by the organization.</p> | <p><b>A</b></p> |
| <p><b>M</b> 2.</p> | <p>For organizations that allow self-administration of medications: The organization implements its policy for medication self-administration.</p>  | <p><b>C</b></p> |
| <p><b>M</b> 3.</p> | <p>For organizations that allow self-administration of medications: When the individual's medications are prescribed or dispensed by the organization, the organization educates the individual and his or her family about the medication name, type, and reason for use. (See also MM.06.01.01, EP 9)</p>   | <p><b>C</b></p> |

**KEY:** **A** indicates scoring category A; **C** indicates scoring category C; **2** indicates situational decision rules apply; **3** indicates direct impact requirements apply; **M** indicates Measure of Success if needed; **D** indicates that documentation is required

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| <p><b>M</b> 4.</p> <p><b>M</b> 5.</p> <p><b>M</b> 6.</p> <p><b>M</b> 7.</p> <p>10. <b>D</b></p> <p>11.</p> <p><b>M</b> 12.</p> <p><b>M</b> 13.</p> <p><b>M</b> 14.</p> | <p>For organizations that allow self-administration of medications: When the individual's medications are prescribed or dispensed by the organization, the organization educates the individual and his or her family about how to administer medication, including special instructions, time of day, route, and dose. (See also MM.06.01.01, EP 9)</p> <p>For organizations that allow self-administration of medications: When the individual's medications are prescribed or dispensed by the organization, the organization educates the individual and his or her family about the anticipated actions and potential side effects of the medication administered. (See also MM.06.01.01, EP 9)</p> <p>For organizations that allow self-administration of medications: When the individual's medications are prescribed or dispensed by the organization, the organization educates the individual and his or her family about monitoring the effects of the medication. (See also MM.06.01.01, EP 9)</p> <p>For organizations that allow self-administration of medications: When the individual's medications are prescribed or dispensed by the organization, the organization determines that the individual or the family member who administers the medication is competent at medication administration before allowing him or her to administer medications.</p> <p>The program's written policies allow for unsupervised, or "take-home," doses of medication based on physician judgment and staff assessment of the patient's behavior. The policies do not include provisions that prohibit all patients from approval for take-home medication.<br/>Note: Policies that prohibit take-home doses for all patients are inappropriate because they preclude individualized patient care.</p> <p>The program's medical director authorizes procedures for determining the eligibility of patients in comprehensive maintenance treatment for take-home doses of medication that include consideration of the following:</p> <ul style="list-style-type: none"> <li>- Absence of recent use of drugs, including alcohol</li> <li>- Regularity of clinic attendance</li> <li>- Absence of serious behavior problems at the clinic</li> <li>- Absence of recent known criminal activity, such as drug dealing</li> <li>- Stability of the patient's home environment and social relationships</li> <li>- Length of time in maintenance treatment</li> <li>- Assurance that the take-home medication(s) can be safely stored within the patient's home</li> <li>- Whether the benefit the patient will derive from decreasing clinic attendance outweighs the potential risks of diversion</li> </ul> <p>Note: A physical is not required to determine eligibility for take-home medication.</p> <p>A multidisciplinary team provides recommendations and input for the physician's review for decisions allowing take-home medications.</p> <p>A physician makes the final decision on approval for take-home medications and documents the reasons for the decision in the patient's record.</p> <p>Decisions regarding take-home medications are reviewed periodically (according to the criteria for take-home eligibility and any other clinically relevant factors) and documented in the patient record.</p> | <p><b>C</b></p> <p><b>C</b></p> <p><b>C</b></p> <p><b>3 C</b></p> <p><b>A</b></p> <p><b>A</b></p> <p><b>C</b></p> <p><b>C</b></p> <p><b>C</b></p> |
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15. For opioid treatment programs: The number and quantity of take-home doses are restricted as follows: **A**
- First 90 days of treatment: maximum of one unsupervised dose per week
  - Second 90 days of treatment: maximum of two unsupervised doses per week
  - Third 90 days of treatment: maximum of three unsupervised doses per week
  - Remaining months of the first year: maximum of six unsupervised doses per week
  - After one year of continuous treatment: maximum of 14 unsupervised doses of medication
  - After two years of continuous treatment: maximum of one-month supply; however, the patient must make monthly visits.
16. **D** For opioid treatment programs: There are written policies that guide decisions about additional occurrences of take-home medication on a temporary basis in exceptional circumstances, such as documented family or medical emergencies. The program obtains approval for the exception from the Center for Substance Abuse Treatment. **A**
17. **D** For opioid treatment programs: The program establishes criteria for determining a patient's eligibility for take-home doses of medication on days when the program is closed. **A**
- Note: The patient's eligibility needs to be determined before the first dose of take-home medication on a day the program is closed, but does not need to be reassessed each day the program is closed. However, it would be appropriate to reassess the patient's eligibility if the patient tests positive for illicit drugs or is known to have recently diverted methadone.
18. For opioid treatment programs: Take-home medications are packaged in child-proof containers. **A**
- M** 19. For opioid treatment programs: The patient is informed of his or her responsibility to keep opioid medications secure. **C**
- M** 20. **D** For opioid treatment programs: The program records the chain of custody for transporting methadone when a patient is transferring to a different level of care or a new location and the program provides sufficient medication to cover the time until the patient arrives at the new location. **C**

### Standard MM.06.01.05

The organization safely manages investigational medications.

Note 1: This standard is applicable only to organizations that use investigational medications.

Note 2: Refer to the Glossary for the definition of investigational medications.

#### Rationale for MM.06.01.05

Investigational medications can be of great help to the individual served. In some cases, investigational medications may represent one of a few options in the individual's plan of care. Although behavioral health care organizations do not regularly use investigational medications, there are some instances in which these medications are used. In such instances, the organization contributes to the safety of individuals served who are participating in investigational or clinical medication studies by controlling and monitoring the use of these medications.

Note: For a discussion of the rights of individuals served regarding the use of investigational medications, see Standard RI.01.03.05.

#### Elements of Performance for MM.06.01.05

1. **D** For organizations that use investigational medications: The organization has a written process addressing the use of investigational medications that includes review, approval, supervision, and monitoring. **A**

**KEY:** **A** indicates scoring category A; **C** indicates scoring category C; **2** indicates situational decision rules apply; **3** indicates direct impact requirements apply; **M** indicates Measure of Success if needed; **D** indicates that documentation is required

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| <b>M</b> | 4. For organizations that use investigational medications: The organization implements its process addressing the use of investigational medications. | <b>3</b> | <b>C</b> |
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**Standard MM.07.01.01**

The organization monitors individuals served to determine the effects of their medication(s).

Note: This standard is applicable only to organizations that prescribe or administer medications.

**Elements of Performance for MM.07.01.01**

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| <b>M</b> | 1. For organizations that prescribe or administer medications: The organization monitors the side effects and effectiveness of the medications, as reported by the individual served or his or her family.  |          | <b>C</b> |
| <b>M</b> | 2. For organizations that prescribe or administer medications: The organization monitors the response of the individual served to his or her medications by taking into account information from the clinical/case record, and the individual's response. (See also MM.02.01.01, EP 3)<br>Note: Monitoring response to medications is an important assessment activity. In particular, monitoring the response to the first dose of a new medication is essential to safety because any adverse reactions, including serious ones, are more unpredictable if the medication has never been used before with the individual. |          | <b>C</b> |
| <b>M</b> | 3. For organizations that prescribe or administer medications: When a medication is prescribed within the organization, the prescriber takes into account information from the clinical/case record, relevant lab values, medication profile, and the individual's response.  |          | <b>C</b> |
| <b>M</b> | 7. For opioid treatment programs: The maintenance dose is individually determined based on monitoring of the effects of the patient's treatment.<br>Note: The medication dose and the interval between doses may require adjustments for patients who have concurrent health conditions or atypical metabolic patterns, or if the patient takes other prescribed medications that alter rates of opioid medication metabolism.  | <b>3</b> | <b>C</b> |
| <b>M</b> | 8. For opioid treatment programs: The program maintains patients who become pregnant during treatment on the pre-pregnancy dosage, if effective, and applies the same medication dosages as used with any other nonpregnant patient.  |          | <b>C</b> |
| <b>M</b> | 9. For opioid treatment programs: The methadone dose is carefully monitored for pregnant patients. Monitoring is especially important during the third trimester when biological changes, induced by pregnancy, can alter the rate at which methadone is metabolized or eliminated from the system. In these cases, an increased or a split dose may be necessary.  | <b>3</b> | <b>C</b> |
| <b>M</b> | 10. For opioid treatment programs: The physician evaluates the patient's stability and response to take-home medication and adjusts the dosage at regular intervals.  |          | <b>C</b> |
|          | 11. For opioid treatment programs: For women of childbearing potential, the physician conducts an assessment for pregnancy before initiating medically supervised withdrawal.   | <b>3</b> | <b>A</b> |

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12. For opioid treatment programs: If a pregnant patient elects to withdraw from methadone and stays in the program, a physician experienced in addiction medicine supervises the withdrawal process with regular fetal assessments as appropriate for gestational age as part of the withdrawal process. The withdrawal is not initiated before 14 weeks or after 32 weeks of gestation.

 **A**

### Standard MM.07.01.03

The organization responds to actual or potential adverse medication events, significant adverse medication reactions, and medication errors.





Note 1: This standard is applicable only to organizations that prescribe or administer medications.

Note 2: See the Glossary for definitions of "adverse medication event" and "significant adverse medication reaction."

#### Rationale for MM.07.01.03

Adverse medication reactions and medication errors place individuals served at considerable risk. To maintain safe, quality care, organizations must have systems in place to respond to and monitor an individual in the event of an adverse medication reaction or medication error.

#### Elements of Performance for MM.07.01.03

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| 1.   | ⓓ For organizations that prescribe or administer medications: The organization has a written process to respond to actual adverse medication events, significant adverse medication reactions, and significant medication errors.                                      | <b>A</b>   |
| 2.   | ⓓ For organizations that prescribe or administer medications: The organization's written process addresses prescriber notification in the event of a significant adverse medication event, significant adverse medication reaction, or a significant medication error. | <b>A</b>   |
|   | 3. For organizations that prescribe or administer medications: The organization complies with internal and external reporting requirements for significant adverse medication events, significant adverse medication reactions, or significant medication errors.      | <b>C</b>   |
|   | 5. For organizations that prescribe or administer medications: The organization implements its process for responding to significant adverse medication events, significant adverse medication reactions, or significant medication errors.                            |  <b>C</b> |
|  | 7. For opioid treatment programs: Medication blood levels are obtained when clinically indicated.  | <b>C</b>   |





### Standard MM.08.01.01

The organization evaluates the effectiveness of its medication management system.

Note: This standard is applicable only to organizations that prescribe, dispense, or administer medications.

#### Elements of Performance for MM.08.01.01

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| 1. | For organizations that prescribe, dispense, or administer medications: The organization collects data on the performance of its medication management system. (See also PI.01.01.01, EPs 14 and 15) | <b>A</b> |
| 2. | For organizations that prescribe, dispense, or administer medications: The organization analyzes data on its medication management system.  | <b>A</b> |

**KEY:** **A** indicates scoring category A; **C** indicates scoring category C;  indicates situational decision rules apply;  indicates direct impact requirements apply;  indicates Measure of Success if needed;  indicates that documentation is required

- 3. For organizations that prescribe, dispense, or administer medications: The organization compares data over time to identify risk points, levels of performance, patterns, trends, and variations of its medication management system. **A**
- 5. For organizations that prescribe, dispense, or administer medications: Based on analysis of its data, the organization identifies opportunities for improvement in its medication management system. **A**
- 6. For organizations that prescribe, dispense, or administer medications: The organization takes action on improvement opportunities identified as priorities for its medication management system. **A**
- 7. For organizations that prescribe, dispense, or administer medications: The organization evaluates its actions to confirm that they resulted in improvements for its medication management system. **A**
- 8. For organizations that prescribe, dispense, or administer medications: The organization takes additional action when planned improvements for its medication management processes are either not achieved or not sustained. **A**

**KEY:** **A** indicates scoring category A; **C** indicates scoring category C; **2** indicates situational decision rules apply; **3** indicates direct impact requirements apply; **M** indicates Measure of Success if needed; **D** indicates that documentation is required