

Summarized Reference Guide to Understanding MAP Requirements

MAP guidelines for Health Care Provider (HCP) forms¹

Each Health Care Provider Order must specify, at a minimum, the following:

- i. Name of the individual;
- ii. Allergies;
- iii. Date of the order, including the year;
- iv. Name of the drug;
- v. Dosage;
- vi. Route of administration;
- vii. Reason for administration (purpose)
- viii. The number of day(s) the individual can package and hold medication(s) (if the individual is currently in a self-administration training plan);
- ix. The period of time medication is to be administered (if medication is to be ordered for a set period of time);
- x. Documentation of specific parameters (if applicable);
 - i. For example: documentation of blood pressure readings if prescribed antihypertensive medication;
 - ii. documentation of bowel movement data if prescribed PRN laxatives medication, etc.
- xi. Any special instructions for administration.

Medications requiring special trainings by MAP staff²

- Warfarin
- Clozapine
- Suboxone
- Epi-pen

Persons utilizing insulin injections³

- MAP certified staff are not trained to prepare and administer insulin

¹ The Commonwealth of Massachusetts, et al., 2015, pp. 133-143

² The Commonwealth of Massachusetts, et al., 2015, pp. 70-91

³ The Commonwealth of Massachusetts, et al., 2015, p. 40, 147

- For persons utilizing insulin injections
 - If not independently self-administering insulin
 - VNA services must be established prior to admission to Deaf Respite
 - If a person is able to independently self-administer insulin
 - The Health Care Provider form will need to specify the instructions and that the person is capable of independently self-administering medications

Over the Counter Medications⁴

- All over the counter (OTC) medications require a Health Care Provider order
 - Over the Counter medications must either be labeled by the pharmacy with a prescription label –OR—
 - The Health Care Provider order may state that the person is capable of independently self-administering the Over the Counter medications

Special Note about Schedule II-IV Medications

- All hospital discharges must include a 14 day supply of medications prior to transition to Deaf Respite
- Prescriptions for controlled medications often require prior authorization to be sent in to the pharmacy
 - The prior authorization can sometimes take several business days to complete before the pharmacy is able to fill the prescription
- To avoid delays to discharge, please send in prior authorization to the pharmacy ahead of the anticipated discharge date

References

The Commonwealth of Massachusetts, The Department of Public Health (DPH), The Department of Mental Health (DMH), The Department of Children and Families (DCF), The Department of Developmental Services (DDS), The Medication Administration Program (MAP), & The Executive Office of Health and Human Services. (2015, January 01). MAP Policy Manual. Retrieved January 7, 2019, from <https://www.mass.gov/files/documents/2016/07/qv/map-policy-manual.pdf>

⁴ The Commonwealth of Massachusetts, et al., 2015, p. 45