



## Pharmacy Quality Assurance Commission POLICY/PROCEDURE

|                        |  |                |    |
|------------------------|--|----------------|----|
| <b>Title:</b>          | Residential Treatment Facilities use of Automated Drug Distribution Devices                    | <b>Number:</b> | 46 |
| <b>Reference:</b>      | RCW 18.64.005, RCW 18.64.450 and chapter 246-872 WAC; chapter 246-904 WAC; chapter 236-337 WAC |                |    |
| <b>Contact:</b>        | Steve Saxe, Executive Director   |                |    |
| <b>Effective Date:</b> | May 26, 2016   |                |    |
| <b>Supersedes:</b>     | N/A  |                |    |
| <b>Approved:</b>       | Chairperson, Pharmacy Quality Assurance Commission   |                |    |

### **Use of an ADDD in a Residential Treatment Facility**

The Pharmacy Quality Assurance Commission (Commission) interprets chapter 246-872 WAC to allow residential treatment facilities, duly licensed by the Washington State Department of Health (Department), to use automated drug distribution devices (ADDDs). The residential treatment facility must either qualify as a medical facility or obtain a health care entity license to use an ADDD.

WAC 246-872-010 provides, in part:

“The purpose of this chapter is to define the requirements for automated drug distribution devices in licensed pharmacies and health care facilities as defined in RCW 70.38.025(6) and medical facilities as defined in RCW 70.40.020(7) that choose to use them.”

RCW 70.38.025(6) provides, in part:

“‘Health care facility’ means hospices, hospice care centers, hospitals, psychiatric hospitals, nursing homes, kidney disease treatment centers, ambulatory surgical facilities, and home health agencies, and includes such facilities when owned and operated by a political subdivision or instrumentality of the state and such other facilities as required by federal law and implementing regulations.”

The Commission interprets RCW 70.38.025(6) as not including residential treatment facilities, because a residential treatment facility does not qualify as a licensed pharmacy or a facility

specified in the health care facility definition. Therefore, a residential treatment facility would need to qualify as a medical facility.

RCW 70.40.020(7) provides:

“‘Medical facilities’ means diagnostic or diagnostic and treatment centers, rehabilitation facilities and nursing homes as those terms are defined in the federal act.”

The definition of medical facilities includes rehabilitation facilities, as defined in federal law, specifically 42 CFR 124.2.

42 CFR 124.2 provides:

“*Rehabilitation facility* means a facility which is operated for the primary purpose of assisting in the rehabilitation of disabled persons through an integrated program of medical evaluation and services, and psychological, social, or vocational evaluation and services, under competent professional supervision, and in the case of which the major portion of the required evaluation and services is furnished within the facility; and either the facility is operated in connection with a hospital, or all medical and related health services are prescribed by, or are under the general direction of persons licensed to practice medicine or surgery in the State.”

The Commission interprets rehabilitation facility as defined in 42 CFR 124.2 as meaning a residential treatment facility either:

- 1) Operated in connection with a hospital, or
- 2) Under the general supervision of a licensed physician, who takes responsibility for the drugs.

Therefore, if a residential treatment facility is operated in connection with a hospital or is under the supervision of a licensed physician, those facilities qualify as a medical facility as defined in RCW 70.40.020(6). By qualifying as a medical facility these types of residential facilities are not required to obtain a health care entity license.

If a residential treatment facility is neither operated in connection with a hospital, nor has a responsible physician on staff, it does not qualify as a medical facility and is required to obtain a health care entity license in order to use an ADDD.

### **Possession of Drugs for a Residential Treatment Facility utilizing and ADDD.**

#### **Residential treatment facilities under general supervision of responsible physician – not operated in connection with a hospital.**

Residential treatment facilities that have a physician on staff taking responsibility for the procurement, storage, delivery, etc. of drugs in the facility do not need approval from the Commission to use an ADDD. The drugs and machine would belong to the licensed physician, and pursuant to RCW 18.64.255 the commission is prohibited from restricting the scope of

authorized practice of any practitioner other than a pharmacist, duly licensed in Washington State. The possession of drugs is tied to the responsible physician.

**Residential treatment facilities operated in connection with a hospital**

Residential treatment facilities operated in connection with a hospital have three tracks of drug possession.

- 1) Responsible Physician: They may have a responsible physician on staff and follow physician prescriber possession as described above.
  
- 2) No responsible physician option 1: Because the residential treatment facility is operated in connection with a hospital, it qualifies as a medical facility and may have an ADDD. The facility must comply with all of chapter 246-872 WAC, which requires the facility to have a registered pharmacist responsible for compliance with the rules. A hospital pharmacy can supply drugs to the residential treatment facility under RCW 70.41.490. However, the drugs supplied to the RTF are limited to those identified in chapter 246-337 WAC – Residential Treatment Facilities. The pharmacist is ultimately responsible for compliance with chapter 246-872 WAC.

WAC 246-337-105 – Medical Management in RTFs, drug limitations:

1. Over-the-counter medications;
  2. Patient-owned medications;
  3. Emergency allergy response kit of prepackaged medications and supplies for the treatment of anaphylactic shock; and
  4. Starter supply of psychotropic, detoxification and emergency drugs not for a specific resident
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- 3) No responsible physician option 2: This option is created under Engrossed Substitute Bill 5460 and Substitute Senate Bill 6658. The rule to implement this option will not be in place until September 8, 2016. The hospital may list the residential treatment facility on its hospital pharmacy license, as allowed by RCW 18.64.043, and contemplated chapter 246-873A WAC, as a hospital pharmacy associated clinic. The facility would be required to comply with chapter 246-872 WAC and the new hospital pharmacy associated clinic rules. The hospital pharmacy and director of pharmacy are ultimately responsible for compliance with chapter 246-872 WAC.

**Residential Treatment Facility with no responsible physician and not operated in connection with a hospital.**

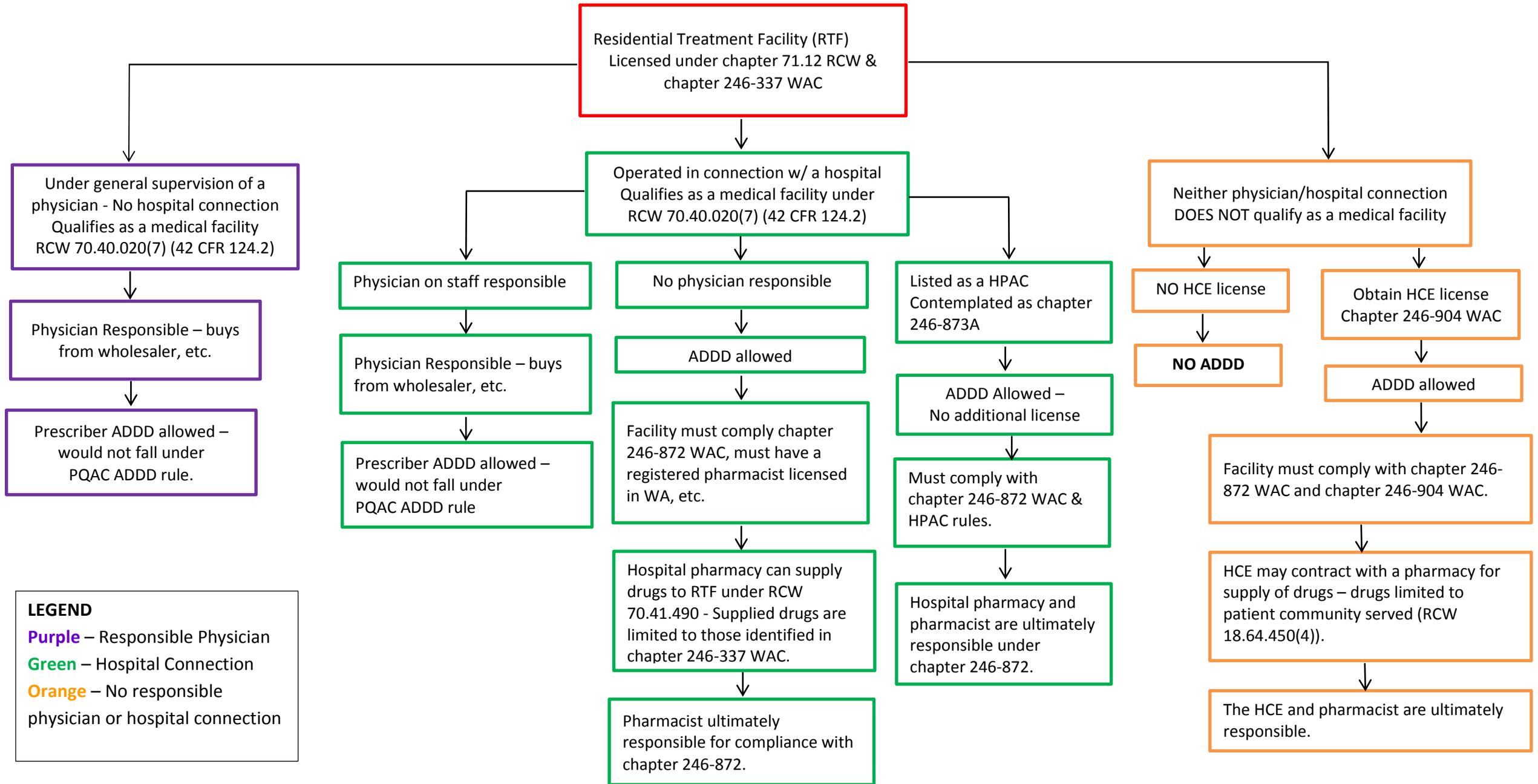
A residential treatment facility that does not qualify as a medical facility defined in RCW 70.40.020(7) because it does not have a responsible physician and is not operated in connection with a hospital must obtain a health care entity license to use an ADDD. The facility must

comply with chapters 246-872 and 246-904 WAC. As a health care entity, a residential treatment facility, may contract with a pharmacy to supply drugs to the facility. The possession of drugs would be limited to the patient community served by the health care entity, pursuant to RCW 18.64.450(4). The HCE and pharmacist would ultimately be responsible for compliance with chapter 246-872 WAC.

Attached to this form is a flow chart mapping the above processes.

# Residential Treatment Facilities

## Use of Automated Drug Distribution Devices under chapter 246-872 WAC



**LEGEND**  
**Purple** – Responsible Physician  
**Green** – Hospital Connection  
**Orange** – No responsible physician or hospital connection