

# FSFN MEDICATION TAB WALKTHROUGH

There are 5 Medication Tabs that CMO must be filling out whenever a child is on any medications. The Medical Profile, Mental Health, and Medical History tabs should always be filled out even if child is not on medication. This information is vital to track the physical and mental health needs of children and youth in care. CMO should be entering this information timely and appropriately in the system to ensure all records for the child are on file.

These tabs must be filled out for all children on Psychotropic medications and will be audited by ECA and DCF.

On the next few pages are examples of the Medical Mental Health Tab in FSFN and how to fill out these tabs.

The five tabs consist of:

- Medical Profile
- Medications
- Mental Health Profile
- Medical History
- Disability tab

If there are any questions in completion of these tabs please get with your training specialist, your psychotropic medication POC at your agency, or with the ECA Utilization Management Specialist in charge of psychotropic medication audits. The UM Specialist only audits the Medications Tab, Mental Health Profile Tab, and Disability tab therefore CMO's will need to ensure there staff is reviewing all other tabs for compliance.

Please review all pages 2-6 for full walkthrough.

The **Medical Profile Tab** is a “snapshot” of the child’s medical status. CMO should use this tab to list the child’s health care provider’s demographics/contact information and basic information to include any allergies as well as last immunizations.

The screenshot shows a web-based form titled "Medical Profile" (circled in red). The form is divided into several sections:

- Primary Health Care Providers:** A table with columns for Name, Address, and Phone. The first row is pre-filled with "List Doctors name/Facility", "List Address of Doctor Office", and "List Number". Large black arrows point to the input fields for each column.
- Emergency Contact:** A field labeled "List Emergency Contact Name".
- Basic:** Fields for "Health Problems" (with placeholder "List any concerning health issues on call or others may need to know"), "Allergies" (with placeholder "List all Allergies child has"), "Immunizations Up To Date" (checkbox), "Record On File" (checkbox), and "Date" (dropdown).
- Options:** A dropdown menu with "Text" selected, and a "Go" button.

At the bottom right, a black arrow points to the "Date" field with the text "Fill out bottom section with all information on immunizations". The form has "Save" and "Close" buttons at the bottom right. The browser status bar at the bottom shows "Done" and "Trusted sites".

**Medications Tab** shows a summary of all medications that the child has been on through time in OHC. CMO is responsible for ensuring this is updated whenever there is a change in medication or when a child starts medications for the first time. CMO will insert a new medication tab when a child starts a medication and end date any prior medication tabs when the child has ceased a medication. If a new 5339 is received due to new medications prescribed or a new doctor issuing the same meds, then the prior med tabs have to be end dated and new medications started on date child began new 5339 medications/started meds from a new doctor. No duplicate med tabs can be listed and no medications of same kind (example : valium start date 4/10/19 end date 5/20/19, next valium start date 4/30/19 with med tab still open) can overlap in dates.

Physician/Practitioner	Prescribed Medication	Is Medication Psychotropic	Date Prescribed	Date Stopped	
Testng	Fluoxetine	Y	08/12/2008		<a href="#">Edit</a>

Shows who Prescribing doctor is

Shows what medication

Shows if Psychotropic

Shows when medication began

Shows when medication stopped

Click Edit to open med tab for this med and make any changes

Press insert to add new or additional medications to this list as needed

Insert

**Medications Tab for each individual medication will have own pop up box** when you insert a new medication tab for first time or click on edit to open an existing medication tab. It will be the tab that represents all information related to that medication. All areas in the medication tab should align with what is in the 5339 for this medication and the medication documentations (to include any changes based on court orders, etc.). This is where you will list:

1. What medication is being taken
2. Who the prescribing doctor is
3. If medication is psychotropic or not
4. When medication starts (date child began physically taking medication)
5. When medication was ceased
6. Quantity of medication per prescription (# of pills in bottle or # of ML for liquid medication in bottle)
7. Number of refills (cannot exceed 11 as med tabs cannot be open more than 12 months; Must match how long med tab is open for example: if med tab was ceased by month 3 then there should be 2 refills listed)
8. Dosage should list the dosage range of medication and frequency that medication is taken to include how many mg/ml in a day, how often, when, and how administered (example: Dosage range is 1-10 mg, child takes 2 mg's once a day in a.m. by mouth and 3 mg's once a day in p.m. by mouth)
9. Either the parental consent box or the court order box needs to be checked and actual date of written consent or actual order date to be listed. If there is no consents yet or an order an medication was started due to emergency, CMO to list the date 1/1/1900.
10. Reasons for Medication section needs to list the ICD diagnosis listed on the 5339 for that medication
11. Additional Comment Box is to list any side effects for the medication that are listed on the 5339 or attachments provided by the doctor, to list if medication was deemed an emergency allowing child to start medications, if medication is ended CMO to list why if not continued on a new 5339, and can be used to list any other important comments related to the process of taken this medication (delays in orders, dosage decrease or weening off process, etc.)

The image shows a screenshot of a 'Medication Information' form. The form is titled 'Medication Information' and contains several sections. Red arrows point to specific fields and text boxes. The fields include: 'Name of Prescribing Physician/Practitioner', 'Name of Prescribed Medication', 'Date Medication Prescribed', 'Prescription Quantity', 'Dosage', 'Date Medication Stopped', 'Number of Refills', 'Date Consent Obtained', and 'Date Court Order Obtained'. The text boxes include: 'List name of physician here', 'List medication Here if unable to find in drop down', 'List medication', 'Reasons for Medication section needs to list the ICD diagnosis listed on the 5339 for this specific medication. (example: ADHD, PTSD)', and 'CMO to List: side effects for the medication found on the 5339 or attachments provided by the doctor, list if medication was deemed an emergency allowing child to start medications, if medication is ended CMO to list why if not continued on a new 5339, and can be used to list any other important comments related to the process of taken this medication (delays in orders, dosage decrease or weening off process, etc.)'. The form also has checkboxes for 'Is Medication for Psychotropic Purposes', 'Parental/Guardian Consent', and 'Court Order Required'. The form is titled 'Medication Information' and has 'Save' and 'Close' buttons at the bottom right.

**Medication Information**

Name of Prescribing Physician/Practitioner: \_\_\_\_\_

Name of Prescribed Medication: \_\_\_\_\_

**List medication**

Is Medication for Psychotropic Purposes **Check if yes**

Date Medication Prescribed: [00/00/00] **Start Date**

Date Medication Stopped: [00/00/00] **Stop Date**

Prescription Quantity: [ ] **List # in Bottle**

Number of Refills: [ ] **List number of bottle refills cannot exceed 11**

Dosage: \_\_\_\_\_

**list the dosage range of medication and frequency that medication is taken to include how many mg/ml in a day, how often, when, and how administered (example: Dosage range is 1-10 mg, child takes 2 mg's once a day in a.m. by mouth and 3 mg's once a day in p.m. by mouth)**

Parental/Guardian Consent

Date Consent Obtained: [00/00/0000]

Court Order Required

Date Court Order Obtained: [00/00/0000] **Either the parental consent box or the court order box needs to be checked and actual date of written consent or actual order date to be listed. If there is no consents yet or an order an medication was started due to emergency, CMO to list the date 1/1/1900.**

Reason for Medication:

**Reasons for Medication section needs to list the ICD diagnosis listed on the 5339 for this specific medication. (example: ADHD, PTSD)**

Instructions/Additional Comments:

**CMO to List: side effects for the medication found on the 5339 or attachments provided by the doctor, list if medication was deemed an emergency allowing child to start medications, if medication is ended CMO to list why if not continued on a new 5339, and can be used to list any other important comments related to the process of taken this medication (delays in orders, dosage decrease or weening off process, etc.)**

Save Close

**Mental Health Tab** needs to list CBHA information showing when a CBHA or Safe House Assessment was completed. If yet to be completed you will need to list when/to whom child was referred to to have one completed. Children on psychotropic medication must have one or other completed or atleast requested to be complete. CMO can also list any substance abuse information on the child here. Please note the Axis Tabs do not work and these can be listed in the disability tab (see later pages).

Medical Profile Medications **Mental Health Profile** Medical History Disability Information

**Treatment Information**

Prior Treatment - Inpatient Last CBHA Evaluation:  Was the most recent CBHA used for a Safe House Assessment?  Yes  No

Prior Treatment - Outpatient **CBHA Date goes here**  If "No", when was a Safe House Assessment completed?

**Substance Use**

Alcohol Frequency:   Marijuana Frequency:  **Any Substance issues go here**

Drugs Frequency:   Tobacco Frequency:  Last Updated:

Psychological/Psychiatric Referral Made Made To:

Status:

Other Mental Health Concerns:

If CBHA or Safe House Assessment not completed yet, CMO must list referral information to include date of referral in status box as well as any other info

Last Updated By: Omaria McCrae Date Updated: 02/12/2019

▶ Axis I

▶ Axis II **This section does not work; Enter diagnosis on Disability tab**

**Medical History Tab** is where CMO documents any appointments with medical/mental/ or dental appointments that occur and outcomes of appointments. This is to show any follow up appts were completed and to document child's histories.

Medical Profile   Medications   Mental Health Profile   **Medical History**

**Treatment History**

Condition Type:  **Insert what type of Appt. Here**

Service Dates:  **List date of Appt. Here**

Other Provider:  ESSEN Provider: [Search](#)

Provider Type:  **Fill out information based on provider**

Type of Service:

**Procedure**

What was completed at appt. goes here

**Diagnosis**

ICD code for Diagnosis Axis 1, Axis 2, etc. or if dental/other what was diagnosed at appointment

Describe the diagnosis, assessments, and/or treatment for the child.

What outcomes occurred, medications child will take, assessment results, further diagnosis description, what future testing procedures to be completed.

[Delete](#)

**Insert**

Options:  **Go**   **Save**   **Close**

**Disability tab** is where CMO lists if child has been diagnosed with a medical or mental health ICD code. If your child is on any psychotropic medication they should always have a ICD diagnosis associated with it listed on the 5339. (example: PTSD, ADHD, ADD). Whenever you receive a new 5339, you will insert new diagnosis and put start date of when diagnosis began. If there are diagnosis that are no longer on the 5339 or in place for this child then prior ones will need to be end dated and new diagnosis start date inserted.

**Disability Information**

**Medical/Mental Health Conditions**

Has the child been clinically diagnosed as having a disability(ies):

**If your child has a ICD diagnosis change to yes**

Diagnosed Condition Category *	Diagnosed Condition Type *	Begin Date *	End Date	Action
Behavioral/Mental Health	Oppositional Defiant Disorder	01/01/2019	03/18/2019	
Behavioral/Mental Health	Mood Disorders:	01/01/2019	00/00/0000	
Behavioral/Mental Health	ADHD	01/01/2019	00/00/0000	

**Find condition category for your correlating ICD Code**

**List the diagnosis here from Drop downs**

**List date diagnosis starts**

**List date diagnosis Ends**

**Insert** **To start new Diagnosis**

**Caregiver(s) Information at Time of Intake**

Emotionally Disturbed:  Learning Disability:  Visually or Hearing Impaired:  Physically Disabled:

Other Medical Condition:  Drug Abuse:  Mental Retardation:  Alcohol Abuse:

**If any additional info is known about child fill out this last section as needed**