



MISSOURI DEPARTMENT OF MENTAL HEALTH

KEITH SCHAFFER, DEPARTMENT DIRECTOR



DEPARTMENT
OPERATING
REGULATION
NUMBER

DOR
4.610

CHAPTER Program Implementation and Records	SUBCHAPTER Certification Procedures	EFFECTIVE DATE 6/24/15	NUMBER OF PAGES 4	PAGE NUMBER 1 of 4
SUBJECT Medication Aide Certification		AUTHORITY 9 CSR 45-3.070	HISTORY See below	
PERSON RESPONSIBLE Director, Division of Developmental Disabilities			Sunset Date 7/1/18	

PURPOSE: Describes how the Division of Developmental Disabilities (DD) will implement the training, certification, and registration of DD Medication Aides who administer medications or supervise self-administration of medications in any community residential or day setting funded, licensed or certified by the Department of Mental Health to provide services to persons who are developmentally disabled as required in 9 CSR 45-3.070.

APPLICATION: Applies to the Division of Developmental Disabilities.

(1) Definitions:

(A) **Approved Instructor:** A licensed nurse in the state of Missouri who meets the qualifications as stated in rule 9 CSR 45-3.070 (10)(B).

(B) **Challenge:** A request to obtain the DD Medication Aide certificate by successful completion of the written test and practicum without participation in the course as stated in 9 CSR 45-3.070 (13)(B)4.

(C) **Deemed Certified:** To meet the required criteria to be a DD Medication Aide without repeating the medication administration course or testing as stated in 9 CSR 45-370 (13)(B)4.

(D) **DHSS:** Department of Health and Senior Services

(E) **DMH:** Department of Mental Health.

(F) **DD:** Division of Developmental Disabilities

(G) **DD Medication Aide:** The title given to individuals who meet the requirements in 9 CSR 45-3.070. This title is the minimum level of trained staff allowed to administer medications or supervise self-administration of medications in any residential day setting funded, licensed or certified by the Department of Mental Health to provide services to persons with developmental disabilities.

(H) **DD Medication Aide Registry:** A database for maintaining record of certified DD medication aides and their required updates.

(I) **Employable:** An individual who is at least 18 years of age; has a high school diploma or GED; or will complete their diploma or GED within 12 months of hiring; and who meets the requirements of 9 CSR 10-5.190 and 9 CSR 10-5.200.

(2) Qualifications to Administer Medication or Supervise Self-Administration of Medication: Individuals who administer medications or supervise self-administration of medications are required to be either a physician, a licensed nurse, a DHSS certified medication technician, a DMH certified medication employee, a DHSS level I medication aide or a DD medication aide.



MISSOURI DEPARTMENT OF MENTAL HEALTH

KEITH SCHAFER, DEPARTMENT DIRECTOR



DEPARTMENT
OPERATING
REGULATION
NUMBER

DOR
4.610

SUBJECT Medication Aide Certification	EFFECTIVE DATE 6/24/15	NUMBER OF PAGES 4	2 of 4
--	---------------------------	----------------------	--------

(3) DD Medication Aide Program Requirements:

(A) The course must be a minimum of 16 hours of integrated formal instruction and practice, excluding final examination and practicum, supervised by an approved instructor.

(B) The accepted curriculum will be the most recently revised edition of “Level I Medication Aide” curriculum produced by the Instructional Materials Laboratory, University of Missouri - Columbia, 2316 Industrial Drive Columbia MO 65202.

(C) Applicants must meet employability requirements of 9 CSR 10-5.190 and 9 CSR 10-5.200.

(4) Testing:

(A) Testing consists of a written exam developed and distributed by DD, that must be administered by an approved instructor and passed with at least 80 % accuracy; AND

(B) A practicum exam under the supervision of an approved instructor that must be passed with 100 % accuracy. The approved instructor will conduct the practicum examination in a residential or day setting unless they have approval from DD to conduct a simulated practicum. Approval will be indicated on the instructor’s application to conduct a course.

(C) Individuals who do not pass the required written and practicum test with the required accuracy may retake the exam one time within 90 days, without having to retake the course.

(5) Criteria to Challenge:

(A) Employable individuals who have successfully completed a pharmacology course such as pharmacy or nursing student, physician’s assistant, or paramedic, who can provide a copy of their transcript may qualify as a medication aide by successfully challenging the final examination.

(B) Employable individuals who can produce evidence of successful completion of a sixteen (16) or more hour medication course other than the approved Level I Medication Aide curriculum (reference 3(B)) may request consideration for challenging the final examination.

(C) A person wanting to challenge the course will submit the request on DMH form “Request to Challenge” to their related DD Regional Office or Habilitation Center who will reply in writing within 10 working days.

(D) If approved to challenge, the applicant should present their written approval to an approved instructor for arrangements to challenge the test.

(6) Criteria for Deemed Certification: Individuals may be deemed certified as a DD Medication Aide if they hold a medication aide certificate issued or approved by a DMH Regional Center as of August 31, 2001 and have evidence of participation in medication administration training updates every two years.



MISSOURI DEPARTMENT OF MENTAL HEALTH

KEITH SCHAFER, DEPARTMENT DIRECTOR



DEPARTMENT
OPERATING
REGULATION
NUMBER

DOR
4.610

SUBJECT Medication Aide Certification	EFFECTIVE DATE 6/24/15	NUMBER OF PAGES 4	3 of 4
--	---------------------------	----------------------	--------

(7) Records:

(A) The course instructors shall maintain records of all individuals who enroll in the Medication Aide Training Program and Two Year Updates for a minimum of three years; and shall submit to their related DD Regional Office or Habilitation Center all test booklets and answer sheets, a copy of the practicum score sheets, and copies of all completed two year update forms as applicable.

(B) Applicant written records may be released only with documented permission from the applicant in accordance with the provisions of the Privacy Act - L900-247.

(8) Certificates:

(A) Within 30 days of receipt of a student's final record (test booklet, answer sheet, and practicum score sheet), the related DD Regional Office or Habilitation Center will issue a DD Medication Aide Certificate for each person who has successfully completed the course or successfully challenged the exam.

(B) A copy of the Practicum Score Sheet signed by the instructor, indicating successful completion of course requirements will serve as a temporary 30 day authorization until the certificate is received.

(9) DD Medication Aide Registry:

DD Regional Office or Habilitation Centers shall maintain a DD Medication Aide Registry by entering required data fields of persons who have been issued a certificate; of persons who have completed the 2-year update training; and of course instructors.

(10) Two (2) Year Medication Aide Training Update:

(A) All DHSSDD Medication Aides must participate in a minimum of four (4) hours of medication administration update training every 2 years to remain in good standing to administer or supervise the self-administration of medication to persons in DD facilities. This update training must be conducted by an approved course instructor and the documentation of this training must be done on form "MO 650-8730 Medication Aide 2 Year Update Training".

(B) The two (2) year medication aide update training will be conducted by the approved instructor in one 4-hour block or two 2-hour blocks of time and must be completed by the anniversary date of the medication aide's initial Medication Aide Certification. The update shall address at least the areas defined on DMH form MO 650-9730. The update shall be documented on form "MO 650-8730 Medication Aide 2 Year Update Training"; maintained in the employee's personnel file; and copied to the related DD Regional Office.

(11) Revocation of Certificate:

(A) If the Department of Mental Health, upon completion of an investigation, finds that a medication aide has stolen or diverted drugs from a consumer or



MISSOURI DEPARTMENT OF MENTAL HEALTH

KEITH SCHAFFER, DEPARTMENT DIRECTOR



DEPARTMENT
OPERATING
REGULATION
NUMBER

DOR
4.610

SUBJECT Medication Aide Certification	EFFECTIVE DATE 6/24/15	NUMBER OF PAGES 4	4 of 4
--	---------------------------	----------------------	--------

facility; or has had his/her name added to the Department of Mental Health Employee Disqualification Registry or DHSS/Section for Long Term Care Employee Disqualification List; or has been convicted of any employment disqualifying crime, the Department of Mental Health shall render the medication aide's certificate invalid.

(B) DD Regional Offices and Habilitation Centers will routinely monitor the quality of medication administration. When quality assurance monitoring documents that a medication aide is not administering medications within training guidelines, the Regional Office or Habilitation Center may require the aide to take additional training in order to continue passing medications for a DD agency.

(12) Compliance: Failure of staff to comply or assure compliance with the DOR may result in disciplinary action, including dismissal.

(13) Quality Assurance: Each year, the Quality Enhancement RN's will analyze data from monitoring of medication management systems and present trends and analysis, including recommendations for changes in the rule, medication practice or policy. An annual summary will be included in the DD Annual Report.

HISTORY: Original DOR effective January 1, 2003. On July 1, 2006 the sunset date was extended to July 1, 2009. On July 1, 2009, the sunset date was extended to July 1, 2012. Amendment effective June 19, 2012. On June 24, 2015, the sunset date was extended to July 1, 2018.