


BHS Policies and Procedures

	<p>City and County of San Francisco Department of Public Health San Francisco Health Network BEHAVIORAL HEALTH SERVICES</p>	<p>1380 Howard Street, 5th Floor San Francisco, CA 94103 (415) 255-3400 FAX (415) 255-3567</p>
<p>POLICY/PROCEDURE: BHS Electronic Prescribing</p>		
<p>Issued By: Max Rocha, LCSW Director of Systems of Care Date: May 11, 2022</p>	<p>DocuSigned by: <i>Maximilian Rocha</i> EB51A346C32641B...</p>	<p>Manual Number: 6.00-02 References: 42 CFR Part 2, 2.1-2.31</p>

(Technical revision. Replaces Policy 6.00-02 May 17, 2016)

Equity Statement: The San Francisco Department of Public Health, Behavioral Health Services (BHS) is committed to leading with race and prioritizing Intersectionality, including sex, gender identity, sexual orientation, age, class, nationality, language, and ability. BHS strives to move forward on the continuum of becoming an anti-racist institution through dismantling racism, building solidarity among racial groups, and working towards becoming a Trauma-Informed/Trauma Healing Organization in partnership with staff, clients, communities, and our contractors. We are committed to ensuring that every policy or procedure, developed and implemented, lead with an equity and anti-racist lens in order to provide the highest quality of care for our diverse clients while ensuring that our providers are equipped to provide services that are responsive to our clients' needs and lived experiences.

Purpose:

To ensure the proper use and application of the Behavioral Health Services (BHS) electronic prescribing system.

Policy Statements:

1. BHS complies with all State and Federal laws and regulations governing prescribing, electronic prescribing activities and client health records.
2. As a component of the BHS health record, the BHS electronic prescribing system will be utilized by all BHS and BHS-affiliated medical providers to transmit and document BHS outpatient medication prescriptions and client allergy and medication information.
3. For substance abuse treatment programs, a signed client Authorization to Release Protected Health Information for Electronic Prescribing must be obtained prior to medication entries into the electronic prescribing program. (See Attachment B)

Scope:

This policy and procedure applies to all BHS and BHS-affiliated Mental Health medical providers, with the exception of the Private Providers Network (PPN). Medical providers include licensed Physicians, Doctors of Osteopathy, Nurse Practitioners, Pharmacists, Registered Nurses, Licensed Vocational Nurses, Psychiatric Technicians and Pharmacy Technicians.

This policy excludes Medical providers within a Methadone Maintenance or Office Based Opioid Treatment programs.

Procedure:

1. All BHS prescription activities and medication allergy information shall be entered into the electronic prescribing system to document all medications.
 - a. For clients with no active medications and is receiving care from a BHS prescriber, “No Current Medications Noted” shall be indicated
2. Prescribing activities shall include:
 - a. All prescriptions (new or renewals) for controlled or non-controlled medications transmitted or sent to a pharmacy, including verbally transmitted prescriptions
 - b. Medications ordered but not transmitted to a pharmacy but given to the client, e.g.-- medications administered from a Physician Supply at the clinic or medications supplied by a Patient Assistance Program
 - c. Prescription order changes
 - d. Discontinuation of medications
3. Medication allergy information
 - a. Medication allergy information shall be entered into the electronic prescribing system at the start of care with the prescriber
 - b. Clients with no reported medication allergies shall have the entry “No Known Allergy”
 - c. Medication allergy information shall be updated as needed
4. Non-BHS Prescriptions
 - a. It is recommended a complete medication list, including Non-BHS prescriptions (those not directly prescribed via BHS providers) are entered into the client’s medication list, including primary care medications and over-the-counter and/or herbal remedies
5. Non-Controlled and controlled substances prescriptions shall be transmitted as electronic prescriptions whenever possible. All prescriptions, regardless of transmission method, will be entered into the prescribing system to document a medication order. Specific considerations for controlled substances transmission include:
 - a. Controlled Schedule III-V prescriptions
 - i. If electronically faxed, a verbal verification will be needed by the accepting pharmacy
 - b. Controlled Schedule II prescriptions
 - i. Cannot be electronically faxed
 - ii. If not transmitted electronically shall be written on a tamper resistant security prescription form which meets state and federal regulations

6. Substance use treatment programs
 - a. Providers in substance abuse treatment programs must obtain a signed client Authorization to Release Protected Health Information for Electronic Prescribing prior to any entries into the electronic prescribing program (see ATTACHMENT B) and kept on-site.
 - i. Scope of Authorization
 - ii. The authorization is limited to disclosing of allergy and prescription information; it does not replace any other client authorizations for release of protected health information.
 - iii. If the client does not give authorization, the provider shall document medication orders and allergy information on the hardcopy Prescriber's Order Form (MRD 16)
 - iv. Substance use treatment providers shall not enter diagnoses information into the electronic prescribing record.
 - v. The provider shall not enter any diagnosis information into the electronic prescribing system. If a diagnosis is required to enter a prescription, use "R69 Illness Unspecified".
 - b. A substance abuse treatment programs may receive exemption from the requirement of using the BHS electronic health record *for transmitting* prescriptions with the following requirements:
 - i. Records of medications are maintained in BHS electronic medical record in some form. This may be through manual process or automated process.
 - ii. Prescription transmission information is retrievable and sufficient to meet requirements of regulatory reports and performance improvement and quality improvement initiatives. E.g. – drug utilization reviews
 - iii. Exemptions must be approved by BHS Chief Medical Officer or Designee
7. Access to the Electronic Prescribing System is granted in accordance with the user's role: Prescribers, Prescriber Agents or Non-prescribing Users.
 - a. "Prescribers"
 - i. Prescribers are authorized to write prescriptions under their own name and must be currently licensed to prescribe medications by the State of California and credentialed by the BHS Department of Compliance.
 - b. "Prescriber Agents"
 - i. Prescriber Agents are authorized to enter and transmit prescriptions and laboratory orders into the electronic prescribing system under the direction and on behalf of a licensed Prescriber who has Prescriber level access to the electronic prescribing system.
 - ii. Only medical providers, including licensed vocational nurses, registered nurses, psychiatric technicians, and pharmacy technicians may act as Prescriber Agents.
 - iii. To authorize an individual as a Prescriber Agent, the Prescriber must submit a completed Prescriber Agent Authorization Form (See Attachment A) to Pharmacy Services.
 - iv. Prescriber Agents may not transmit orders for Schedule II controlled substances; however they may enter orders for prescriber review and the prescriber may transmit the order upon review.

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Department of Public Health
San Francisco Health Network**

Behavioral Health Services
1380 Howard Street, 5th Floor
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- v. Prescriber Agents may be authorized to transmit prescriptions and laboratory orders for more than one prescriber. An Authorization Form must be completed by each Prescriber in order to transmit prescriptions on the Prescriber's behalf.
- c. "Non-Prescribing Users"
 - i. Non-prescribing users are authorized to enter and update non-prescribing information in the system, including entering medication allergies, entering non-BHS prescriptions, and viewing medication related information.

Contact Person: Director of Pharmacy, BHS, 415-255-3703

Distribution:

BHS Policies and Procedures are distributed by BHS Quality Management, Office of Regulatory Affairs

Administrative Manual Holders
BHS Programs
SOC Managers
BOCC Program Managers
CDTA Program Managers

BHS Electronic Prescribing Prescriber Agent Authorization

1. I am an authorized BHS electronic Prescriber.

2. I authorize the following individual(s), who is an authorized BHS electronic prescription system user, to enter and transmit prescriptions and laboratory orders via the BHS electronic prescribing system on my behalf:

Name of Prescriber's Agent(s): _____

Title of Prescriber's Agent(s): _____

Email and Telephone of Prescriber's Agent(s): _____

3. I understand I may withdraw this authorization at any time.

Prescriber's Name and Title: (print)		
Prescriber's Signature:		Date:
Name of Agency & Program:		
Prescriber's Ph# and email:		

Submit Completed form to:

Electronic Prescribing Registration
CBHS Pharmacy
1380 Howard Street Room 130
San Francisco, CA 94103

or FAX to 415-252-3036

ATTACHMENT A



City and County of San Francisco

 AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION
 Electronic Prescribing by Substance Abuse Treatment Providers

Name*	Date of Birth*
Aliases	SSN
I authorize*: _____ (Name & address of Substance Abuse Treatment Program authorized to disclose this information.) to disclose and enter my allergy and prescription information into my electronic behavioral health record.	
Purpose of disclosure is to improve coordination of my care.	
Disclosure will be made to DPH-authorized clinicians involved in my care.	
Expiration:	Unless revoked, this authorization will expire one year from receiving last known prescription service at this substance abuse treatment program.

My rights:

1. I understand that authorizing the disclosure of this health information is voluntary.
2. I understand that I may not be denied treatment, payment, enrollment in a health plan or eligibility for benefits if I refuse to sign.
3. I understand that I have a right to receive a copy of this authorization.
4. I understand that all my allergy and medication information entered into the prescribing system during this authorization period by this substance abuse treatment program will become part of my general behavioral health permanent record and cannot be deleted.
5. I understand that I may cancel my authorization at any time by writing a note of cancellation and giving it to _____
 - a. I understand that when I give or cancel my authorization, it is effective from that date forward and not retroactively.
 - b. I understand that if and when I revoke my authorization, from that time forward my allergy and prescription information will no longer be entered into my general electronic behavioral health record by this substance abuse treatment program.

 * Client/Client Signature

* Date

 Parent/Guardian/Conservator Signature (if Client is unable to sign)

Date

 If Client is unable to sign, Witness Signature Also Required

Date

Failure to provide ALL information marked * will invalidate this authorization. Rev 031511 ATTACHMENT B