

Center for Medicaid , CHIP, and Survey & Certificat

Ref: S&C: 11-14-ICF/MR

DATE: March 18, 2011

TO: State Survey Agency Directors

FROM: Director
Survey and Certification Group

SUBJECT: Clarification of Self-Administration of Medications at 42 CFR §483.460(k)(4)
Intermediate Care Facilities for the Mentally Retarded (ICFs/MR)

Memorandum Summary

It has been the expectation of ICF/MR surveyors pursuant to previous Centers for Medicare & Medicaid Services interpretations of §483.460(k)(4), that every client residing in an ICF/MR must participate at some level in a formal, self-administration program for medications.

- **Regulatory Requirement for Self Administration Programs:** There is no regulation that requires every client to have a formal, self-administration program for medications. The appropriateness of such a program for a client is determined by the interdisciplinary team in consideration of the comprehensive functional assessment data.
- **Regulatory Requirement for Those Clients Not in Self-Administration Programs:** The concept of continuous active treatment at §483.440(d)(1) requires that the facility utilize the time during medication administration by staff as a teaching opportunity for clients who have formal training programs for the development of skills that are transferrable to the drug administration process.

Discussion

Self administration of medication refers to the intentional, independent application or ingestion of over the counter or prescribed medications by an individual without assistance, instruction or direction. The regulation at §483.460(k)(4) requires the interdisciplinary team to develop and implement training objectives for individuals, “determined” to be appropriate for self administration of medications unless the client’s physician specifies otherwise.

The interdisciplinary team must determine, based on comprehensive assessment, whether an individual possesses, or has the potential to develop, the requisite skill set needed to safely self administer medications and individually tailor training objectives to advance the individual toward the goal of self administration.

§483.460(k)(4) does not require that all individuals in an ICF/MR be engaged in self administration training programs. The interdisciplinary team decision that a self administration program is appropriate, as is the case for all formal training objectives, must be based upon accurate, current, valid assessment of the individual's skills and potential. The determination as to the appropriateness of a self administration program must never be made singularly on the individual's diagnosis or current functional abilities.

For individuals assessed to be inappropriate for a self administration program, but determined by the interdisciplinary team to possess the capacity to functionally, cognitively, emotionally or developmentally benefit from participation in the drug administration process, it is expected that the facility will provide opportunities for the client to participate in the medication administration process under direct supervision. This participation can include but is not limited to identifying the medication taken, reaching/grasping a cup of water during the process and placing oral medications in the mouth, etc.

During drug passes observe whether clients are offered the opportunity to participate consistent with their functional skill level and verify that the programs are being carried out consistently and in accordance with the written objective. For individuals not in need of formal self-administration programs who are not provided opportunities to participate in administration process, cite a deficiency at §483.440(c)(6)(vi).

If, as a result of observations and interviews, there are any concerns as to why a client is not on a formal program, the surveyor should review the associated assessments and interdisciplinary discussions. During this review look for evidence that the interdisciplinary team documented a justification as to why the client was not appropriate for a formal self-administration program and that the justification provided was based on an evaluation of the assessment results. Deficiencies for a failure by the facility to properly assess, to develop written self administration objectives or to carry out the self-administration programs consistently should be cited at §483.460(k)(4).

If you have additional questions or concerns regarding self administration programs in the ICF/MR please contact Kelley Leonette at (410)786-6664 or via electronic mail at Kelley.Leonette@cms.hhs.gov.

Effective Date: This clarification is effective immediately. Please ensure that all appropriate staff members are fully informed within 30 days of the date of this memorandum.

Training: This clarification should be shared with all survey & certification staff, surveyors, managers and the State and Regional Training Coordinators.

/s/

Thomas E. Hamilton

cc: Survey and Certification Regional Office Management