

DEPARTMENT OF HEALTH AND HUMAN SERVICES				
AGING AND DISABILITY SERVICES DIVISION				
2015 POLICY MANUAL				
POLICY#	REVISED	TITLE	EFFECTIVE DATE	PAGE
41 - 3		Provider Medication Administration Certification Program Applications	12/9/15	1 of 5

POLICY

It is the policy of ADSD Developmental Services (DS) Regional Centers to provide an opportunity and method for organizations to apply to enroll as Certified Medication Administration Program Training providers for agencies that serve people supported by the DS Regional Centers. Provider enrollment and approval is determined by DS Health Care Committee (HCC).

PURPOSE

This policy is to ensure that a fair and thorough process is utilized in qualifying and approving Medication Administration Program Training providers. Through the application process, DS HCC will ensure that providers have an adequate and sufficient choice of qualified providers who have the credentials required to provide training that promote(s) health, welfare, and stability of individuals served by DS Regional Centers.

REFERENCES

[NAC 435.675](#)

[NRS 632.340](#)

PROCEDURE

A. TYPES OF SERVICES

1. Approved applicants will be eligible to provide instruction to staff to obtain and maintain certification in Medication Administration.

B. APPLICATION PROCESS

1. The applicant must submit a completed packet (refer to Sections C, D, and E for requirements) to the Developmental Services Health Care Committee (DS HCC) for review and processing.
 - a. DS HCC will complete a review of the submitted application packet. Following this initial review, the committee will make recommendations to the applicant. This will include identifying any missing documents and ensuring current materials are inline with the standards.
 - b. Applications received will be held for 30 days after notification of the committee's recommendations any missing or incomplete documents. Failure to submit items within 30 days of notification may result in denial of application with a notification letter sent to applicant.
 - c. DS HCC will complete a review of the revised and/or additional information that was submitted from the applicant based on the committee's recommendations and make a final determination.
 - d. Provider applications and all related materials that are submitted to the DS HCC becomes the property of DS HCC and will not be returned to the applicant nor will copies be provided. Applicants should retain a copy of all materials submitted for their records.

DEPARTMENT OF HEALTH AND HUMAN SERVICES				
AGING AND DISABILITY SERVICES DIVISION				
2015 POLICY MANUAL				
POLICY#	REVISED	TITLE	EFFECTIVE DATE	PAGE
41 - 3		Provider Medication Administration Certification Program Applications	12/9/15	2 of 5

C. APPLICATION REQUIREMENTS

1. Name, address, and telephone number of course coordinator.
2. Statement of course objective.
3. Title and outline of each topic and material to be presented
4. Number of hour's face to face interaction and the approximate number of hours of self--study and observation on location.
5. Length of training time for each topic (Minimum 8 hours instruction for program).
6. A copy of all handouts, videos, or graphical training aids that will be used in the training program.
7. Signature of the course coordinator.
8. If available any training approvals from other organizations/agencies or CEU approval for the requested curriculum.
9. A cancelled copy of the certificate that will be issued to the participants.
10. Names of instructors for each topic to be presented.
11. Copy of assessment tool used for student critique of the training.
12. A copy of the examination to be given.
13. Copy of procedure for giving/scoring examination.
14. The required passing grade/score for the examination and retesting.

D. MINIMUM QUALIFICATIONS OF TRAINER

1. For each instructor, provide information concerning:
 - a. Education
 - b. Qualifications - a list of current licenses and certifications.
 - c. Copy of current certification in a Division approved medication administration program (must be recertified every 2 years).
 - d. Past experience - conducting training and with medical supports and medications.
 - e. Copy of resume/Curriculum Vitae.

E. TRAINING MATERIALS AND CURRICULUM REQUIREMENT

1. NRS/NAC/Regional Center Policies included
 - a. What a direct support staff can and cannot do
 - b. Forms (Medication Administration Tool, Medical Clearance and Authorization for Medication Admin)
2. Documentation
 - a. Medication Arrival Log

DEPARTMENT OF HEALTH AND HUMAN SERVICES				
AGING AND DISABILITY SERVICES DIVISION				
2015 POLICY MANUAL				
POLICY#	REVISED	TITLE	EFFECTIVE DATE	PAGE
41 - 3		Provider Medication Administration Certification Program Applications	12/9/15	3 of 5

- b. Medication Removal/Destruction Log
 - c. Medication Administration Record (MAR)
 - d. Medication Support Log (MSL)
 - e. Preparing a medication schedule
 - f. Controlled Substance log
 - g. PRN/OTC Documentation
 - h. Documenting Medication Errors
 - i. Documenting Medication Refusals
 - j. Side Effect Sheets/ Medication Information Sheets
 - k. Copies of all forms noted above
3. Medication Packaging
 - a. Medication Bottles
 - b. Bubble Packs
 - c. Dose Packages
 - d. Medication Minders
 4. Rights of Medication Administration
 5. Physician Orders
 - a. Reading an order
 - b. Abbreviations
 - c. Military**
 - d. Time Transcribing an order to MAR/MSL
 6. Routes of Administration
 - a. Oral
 - b. Eye/ Ear Drops
 - c. Topical Medications
 - d. Suppositories
 7. Types of Medication
 - a. Pill
 - b. Powder
 - c. Capsule
 - d. Liquid
 - e. Cream
 - f. Sublingual
 - g. Patch Drops


DEPARTMENT OF HEALTH AND HUMAN SERVICES				
AGING AND DISABILITY SERVICES DIVISION				
2015 POLICY MANUAL				
POLICY#	REVISED	TITLE	EFFECTIVE DATE	PAGE
41 - 3		Provider Medication Administration Certification Program Applications	12/9/15	4 of 5

8. Use of PRN medications (Parameters for use)
9. Use of OTC medications (Parameters for use)
10. Altering Medication
 - a. Cutting
 - b. Crushing
 - c. Dissolving
11. Proper storage of medications (i.e. topical, orals, etc.)
12. Proper handling of Medications
13. Classroom Component
14. Demonstration - using sample bubble packs/bottles/ liquids
15. Competency evaluation
16. Re-certification Process (Minimum 4-hour instruction)

F. DETERMINATIONS

1. Application packets that meet the DS HCC standards will receive a notification letter of the approval.
2. Application packets that do not meet the DS HCC standards after final submission (refer to Section B) will be denied. The applicant will receive a notification letter of the denial.
 - a. Applications that are denied by the DS HCC may not be resubmitted for 12 months from date of denial.
 - b. Applicants that are reapplying for approval to become a Certified Medication Administration Program Training provider must restart the application process as outlined above.
 - c. Reapplications must include an explanation of changes made by the applicant to meet DS HCC standards.
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DEPARTMENT OF HEALTH AND HUMAN SERVICES				
AGING AND DISABILITY SERVICES DIVISION				
2015 POLICY MANUAL				
POLICY#	REVISED	TITLE	EFFECTIVE DATE	PAGE
41 - 3		Provider Medication Administration Certification Program Applications	12/9/15	5 of 5

Approved By		
Title	Signature	Date
Deputy Administrator		12/9/15
Division Administrator or Designee		
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