



Policy Title:	Self Administration of Medication
Policy #:	04-001-0055
Effective Date:	1/29/2025
Approved by:	Telly Delor, Chief Operating Officer
Functional Area:	Health/Medical
Responsible Leader:	Dr. Brandon Moore, Medical Director
Policy Owner:	Megan DeStefanis, Nursing Supervisor
Applies to:	Direct-Operated Programs, Residential Programs, Specialized Foster Care

Purpose: To establish guidelines for self-administration practices of medications.

I. Policy Statement

It is the policy of St. Clair County Community Mental Health (SCCCMH) that medication should be administered according to an individual's functional ability and the requirements of State law. SCCCMH provides this policy of materials, forms, and instructions to assist providers in determining the functional abilities of individuals they serve and assess self-administration of medications skill. In accordance with Person-Centered Planning this policy will allow-an individual the opportunity to maximize independence with their medical management.

II. Standards

- A.** Group Home staff are trained annually by St. Clair County Community Mental Health to provide this support via Medication Administration Training.
- B.** All medication, including over-the-counter medication, must be prescribed by a person licensed to do so and a copy of a doctor's order/prescription should be kept with the Medication Administration Record (MAR) or with the individual's accessible medical record. The copy of the doctor's order/prescription should be updated annually (controlled substances every 6 months) or anytime there is a medication change.
- C.** The ability or inability to transition from a group home setting is not dependent on medication administration proficiency. Individuals' participation in Self Administration of

Medication (SAM) will be clinically determined through Person-Centered Planning (PCP) including amount, scope and duration.

- D. Medication for self-administration must be dispensed from the contracted pharmacy supply and labeled in the same manner as an outpatient prescription.

III. Procedures, Definitions, and Other Resources

A. Procedures

Responsibilities

Position	Responsibilities
SCCCMH Caseholder	<ol style="list-style-type: none"> 1. Facilitate Placement Meeting and refers an individual for SAM program if appropriate based upon data from initial SAM assessment administered by group home staff/designee. 2. Coordinate with group home staff at least monthly to review progress and SAM Weekly Log and SAM Assessment Tool. 3. Amend Individual Plan of Service (IPOS) as appropriate. 4. Make determination about candidacy for SAM throughout the treatment plan. 5. Utilize the data to determine support needed upon discharge from the group home. 6. Refer the individual for the SAM program to the Group Home staff designee.
Group Home Staff and/or Group Home Nurse	<ol style="list-style-type: none"> 1. Complete SAM Assessment Tool and makes recommendation for appropriateness for this service. 2. Complete SAM Weekly Log. 3. Complete the monthly MAR form. 4. Provide the SAM training to individual participants during medication passes. 5. Submit forms to caseholder for review on at least a monthly basis. 6. Verbally contact caseholder for issues ongoing.
SCCCMH Nurse	<ol style="list-style-type: none"> 1. Provide education as needed and identified. 2. Provide annual medication training to all group home staff.

Actions – Referral

Action Number	Responsible Stakeholder	Details
1.0	SCCCMH Caseholder	<ol style="list-style-type: none"> 1. Refer an individual for form #0306 Self-Administration of Medication (SAM) Assessment Tool to group home staff/designee. 2. SAM will be assessed initially at monthly review and at discharge and will note progress or lack thereof.

Action Number	Responsible Stakeholder	Details
		<ol style="list-style-type: none"> 3. Service provided to all admits with primary mental illness diagnosis. It could be available to other individuals living in the residential system as directed through Person-Centered Planning (PCP). 4. If initial assessment shows lack of readiness due to presenting symptoms, the treatment team may choose to delay the start of this program.
2.0	Group Home Nurse/Staff	<ol style="list-style-type: none"> 5. Completes form #0306 Self-Administration of Medication (SAM) Assessment Tool and makes a recommendation for participation.

Actions – Implementation

Action Number	Responsible Stakeholder	Details
1.0	SCCCMH Caseholder	<ol style="list-style-type: none"> 1. Amend the Person-Centered Plan to reflect this skill building service and addition of goal, objective and/or intervention.
2.0	Group Home Nurse/Staff	<ol style="list-style-type: none"> 2. Complete form #0307 Self-Administration of Medication (SAM) Weekly Log and submit to caseholder at least monthly for scanning into the OASIS chart. 3. The group home staff is responsible for monitoring the individual's self-administration of the medication. The medication administration record will note that the patient is self-administering their medication(s). 4. The group home staff will document on the medication administration record the patient took the medication by noting the time administered on the record. 5. The group home staff will provide education to the patient and/or caregiver on the medication with the following information included but not limited to medication name, type, indication for use, route, frequency, administration, and dose. 6. The group home staff will document in the yes/no on form #0307 Self-Administration of Medication (SAM) Weekly Log. Group Home staff will sign the weekly documentation. Inclusion of the note section to address the individual's competency to self-administer under supervision specific medications and any further educational needs.
3.0	SCCCMH Caseholder and group home	<ol style="list-style-type: none"> 7. Review the progress and determine needs through Person-Centered Planning. SCCCMH Clinical staff are responsible for reviewing and discussing at least monthly

Action Number	Responsible Stakeholder	Details
	staff	at clinical meeting. 8. Proficiency with medication management will not determine eligibility for movement from the group home system.

B. Related Policies

[Board Policy #03-001-0005, Person-Centered Planning Process, Individual Plan of Service](#)

C. Definitions

N/A

D. Forms

[#0048 Medication Administration Record](#)

[#0306 Self-Administration of Medication \(SAM\) Assessment Tool](#)

[#0307 Self-Administration of Medication \(SAM\) Weekly Log](#)

E. Other Resources (i.e., training, secondary contact information, exhibits, etc.)

N/A

F. References

1. AFC Resident Medication Record #BCAL-3267
2. LARA R 400.14310

IV. History

- Initial Approval Date:
- Last Revision Date: BY:
- Last Reviewed Date:
- Non-Substantive Revisions: N/A
- Key Words: SAM, Self-Administered, Medications