65G-7 Revision FAQs

1. Where do trainers and providers find the new 65G-7 forms?

   A. *All forms except certificates may be found on the APD website, under the "Provider" tab. Look for "Medication Administration" in the drop-down menu.*

2. Are nurses and other medical professionals who may administer medications to clients in our group homes and facilities from time-to-time required to document on APD forms?

   A. *Nurses and other medical professionals must document on APD forms when working in APD group homes and facilities which also employ MAPs. This provides for continuity of care, and puts all of the documentation about a client and their medications in one place.*

3. When must we start using the new forms? If the Authorization for Medication Administration was just signed a few months ago, do we have to go back to the doctor to get a new one?

   A. *Forms that are filled out once or twice a year, such as the Authorization, or the Informed Consent, should be updated when they expire, although they may be updated sooner if an opportunity arises. Forms that are in use daily should be changed to the new form at the first opportunity. For the MAR, that would be on July 1, 2019, for most, although some pharmacy generated MARs may take a month to make changes. For the Controlled Medication Count, the new form should be put in use with the first re-supply of a controlled medication. The new forms should be put into use immediately for episode-generated forms such as the Medication Destruction form and the Off-site form.*

4. On the Controlled Medication Count form, what does the 'start date' refer to?

   A. *The 'start date' on the controlled medication form is the date the medication is received.*

5. We are having difficulty understanding how to use the Controlled Medication Count form. Where can we find some guidance?

A. *There are instructions available for the controlled medication count form. Please ask your Regional MCM for assistance.*

6. Under the new Rule, must ALL staff take Medication Administration Training and become Medication Assistance Providers (MAPs)?

A. *No – if a staff person doesn't give or supervise the self-administration of medications, they don't have to be a MAP. They do not have to be a MAP to take a client to the doctor, or to assist a client to contact the pharmacy or pick up a refill.*

7. On the Basic Medication Administration Validation Certificate what is the difference between the "Primary Route Validation Date" and the "Validation Effective Date?"

A. *The "Primary Route Validation Date" is the date that the MAP is validated on their Primary Route when the Validation Certificate is filled out. This will change from year-to-year, but must be no more than 60 days after the MAP successfully completes the MAP annual update. It also must be no more than 60 days before the Validation Effective Date. The Primary Route Validation Date is also written in the grid below, where the Validation Trainer initials the MAP's validation of the Primary Route.*

The "Validation Effective Date" is the date the MAP was first validated on a primary route (or the date they first established a Validation Effective Date). The MAP must revalidate their primary route on or before this month/day each year. Once established, the Validation Effective Date does not change (unless the MAP lets their validation lapse and must be re-trained).

8. When does the validation expire? Must the MAP re-validate by the day before the Validation Effective Date?

A. *No. The MAP must re-validate on or before the Validation Date – but not more than 60 days before. Rule 65G-7.004(6) states "The validation for the primary route of medication administration expires annually on the anniversary date …"*

9. I heard that the new Rule requires everyone to use the APD MAR. We want to keep using the pharmacy-provided MAR we currently use. Is this ok?

A. *Yes, you may use any alternative MAR that meets the requirements listed in 65g-7.008(1)(a-n). This includes any electronic MAR that meets these requirements.*

10. Does the Basic Medication Administration Training Course need to be taken all in one day? We would like to offer it on 2 or 3 different days, so that our staff could also work those days. It would also give them time to study.

A. *You may break the Training Course into however many segments you wish, as long it is at least 6 hours in length, as called for in statute. Exams must be completed within 3 days of the end of class, including any re-takes.*

11. Does the new Rule allow MAPs to test for blood sugar levels?

A. *Yes, it does, as long as the test is not associated with the amount of insulin to administer, or the decision to administer or withhold insulin administration.*

12. We have a client whose Authorization says she may self-administer her own insulin (not sliding scale) by injection each morning. She is able to inject herself, but she is not able to reliably draw up the correct amount of insulin. May the MAP draw up the insulin for her? If not, what can we do?

A. *No – the MAP may not draw up the insulin. Ask the pharmacy to prepare the syringes for you, or ask the doctor if there is another kind of dispenser that your client would be able to use, such as a pen with the ability to dial in the correct dose, or with the correct dose already set.*

13. We have a client who has a rectal gel (Diastat) ordered as needed for seizures. No one at our group home has a medication by the rectal route, so none of the MAPs are validated for rectal medication administration. What do we do if he has a seizure?

A. *Give the rectal gel for seizures. 65G-7.005(7)(e) states that a MAP shall not "administer medications or supervise the self-administration of medication routes for which the MAP has not been validated, with the exception of a rectal gel prescribed for seizures and administered in an emergency situation."*

14. What about epi-pens? Can our MAPs and unlicensed staff use one on a client who has it prescribed for an allergic reaction?

A. *Yes. Ideally, staff should be trained on how to use the epi-pen, and they may use it in an emergency situation per 65G-7.005(7)(f).*

15. Does an unlicensed staff person need to be a MAP to get a Temporary Validation from a healthcare provider? The healthcare provider might not know whether the person was a MAP or not.

A. *Yes. If a person who was not a MAP received a Temporary Validation from a healthcare provider, it would not be valid. It doesn't really matter if the healthcare provider doesn't know whether a person is a MAP or not, because the person knows, as does their supervisor.*

16. We want to put Ensure (given by mouth) and thickeners on the MAR as a reminder to give or use them, but they are not medications. Is this permitted?

A. *Yes, you may put these on the MAR. You may also put treatment reminders on the MAR if you wish (use C-Pap with all sleep, remind to do back exercises after breakfast, etc.). None of these things are medications, so if they are not signed off, it is not a medication error. This documentation could be used to show compliance with orders, or lack of compliance, however. It is a good idea to use a separate MAR sheet for 'non-medication' reminders.*

17. We have not had tube feeding on the MAR before. With the rule revision, is it now required?

A. *Yes. Prescribed Enteral Formula Administration must now be documented on the MAR, along with prescribed flushes.*

18. Do MAPs that have been validated annually on otic, transdermal, and topical routes have to be validated on these routes by simulation to ensure that they don't ever expire (unless they lose their primary validation)?

A. *No. They should show their last Validation Certificate to the Validation Trainer who is validating them for their primary route. The trainer may use the date they were last validated for those routes. MAPs should keep all prior Validation Certificates in case they are needed. The trainer does not have to initial in the spot for initials – they may write 'brought forward' if they wish.*

19. Last year a MAP validated on their Primary route (oral) 30 days prior to their Validation Effective Date. On the same day, they also validated for a secondary route (Ophthalmic). Since they did them both at the same time, will the Ophthalmic validation last through the Validation Effective Date as well?

A. *No. The ophthalmic route must be revalidated on or before the date it was validated the prior year. If it is not, the MAP may not give medications by that route until revalidated. Only the Primary route expires on the same date each year.*

20. I got confused and didn't get my Primary route revalidated before it expired. I had just gotten validated for Inhaled and Rectal routes two weeks before my Primary route expired, because we have a client that now needs those routes. It is ok if I keep on giving the Inhaled and Rectal medicines, isn't it?

A. *No. You may not give medication by ANY route, including Otic, Transdermal, and Topical until you successfully complete the Basic Medication Administration Training Class, and validate on your Primary route and any others you need again. Please be aware that this new validation for a Primary route changes your Validation Effective Date to the date of the new Primary route validation.*

21. What is the difference between a medication administration trainer and a validator (or validation trainer?). Can a trainer not be a validator, or a validator not be a trainer?

A. *A medication administration trainer may train the 6-hour Basic Medication Administration Training course, the Prescribed Enteral Formula Administration Training course, and they may also validate MAPs. All medication administration trainers must be LPNs, RNs, or APRNs. A validation trainer may only validate MAPs. Validation trainers may be LPNs, RNs, APRNs, MDs, or DOs.*

22. How long does the student/MAP have to complete their validation for their Primary route after completing the Basic Medication Administration Training course?

A. *The MAP has 180 days from the date of successful course completion to validate on their Primary route. If they do not validate on the Primary route within 180 days, they must take the Training course again before attempting validation.*

23. May MAPs do bolus or continuous tube feedings via gastric tubes?

A. *Yes, they may, once they are trained and validated for prescribed enteral formula administration (PEFA).*

24. Who may offer PEFA training?

A. *Any authorized Medication Administration Trainer may also offer the APD-provided Prescribed Enteral Formula Administration Training. Regional MCMs can provide a list of Trainers.*

25. Is a client that self-administers medication without supervision required to centrally store and count their controlled medications?

A. *No. They may keep them locked in a box with the rest of their medications in their room. For those clients who self-administer without supervision, but store meds in central storage, an option is to keep their meds (especially the controlled ones) in a box with a lock and key (or combination) that only the client has access to. When it is time for medications, give them the box. Help them with the key, if necessary. And then let them give their own meds. When they are done – they lock the box and give it back to a MAP who can put it back in central storage. The locked box is the 2nd lock of a double lock system, so these medications would not have to go with everyone else's controlled meds.*

26. Are MAPs required to take the annual update course on TRAIN FL or in-person with the Regional MCM in addition to revalidating their Primary route?

A. *Yes. They should not be allowed to revalidate if the Validation Trainer cannot verify that the annual update is complete. The MAP should bring their certificate for the update to show to the Validation Trainer. The MAP must complete their revalidation of their Primary route no later than 60 days after completing the Annual Update.*
The annual update counts as 2 hours of the annual training requirement for direct service providers.

27. There is no place on the Validation Certificate to show the date of the Annual Update.

A. *Correct – this was an oversight. The Validation Trainer should enter the date of the Annual Update from the MAP's certificate above the space for the date of the Medication Administration Class on the Validation certificate. The MAP must complete their revalidation of their Primary route no later than 60 days after completing the Annual Update.*

28. What forms are available as 'form-fillable?' Can we type in all parts of a form-fillable form?

A. *The Medication Error Report, Controlled Count Sheet, Off-Site Form, and MAR are available as form-fillable Word documents.*

The Medication Error Report is completely form-fillable. The others vary in the amount that may be typed in beforehand. All fields that require a count of medication, initials or signature, or the description of an event (such as giving a PRN medication, or a missed medication on the MAR) must be filled in by hand.

29. We have a client who has all of his medications administered to him, except for an inhaler that he self-administers without supervision as he needs it. Do we have to make an Off-Site form every time he leaves the premises with his inhaler?

A. *No. A medication that is self-administered without supervision and kept by the client is not documented on the MAR, an Off-Site form, or any other form. This is true whether the client self-administers all of his medications without supervision, or only one medication without supervision.*

30. Our pharmacy wants to put a label on the controlled count form when they send it with the medication. It will cover part of the top box of the form. Is this ok?

A. This is permitted as long as the label contains the following information: Medication name, dosage, route, client name, prescription number, and either the scheduled medication time(s) or PRN. The group home must still be able to write in the start date (which is the date received), verify the number received, and initial in the spaces provided on the form.