The Ohio Psychiatric Physicians Association (OPPA) Council endorsed the following prototype as an "Official Recommended Model":

STANDARD CARE ARRANGEMENT
FOR
PSYCHIATRIC CNS

This Standard Care Arrangement (SCA) is a written formal guide for planning and evaluating the health care of clients cared for by Psychiatric Clinical Nurse Specialists. This SCA has been developed in accordance with Section 4723.431 of the Ohio Revised Code and Rules adopted by the Board of Nursing for Advanced Practice Nurses.

A SCA shall be entered into prior to engaging in practice as a prescribing psychiatric CNS or when the collaborating psychiatrist(s) changes. The SCA will be reviewed and signed by the psychiatric CNS and the collaborating psychiatrist(s) on an annual basis. The most current copy of the SCA shall be retained and available upon request at all sites where the psychiatric CNS practices.

SECTION I: STATEMENT OF SERVICES

The Clinical Nurse Specialist (CNS) may provide to individuals and groups nursing care that requires knowledge and skill obtained from advanced formal education and clinical experience.

The CNS who holds a valid Certificate To Prescribe, (including an externship CTP), may prescribe in accordance with Sections 4723.48 through 4723.485, Ohio Revised Code, the rules of the Board of Nursing, and within the formulary made available by the Ohio Board of Nursing (see Section IV of this Standard Care Arrangement).

The psychiatric CNS, may provide and manage the care of individuals and groups with mental health problems and provide mental health services that promote, improve, and manage mental disorders. Psych CNS activities may include education and research activities.

SECTION II: INCORPORATION OF NEW TECHNOLOGY OR NEW PROCEDURES

A. CNS: Consistent with the CNS scope of practice (ORC 4723.43; OAC 4723-8-02), the CNS will identify new technology/new procedures/treatments needed in their clinical practice. Formal education, continuing education, in-services, and conferences can be utilized as part of the process. Documentation of competency in the new technology/procedure will be maintained by the CNS.

B. The psychiatric CNS will identify new treatments needed in clinical practice. Educational opportunities will be utilized as part of the process of incorporation of new treatment modalities. Documentation of competency in the new treatment will be maintained by the psychiatric CNS.

SECTION III: QUALITY ASSURANCE PROVISIONS

A. Criteria for Referral/Consultation of a Patient from the CNS to a Physician

Consultation: For the purpose of this section, consultation will represent a clinical interaction between the CNS and a physician.
1. **Psychiatric CNS – Criteria for referral to a psychiatrist:**
   a. Request from a patient to see the collaborating/or other psychiatrist.
   b. A patient whose clinical condition is unusual; who is not making satisfactory progress, or whose condition is unresponsive to the plan of care.
   c. Patients with complicated diagnoses and/or multifaceted treatment outside of parameters established by the psychiatric CNS and the collaborating psychiatrist; (ie polypharmacy, concomitant medical problems, which may limit treatment options for the psychiatric disorder. etc.).
   d. Any other reason as determined by the psychiatric CNS and/or the collaborating psychiatrist(s).

2. **Psychiatric CNS Parameters for Specialist Referral**
   a. A patient determined by the psychiatric CNS or the collaborating psychiatrist to require specialty expertise;
   b. The care outcomes of the referral should be shared by the psychiatric CNS and the collaborating psychiatrist.

B. **Procedure for Regular Review of Charts and Referrals to Other Health Professionals**
   In accordance with rules 4723-8-04 and 4723-8-05, Ohio Administrative Code, a random selection of patient records and patient referrals will be selected at least annually for review by the CNS and the collaborating physician and/or designated member of the quality assurance committee of the health care facility. Care outcomes will be reviewed by the CNS and the collaborating physician.

**SECTION IV: PRESCRIPTIVE AUTHORITY**

The CNS who holds a valid Certificate To Prescribe (including an externship CTP), may prescribe in accordance with Sections 4723.48 through 4723.485, Ohio Revised Code, the rules of the Board of Nursing, and within the formulary made available by the Ohio Board of Nursing.

A. **Availability of Timely and Direct Evaluation of the patient by a Physician:**
   In order to ensure timely and direct evaluation of the patient by a psychiatrist, the collaborating psychiatrist or designated colleague shall be available to evaluate a patient within a specified period of time agreeable to the psychiatric CNS and the psychiatrist.

B. **Formulary Compliance:**

1. The psychiatric CNS who holds a Certificate to Prescribe (including an externship CTP) may prescribe medications as allowed by the formulary established by the Committee on Prescriptive Governance (CPG) and made available by the Ohio Board of Nursing (www.state.oh.us/nur or see www.ohapn.org).
2. The psychiatric CNS may prescribe medications for off-label use if the following criteria are met:
   a. The off-label indication(s) must be consistent with the psychiatric CNS scope of practice and clinical specialty/subspecialty practice.
   b. The drug and off-label indication(s) are included in the attached and dated addendum to this document.
c. The off-label indication(s) is/are supported by standard clinical practice and literature.

d. The signature of the psychiatric CNS and the collaborating psychiatrist(s) indicates agreement to the off-label indication(s) stated in the addendum to this SCA.

3. Prescribing Parameters:

a. The psychiatric CNS may prescribe, within their scope of practice, as indicated by educational preparation and training.

b. The signature of the psychiatric CNS, and the collaborating psychiatrist(s) on the SCA, implies acceptance of the formulary as written.

c. Any restrictions to selected drugs within the formulary, as agreed upon by the psychiatric CNS and the psychiatrist(s), shall be indicated in the addendum to this SCA.

d. Specific drugs, such as opiates, antidepressants and antipsychotics, must be reviewed as indicated in the formulary.

4. Quality Assurance Provisions Related to Prescriptive Authority:

The psychiatric CNS and the collaborating psychiatrist(s) will review a randomized sample of written prescriptions at least semi-annually. This review may be completed as part of the quality assurance review described above in Section III (3) (B). Documentation of these reviews will be noted on the signature page of this document. During the externship period, a review of prescriptions will occur at a specified more frequent interval.

SECTION V: Policy for Coverage of Absences/Emergencies

In the event of a planned or unplanned absence by the psychiatric CNS, scheduled patients will be seen by another psychiatric CNS or a collaborating psychiatrist/designee. If this is not possible, scheduled patients will be contacted and rescheduled.

If the client requires further attention, he/she will be directed to the appropriate health care facility and health care provider.

In the event of a planned or unplanned absence of the collaborating psychiatrist, the psychiatric CNS will be notified and the collaborating psychiatrist will designate a willing psychiatrist colleague to cover in his/her absence. It should be noted there could be a case where such coverage is not available. In that case activities that require collaboration (prescribing medications) would be interrupted until another collaborating psychiatrist was engaged.

SECTION VI: Policy for Resolution of Clinical Disagreements

Should a disagreement arise between the psychiatric CNS and the collaborating psychiatrist(s) regarding diagnosis or treatment, one or more of the following means for resolution shall be followed:

A. Consult with another uninvolved psychiatrist and/or psychiatric CNS colleague within the clinical department.

B. Refer to current professional literature (journals, research, texts) appropriate to the area in question.

C. Consult with a specialist in the area of question.

D. Appropriate institutional chain-of-command procedures will be adhered to as necessary/required
In the event that a clinical agreement is not reached after the above steps, the department medical director of the psychiatric CNS and collaborating psychiatrist will arbitrate. In the absence of a medical director of an ADM agency the CCO will arbitrate.
SECTION VII: Arrangement Regarding Reimbursement

Current state and federal laws governing reimbursement and billing will be adhered to.

SECTION VIII: ADDENDUM/ATTACHMENTS

A. Additions (optional)
   1. Clinical Practice Guidelines
   2. National Scope of Practice by National Certifying Bodies

B. Formulary Restrictions

The following selected drugs and/or categories of drugs are restricted from use by the psychiatric CNS whose signature is attached below:

C. Off-Label Medication Parameters

<table>
<thead>
<tr>
<th>Medication</th>
<th>Common FDA Approved Use</th>
<th>Clinically Sanctioned Off-Label Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>example: Topiramate</td>
<td>anticonvulsant</td>
<td>mood stabilizer</td>
</tr>
<tr>
<td>example: Neurontin</td>
<td>anticonvulsant</td>
<td>mood stabilizer</td>
</tr>
</tbody>
</table>

Pursuant to Ohio Revised Code Section 4723.431, the undersigned have agreed to the terms and conditions of this Standard Care Arrangement. This Standard Care Arrangement contains all the necessary provisions, required by law, and any changes or amendments to the Standard Care Arrangement must be agreed to by the undersigned, in writing, and incorporated as part of the Standard Care Arrangement.

Psychiatric CNS (Please print, except where indicated)

Name: _______________________________  Specialty: _______________________________
Practice Area: _______________________
Address: ____________________________  Phone (w): _____________________________
Phone (h): ___________________________
Signature: ___________________________  Date: _________________________________
The Ohio Psychiatric Physicians Association is a statewide medical specialty organization whose more than one thousand physician members specialize in the diagnosis, treatment and prevention of mental illnesses, including substance use disorders. Psychiatric physicians utilize a variety of treatment options including psychotherapy and pharmacotherapy to effectively treat the dynamic, social and physical aspects of mental illnesses (brain disorders). The Ohio Psychiatric Physicians Association is a district branch of the American Psychiatric Association, which was founded in 1844 and represents more than 35,000 psychiatric physicians nationally.