

NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES

# GUIDANCE DOCUMENT

“This guidance document is advisory in nature but is binding on an agency until amended by such agency. A guidance document does not include internal procedural documents that only affect the internal operations of the agency and does not impose additional requirements or penalties on regulated parties or include confidential information or rules and regulations made in accordance with the Nebraska Administrative Procedure Act. If you believe that this guidance document imposes additional requirements or penalties on regulated parties, you may request a review of the document.”

Pursuant to  
Neb. Rev. Stat. § 84-901.03

This guide is intended to provide direction to certified agency providers of developmental disabilities services on requirements related to medication administration.

Independent providers work at the direction of the participant or his/her guardian, and administer medication at the direction of the participant or a caretaker, so independent providers are not subject to the requirements in this guide.

## Participant Self-Administration of Medication

A participant is self-administering his/her medication when he/she:

- Is at least 19 years of age;
- Is physically able to take or apply a dose of medication;
- Has the cognitive capacity to make informed decisions about taking medication;
- Has the cognitive capacity to take or apply a dose of medication following all directions from the prescribing physician;
- Is able to observe and monitor for desired effects, side effects, interactions, and contraindications of the medication; and
- Receives no assistance in any way from another person for any activity related to medication administration.

## Provider Involvement in Medication Administration

If a staff or contractor of an agency provider assists or supports a participant in any aspect of medication administration because the participant does not meet one or more of the criteria listed above, the provider is involved in the administration of the participant's medication.

Even when a participant is able to physically take/apply a dose of medication independently, the provider may be involved in medication administration if they provide other types of assistance, including:

- Setting up medications in a pill organizer;
- Contacting or cuing the participant to remind him/her to take medications;
- Checking a pill organizer after the fact to monitor whether medication was taken; or
- Filling prescriptions on the participant's behalf from the pharmacy.

When a participant needs assistance in these activities, it indicates he/she does not have the capacity to independently administer his/her own medications following directions from the prescribing physician.

When an agency provider is involved in the administration of medication, the agency must follow the Medication Aide Act ([Neb. Rev. Stat. §§ 71-6718 – 71-6742](#)) and Department of Health and Human Services (DHHS) Division of Public Health regulations in [172 NAC 95](#). These statutes and regulations require that when an agency is involved in medication administration, any medication administration activities must be completed by a licensed medical professional or a certified medication aide, and when a medical professional or medication aide administers medication, a medication administration record (MAR) must be kept.

Per DD [Provider Bulletin 17-12](#), issued 7/25/2017, DHHS-DD requires that MARs for participants in developmental disabilities services be maintained in Therap.

In situations where an agency provider staff or contractor is involved in medication administration activities, but does not provide the medication or witness the participant taking the medication, a MAR must still be completed. To ensure the MAR clearly reflects the provider's involvement in medication administration, the provider may use comments added to the data entered in the MAR to indicate that staff completed a check, filled a pill organizer, etc. based on the role the provider has in medication administration for that participant.

To enter comments in the MAR, the person entering data would select *Switch to Detail Mode*:

Other Medication(s)

**LISINOPRIL 30 MG TABLET** - tablet, Oral, Other Switch to Detail Mode Jump to

Strength: 30mg [Drug Details](#)

Give Amount/Quantity: 30mg Frequency: 1 X DAILY  
 Begin Date & Time: 02/01/2016 09:00 AM  
 Schedule Repeat: Every Day Schedule Time Slot(s): 08:00 AM

Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU
08:00 AM	GA	LP	GA	GA	DC	GA	LM	GA																							

Then the person would click on the day he/she completed medication administration activities and a window will pop up:

**LASIX 20 MG TABLET** - TAB, PO (Oral), Scheduled (Medication) Switch to Quick mode Jump to

Strength: 10.0mg Attachment: data(1.84 KB)

Frequency: 1 X DAILY  
 Begin Date & Time: 02/01/2016 08:00 AM  
 Schedule Repeat: Every Day, 1 time(s) in a day Schedule Time Slot(s): 10:00 AM

Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU
10:00 AM																															

Frequency: 1 X DAILY  
 Begin Date & Time: 03/01/2016 08:00 AM  
 Schedule Repeat: Every Week, 1 time(s) in a week

Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU
08:30 AM	GA			GA	GA																										

Begin Date & Time: 04/01/2016 09:00 AM  
 Schedule Repeat: Every Day, 2 time(s) in a day

Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	
09:00 AM																																
08:15 PM																																

**Detail Data**

Record Type \*

Administer Date \*

Administer Time \*

Administered By

Comments

About 2978 characters left

Cancel **Save**

In the *Detail Data* window, the person would record *Administered* under *Record Type*, and note in the comments what medication administration activity he/she completed (for example, "Checked pill organizer – medication no longer there. Bob says he took medication as scheduled")