

## Appendix K – Medication Manager Service Note Examples

### Mental Health Medication Example Note #1

**Reason for today's visit:** Medication Training & Support for current/continued medications to treat OCD.

**Services provided (medication refills, injectable ordered/administered, patient education, care coordination, lab reviews, etc):** Medication refills, patient education, care coordination.

**Ordering MN/DO/NP:** Dr. Puri

**Name of pharmacy (for refill verification):** Vons Pharmacy, Grover Beach

**Interval History (describe any relevant events since last visit, symptoms reported, adherence to medication, side effects):** Client has been taking Fluoxetine 40mg to treat OCD D/O for 6 months. Client reported a reduction in obsessive thoughts and compulsive behaviors since the last medication support visit (2 months ago). Client estimated that she is engaging in checking behaviors 5 times a week for approximately 10 minutes, which is a large reduction since starting medications where she was engaging in checking behaviors 7-days a week for up to 3 hours a day. Client reported that she was not concerned about any side effects at this time and reported she is taking her medication daily, although sometimes forgets to take her medication when she sleeps in. LPT provided education about different strategies/reminders to take medications consistently (ex. alert/reminder on telephone).

**List any new problems identified:** Client reported that she would like to have even more control over obsessive/compulsive symptoms and requested that the dosage of Fluoxetine be increased. This LPT sent a message request to MD listed above with the client's request to increase Fluoxetine dosage.

**Vital Signs (enter vitals on New Entry Flow Sheet document):** See New Entry Flow Sheet dated 10/6/2023 for vitals.

**Next Steps (Referrals provided/needed, Follow Up appointment):** Client was scheduled for another medication support follow up session for 4-weeks on 11/6/2023. This LPT will contact client with the outcome of the MD's response about increasing the dosage of Fluoxetine. Client has two weeks of medication supply currently.

## **Mental Health Medication Example Note #2**

**Reason for today's visit:** Client called the clinic because she was out of her medication Lamotrigine. Client missed her medication support visit with Dr. Lampe last week and has run out of her medication.

**Services provided (medication refills, injectable ordered/administered, patient education, care coordination, lab reviews, etc):** Medication refills, patient education, care coordination.

**Ordering MN/DO/NP:** Dr. Lampe

**Name of pharmacy (for refill verification):** CVS, San Luis Obispo, Marigold Shopping Center

**Interval History (describe any relevant events since last visit, symptoms reported, adherence to medication, side effects):** Client has been taking 100mg of Lamotrigine for 3 months to treat her bipolar disorder. This LPT coordinated with the prescriber, and the client was prescribed two weeks of medication until her rescheduled medication support appointment with Dr. Lampe on 10/15/2023. This LPT informed Client of this refill being completed, and the importance of the client following through with attending the next medication appointment with the doctor. Client reported no barriers for being able to attend the next appointment and no current concerns about side effects. LPT reviewed that Lamotrigine is a high-risk medication that can cause a rash that is potentially life threatening. LPT reminded the client to self-monitor for a rash and to immediately contact the clinic or go to the ER if a rash develops. Client denied having any current rash and indicated that she understood the instructions.

**List any new problems identified:** No new problems identified. The client has missed 1 appointment with the MD on 9/30/2023.

**Vital Signs (enter vitals on New Entry Flow Sheet document):** NA because service took place by telephone.

**Next Steps (Referrals provided/needed, Follow Up appointment):** Client was rescheduled medication support appointment with Dr. Lampe on 10/15/2023.

### **Mental Health Injection Medication Example Note #3**

**Reason for today's visit:** Medication Training & Support visit for injection medication.

**Services provided (medication refills, injectable ordered/administered, patient education, care coordination, lab reviews, etc):** Prior to administering the injection, LPT reviewed the risks, benefits, and alternatives to the medication with the client, and the client provided verbal consent for the injection. Patient education provided for information about injection/injection site. Injection medication administered - Invega Sustenna 234mg IM into right deltoid without incident. Vivitrol/Naltrexone, 380mg). Injection logged onto the Long Acting Injection Flow Sheet. Medication refill request sent to MD for next month.

**Ordering MN/DO/NP:** Dr. Penepacker

**Name of pharmacy (for refill verification):** Genoa Pharmacy, San Luis Obispo

**Interval History (describe any relevant events since last visit, symptoms reported, adherence to medication, side effects):** Client has been taking Invega Sustenna for 6 months to treat Schizophrenia. Client reported he likes taking his medication via injection and wants to continue with this plan. LPT reviewed injection site information with Client and administered the medication.

**List any new problems identified:** Client reported that his hours were reduced at work and that this has caused some financial stress, but that he has been told his hours will increase next month.

Vital Signs (enter vitals on New Entry Flow Sheet document): See New Entry Flow Sheet dated 10/16/2023 for vitals.

Next Steps (Referrals provided/needed, Follow Up appointment): Client was scheduled for another medication support follow up session for 28-days scheduled on 11/10/2023.

## **Case Management Service Note Template & Examples for Medication Managers**

INFORMATION (Describe current service(s), how the service addressed the client's behavioral health need (e.g. symptom, condition, diagnosis, and/or risk factors):

- As this was the client's first medication management appointment, this LPT introduced self to client to build rapport.
- Provided client with information on mental health services, programs and resources, including support groups.
- To complete the Treatment Authorization Request (TAR), coordinated with pharmacist and client's insurance to get psychotropic medication(s)/MAT medication(s) approved.
- Coordinated with the laboratory regarding the diagnosis code.
- Contacted the laboratory to obtain the client's recent lab results. Once the lab results were received and scanned into the record, notified MD that labs needed to be reviewed.
- Completed referral for the client to see their Primary Care Physician (PCP) due to the client's complaints of xyz.
- Discussed the client's desire to obtain employment and completed a referral to an employment agency.
- Reviewed and discussed client's progress in managing his mental health symptoms with medication and therapeutic services.
- Assisted client with researching housing resources.
- Rehearsed phone calls with client to housing agencies/programs.
- Provided client with the information to obtain a discounted bus pass.
- Prompted the client to write appointments down on her calendar in her phone and assisted client with the completion of this task to

encourage scheduling/organization.

- For this Post-PHF/Post-Jail discharge case management appointment, this LPT met with the client to discuss the client's needs for connection to SMHS and SUD treatment services and community resources. Provided client with a list of resources for food programs as client indicated current difficulty affording groceries. Made plan with client to attend the next DAS Walk-In hours at DAS SLO on 10/16/2023. Reviewed plan already set in place for client to attend a MH Assessment on 10/17/2023 for ongoing SMHS services.

CARE PLAN (Indicate the goals, treatment, service activities, and assistance to address the objectives of the plan and the medical, social, educational, and other services needed by the client. Include how the client or their representatives helped to develop the goals, and the progress toward meeting the established goals. Indicate transition plan if the individual has achieved the goals of the care plan):

- This LPT provided TCM services to introduce the client to mental health services available through the clinic and through other providers (TMHA).

The TCM service activities included: coordination of care and resource identification.

This LPT collaborated with the following individual(s) to develop the goals of TCM services: Client.

- This Medication Manager provided TCM services to assist the client with obtaining the prescribed medication to address his/her/their mental health condition.

The TCM service activities included: coordination of care.

This Therapist collaborated with the following individual(s) to develop the goals of TCM services: Pharmacy, Prescriber, Client.

- This Medication Manager provided TCM services to assist the client with obtaining services from their PCP.

The TCM service activities included: coordination of care.

This Therapist collaborated with the following individual(s) to develop the goals of TCM services: Client, PCP Office.

## **Mental Health Annual Progress Summary Service Note Template & Example for Medication Managers**

**Current status of presenting problem (describe client's current symptoms and progress in treatment since last review):** The client is a 29-year old, male, who is receiving SMHS for Schizoaffective Disorder. The client has been in services for one year. The client's symptoms are well controlled with medication. The client entered SMHS as a referral from the PHF. He was hospitalized two times 11-months ago, but has not been hospitalized since.

**Current substance use:** Client reports that he consumes alcohol on the weekends, approximately 2 drinks/2 days week. Client reports that he occasionally uses marijuana, approximately 1 time per month. There has been no observation or collateral information to indicate that the client is using substances more than reported.

**Current challenges/barriers to treatment:** Client frequently misses appointments because he does not have reliable transportation and he feels uncomfortable using public transportation. Client attends appointments when he can get a ride from a friend/family member. Telehealth appointments are provided as appropriate to help address this barrier. The client is dependent on family for financial resources, transportation, and housing.

**Who are the people involved in the client's life and treatment:** The client lives with his mother. She was involved in his treatment when he was a minor and she continues to be supportive by offering transportation to appointments when she can.

**Are Releases of Information in place?** Releases of information are in place with PCP and TMHA and are valid until the end of treatment.

**Referrals needed/offered:** Client has been referred this week to CenCal for assistance with transportation to/from his mental health appointments. The client would like to work towards greater independence. The client has been referred to TMHA for their housing program and work program.

**Changes in medical status since last review:** No changes.

**Primary care and specialty care providers:** The client's PCP is Dr. Cook at CHC Atascadero.

**Outreach to health care providers since last review:** Message left for PCP on xx/xx/xxxx because of client's elevated glucose level.

**Annual labs completed?** Yes. Glucose was moderately elevated.

**Is client currently pregnant?** NA

**Risk factors/safety plan:** Client has a safety plan in place following his PHF admission 11 months ago. Safety plan was recently updated to review coping skills and crisis contacts.

**Follow-up plan/next steps:** This LPT will continue to pursue coordination with PCP regarding glucose levels. This LPT will continue to work with the client and client's therapist on referrals to TMHA's housing and work programs.