**DSW MEDICATION ADMINISTRATION AND NON-COMPLEX TASKS**

**FREQUENTLY ASKED QUESTIONS**

* Many agencies use contract RNs who are not on call to train the worker each time a medication order is changed.

Response:

Agencies will be expected to have access to an RN that can provide the necessary training.

* Regulations are already in place to allow for assessment of a client via the 90L which is completed on an annual basis. To require an annual assessment by an RN, is a duplication of services.

  Response:

Other assessments would suffice if they are comprehensive and address all of the client’s needs but may not be used in lieu of the RN’s assessment.

* Is training required for over the counter drugs?

Response:

The need for training in administration of over the counter drugs should be based upon assessment by the RN.

* What is the time frame to train staff on new medications or changed medications? What if there are multiple clients involved when this occurs? How can one RN train all timely?

Response:

Training is required prior to administration of medications.

* How does this affect clients that are in a self-direction program?

Response: The requirements apply equally.

* The rule seems to stop consumers from using pill organizers or containers. There are new technologies and packaging available that take away much of the decision making related to administration of medications.

Response:

The use of special packaging and new technologies does not substitute for training if the client can’t self-administer. There must be oversight by an RN.

* Is the 16 hours of training per calendar year or on a quarterly basis?

Response:

The 16 hours of training is required prior to the worker administering medications.

* What type of assessment is the RN supposed to perform? What questions need to be answered?

Response:

The assessment should address complexity of the client’s needs and competency of the worker.

* Providers need a list of diseases or conditions that would require more frequent assessment.

Response:

The client’s diagnosis and level of functioning should be included in the plan of care.

* Could training be performed over the phone?

Response:

The RN may make a determination based upon his/her assessment of the worker’s competency that training can be safely performed over the phone.

* Most DSWs are not required to take vital signs. Is the intent of the legislation to require DSWs to receive training in skills proficiency such as taking vital signs?

Response:

The DSW would be required to receive training in taking vital signs if applicable to the medications being administered.

* The rule does not address self- administration or self- direction by the client.

Response:

If the client is able to self- administer medications or self-direct the worker to administer their medications, training of the worker is not necessary. There should be an assessment of the client by the ID team which includes input by the RN to show how the determination was made that the client could self-administer or self-direct their medications. They should know what medications they take, what they take them for and what time to take them.

* The definition of “stable and predictable” in Section 9201 may not apply to all individuals who receive HCBS services. Some clients may not be considered stable and predictable and therefore the RN could not delegate medication administration. This would leave families or the client with the responsibility.

Response:

The RN will determine based upon assessment of the client whether their condition is stable and predictable.

* Will DSW Medication Delegation training (certification) be transferrable between provider agencies?  (Providers are concerned they will go to the expense of training a DSW who will go to work for another provider.)

Response:

Training can be transferred from one agency to another.  The provider to whom the DSW transfers to, will need to assure that they receive documentation that the DSW successfully completed the training.  This documentation will need to be filed in the employee’s personnel record.  The receiving agency would still be responsible for any client specific training that is needed and assurance of the worker’s competency.

* Is an RN delegation form needed?

Response:

The rule does not address the need for the RN to delegate using a delegation form but certainly does not prohibit the RN from developing and using such a form.

* Do all DSWs need to receive training?

Response:

Only those who will need to administer medications to their clients need training. Remember that in the LT-PCS program, medication administration is not allowed.

* Are Nurse Delegations required for Self Direction?  If so, how would the staff get the RN training and oversight?

Response:

Currently the DSW rule says that DSWs who work with clients in a self- direction program must have the training.  Since HSS has no regulatory authority over clients in self direction, this is an issue that the program offices will need to look at and consider options.

* Does a DSW with a Certified Medication Attendant certificate qualify as already trained or do they have to go thru this specific training?  (May have worked at an IC/DD facility)

Response:

If a DSW has current certification as a certified medication attendant (CMA), they do not need to take the 16 hour medication administration training in the DSW rule.  If the CMA will also be assigned to perform additional non-complex tasks for the client, the provider will need to assure that they receive the necessary client specific training and are competent.

* Can a provider refuse to serve a participant if the participant needs to have medications administered or other non-complex tasks performed (Provider chooses not to participate)?

Response:

The provider should assess whether they have the capacity to meet the needs and to assure health and safety of any client they serve.  If they feel they cannot do this, they may decline admission of the client or initiate discharge as per proper protocols.

* If a client can self-administer their own medications, but require reminders or prompts, does the DSW need the training?

Response: The key is that the client can self-administer. The client should have been been assessed and a determination made by the ID team including input by the RN that the client can self-administer. They should know what medications they take, why they take them and what time they must be taken.