5122-29-05 **Pharmacologic management service.**

(A) Pharmacologic management service is a psychiatric/mental health/medical intervention used to reduce/stabilize and/or eliminate psychiatric symptoms with the goal of improved functioning, including management and reduction of symptoms.

Pharmacologic management services should result in well-informed/educated individuals and family members and in decreased/minimized symptoms and improved/maintained functioning for individuals receiving the service. The purpose/intent is to:

(1) Address psychiatric/mental health needs as identified in the mental health assessment and documented in the client's ISP;

(2) Evaluate medication prescription, administration, monitoring, and supervision;

(3) Inform individuals and family regarding medication and its actions, effects and side effects so that they can effectively participate in decisions concerning medication that is administered/dispensed to them;

(4) Assist individuals in obtaining prescribed medications, when needed; and

(5) Provide follow-up, as needed.

(B) Pharmacologic management service shall consist of one or more of the following elements as they relate to the individual's psychiatric needs, and as clinically indicated:

(1) Performance of a psychiatric/mental health examination;

(2) Prescription of medications and related processes which include:

(a) Consideration of allergies, substance use, current medications, medical history, and physical status;

(b) Behavioral health education to individuals and/or families, (e.g., purpose, risks, side effects, and benefits of the medication prescribed); and

(c) Collaboration with the individual and/or family, including their response to the education, as clinically indicated.

The method of delivery of education can be to an individual or group of

individuals.

(3) Administration and supervision of medication and follow-up, as clinically indicated. Prescription, administration and supervision of medication is governed by professional licensure standards, Ohio Revised Code, Ohio Administrative Code, and scope of practice.

(a) Clinicians who order medications and persons who receive medication orders shall be appropriately licensed and acting within the scope of their practice.

(4) Medication monitoring consisting of monitoring the effects of medication, symptoms, behavioral health education and collaboration with the individual and/or family as clinically indicated. The method of delivery of medication monitoring can be to an individual or group of individuals.

(C) The following shall apply with regard to the use of interactive videoconferencing. Interactive videoconferencing is defined in Chapter 5122-24 of the Administrative Code.

(1) "Client Site" means the location of a client at the time at which the service is furnished via interactive videoconferencing technology. ~~The client site shall be a community mental health agency, the office of a physician or practitioner, a hospital, a critical access hospital, a rural health clinic, a federally qualified health center, county department of job and family services site, or a school.~~

(2) "Provider Site" means the site where the eligible practitioner furnishing the service is located at the time the service is rendered via interactive videoconferencing technology. ~~The provide site may be a community mental health agency, the office of a physician or practitioner, a hospital, a critical access hospital, a rural health clinic, a federally qualified health center, county department of job and family services site, or a school.~~

(3) The agency shall obtain from the client/parent/legal guardian, signed, written consent for the use of videoconferencing technology.

~~(3) A practitioner may only provide an ongoing service via interactive videoconferencing technology when he or she has already provided the same service to the same client in person, except for temporary practitioner absences of up to thirty days.~~

~~(4) The number of in-person sessions shall be mutually agreed upon by the~~

~~practitioner and the client/parent/legal guardian, as established in the ISP, but shall occur at least annually.~~

~~(5)~~(4) It is the responsibility of the agency to assure contractually that any entity or individuals involved in the transmission of the information guarantee that the confidentiality of the information is protected. When the client chooses to utilize videoconferencing equipment at a client site that is not arranged for by the agency, e.g., at his/her home or that of a family or friend, the agency is not responsible for any breach of confidentiality caused by individuals present at the client site.

~~(6) The agency shall obtain from the client/parent/legal guardian, signed, written consent for the use of videoconferencing technology.~~

~~(7)~~(5) ~~To assure immediate access to clinical support for the client there must be a separate telephone link between the client and the provider sites. Such clinical support must be provided by an individual eligible to provide the service as defined in this rule.~~ The agency shall provide the client written information on how to access assistance in a crisis, including one caused by equipment malfunction or failure.

~~(8)~~(6) It is the responsibility of the agency to assure that equipment meets standards sufficient to:

(a) Assure confidentiality of communication;

(b) Provide for interactive videoconferencing communication between the practitioner and the client; and

(c) Assure videoconferencing picture and audio are sufficient to assure real-time interaction between the client ~~consumer~~ and the provider and to assure the quality of the service provided.

(d) The client site must also have a person available who is familiar with the operation of the videoconferencing equipment, in the event of a problem with the operation.

(e) If the client chooses to utilize videoconferencing equipment at a client site that is not arranged for by the agency, e.g., at his/her home or that of a family or friend, the agency is only responsible for assuring the equipment standards at the provider site.

(7) The decision of whether or not to provide initial or occasional in-person sessions shall be based upon client choice, appropriate clinical

decision-making, and professional responsibility, including the requirements of professional licensing, registration or credentialing boards.

~~(9) The provisions contained in this paragraph will terminate two years from the effective date of this rule in order to review and make revisions to them, if necessary.~~

(D) The following identifies those individuals who are eligible to provide and supervise the pharmacologic management service. Licensed, certified, or registered individuals shall comply with current, applicable scope of practice and supervisory requirements identified by appropriate licensing, certifying or registering bodies:

(1) To provide the service:

(a) Medical doctor or doctor of osteopathic medicine;

(b) Physician assistant;

(c) Pharmacist;

(d) Licensed practical nurse;

(e) Registered nurse;

(f) Master of science in nursing;

(g) Clinical nurse specialist; or

(h) Nurse practitioner.

(2) To supervise the service:

(a) Medical doctor or doctor of osteopathic medicine;

(b) Pharmacist;

(c) Registered nurse;

(d) Master of science in nursing;

(e) Clinical nurse specialist; or

(f) Nurse practitioner.

Effective: 12/13/2007

R.C. 119.032 review dates: 09/27/2007 and 12/13/2012

CERTIFIED ELECTRONICALLY

Certification

12/03/2007

Date

Promulgated Under: 119.03
Statutory Authority: 5119.22, 5119.61(A), 5119.611(C)
Rule Amplifies: 5119.22, 5119.61(A), 5119.611(C)
Prior Effective Dates: 1/1/1991, 10/1/93, 7/15/01, 3/25/04, 12/15/05