

IHSC Psychiatric Advanced Practice Provider (APP) Program Guide

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ICE

ICE Health Service Corps

FOREWORD

This U.S. Immigration and Customs Enforcement (ICE) Health Service Corps (IHSC) guide provides a comprehensive description of the IHSC Psychiatric Advanced Practice Provider (APP) Program. It supplements:


- IHSC Guide 01-46 G-04, *Multidisciplinary Behavioral Health Provider Peer Review*
- IHSC Directive 03-02, *Access to Care-Sick Call Directive*
- IHSC Guide 03-02 G-01, *Sick Call*
- IHSC Directive 03-03, *Care of Chronic Conditions*
- IHSC Directive 07-02, *Behavioral Health Services*
- IHSC Appendix 09-02 A-02, *IHSC National Formulary Changes FY2020*
- IHSC Guide 09-02 G-01, *Pharmaceutical Services Guide*
- IHSC Directive 16-024, *Therapeutic Seclusion, Administrative Segregation, and Medical Restraint*
- IHSC Directive 16-025, *Emergency Psychotropic Medications*
- IHSC OM 16-026, *Collaborative Pharmacy Agreement Directive*
- IHSC Guide 16-026 G-01, *Clinical Pharmacist Collaborative Practice Guide*

The IHSC Senior Psychiatric APP authors and maintains the *IHSC Psychiatric APP Program Guide*. The guide standardizes processes for recognizing and utilizing psychiatric APPs across IHSC. It is effective upon signature by the IHSC Assistant Director and remains effective until rescinded or superseded by other applicable governing documents.

The guide applies to all IHSC personnel who support health care operations in ICE-owned and contracted detention facilities (CDFs).

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I. BACKGROUND

IHSC continues to experience an increased demand for mental health services among the ICE detainee population. Historically, providing psychiatric services was challenging for facilities, due to professional shortages within the community at-large. The primary purpose of the IHSC Psychiatric Advanced Practice Provider (psych APP) Program is to increase access to behavioral health services for ICE detainees housed within IHSC-staffed facilities.

Psychiatric mental health nurse practitioners (PMHNP) are board certified advanced practice providers who can provide psychiatric care for patients as licensed independent practitioners. To earn this designation, PMHNPs complete at least one year of post-graduate coursework, including a minimum of 500 hours of supervised, direct patient care practicum; and pass a national certification exam.

Psychiatric physician assistants (psych PAs) can provide psychiatric care for patients under the supervision of a psychiatrist. Additional certification in psychiatry is available for physician assistants (PA). PAs seeking a Certificate of Added Qualification must: complete one full year of direct patient care under the supervision of a psychiatrist; complete 150 hours of psychiatric category 1 continuing medical education credits as outlined in the certified PA credential, earning 50 credits within 2 years of exam application date; and pass a national certification exam.

Board certified psychiatric pharmacists (BCPP) earn board certification as a psychiatric pharmacist and can provide psychiatric care to patients under the supervision of a psychiatrist. Their training includes: a doctorate degree in pharmacy; a minimum of 4 years of post-graduate experience; and a post graduate year (PGY-1) residency plus two years of experience, or a PGY-1 residency and PGY-2 residency in psychiatry. Additionally, BCPPs must pass a national certification exam.

II. ROLES AND RESPONSIBILITIES OF THE PSYCHIATRIC APP

Psych APPs serve in a similar capacity as psychiatrists; they can manage all levels of psychiatric care. In IHSC, all psych APPs work in collaboration with a psychiatrist. The IHSC senior psychiatric APP and IHSC chief psychiatrist within the Psychiatry Services Unit (PSU) supervise the IHSC Psych APP program.

Psych APPs are behavioral health providers who facilitate mental health consultation, treatment planning, crisis intervention, suicide risk assessment, psychoeducation, and psychopharmacological evaluation and management. The psych APP may perform psychotherapy with documented proof of additional training or certification in the specific therapeutic treatment modality. IHSC keeps this documentation in the psych APP's credentialing file. Federal psych APPs can provide tele-psychiatric services and can support IHSC's temporary duty (TDY) needs.

III. ORIENTATION, COMPETENCIES, AND ANNUAL TRAINING

The collaborating psychiatrist and senior psych APP complete an initial assessment of the psych APP's competency during orientation and conduct an annual competency review. The IHSC Behavioral Health Provider Orientation and Competency Assessment outlines the initial and annual psych APP competencies.

The governing documents for the psych APP program cover areas such as qualifications, competency assessment, supervision, clinical care, outcomes monitoring, peer review, credentialing and privileging, and referral procedures.

During the orientation period, the IHSC PSU Chief or designee monitors clinical care and documentation as outlined in the psych APP collaborative practice/prescriptive authority agreement (CP/PAA). The PSU chief assigns a collaborating psychiatrist to each psych APP. The assigned collaborating psychiatrist updates the Psychiatric CP/PAA annually, or whenever there is a change in collaborating psychiatrist.

Psych APPs undergo a peer review within three months of initial hire, and at least annually as a component of the credentialing process. The senior psychiatric APP coordinates all peer reviews for psych APPs. The peer review is an interactive and collaborative process to ensure all practicing clinicians properly assess and treat patients. Written notification will be provided to the reviewee within 60 days of peer review. Peer reviewers select a minimum of 10 charts to review for each psych APP.

Psych APPs must review IHSC behavioral health policies upon initial hire, and as updated.

IV. PROGRAM OVERSIGHT, COLLABORATION, AND SUPERVISION

The deputy assistant director of clinical services supervises the PSU. The chief psychiatrist is the unit chief for the PSU; the senior psychiatric APP reports to the chief psychiatrist. The senior psychiatric APP oversees the psych APP program, and is the direct supervisor of all federal psych APPs.

Psych APPs practice collaboratively with a psychiatrist according to their respective psychiatric APP CP/PAA or IHSC clinical pharmacist collaborative practice agreement (CPA). The collaborating psychiatrist does not need to share the same geographic location as the psych APP. BCPPs who serve as full-time psychiatric providers fall under the psych APP chain of command. BCPPs who function as psychiatric providers on a part-time basis while serving in a full-time pharmacist role remain in the pharmacist chain of command.

V. GUIDING DOCUMENTS

Governing documents for the IHSC Psychiatric APP Program are located in the [IHSC Policy Library](#) and the IHSC Clinical Services SharePoint site. These documents include:

A. IHSC PSYCHIATRIC APP CP/PAA: SEE SECTION VI

The IHSC psych APP CP/PAA outlines the core scope of practice of the psych APP. It includes guidance regarding supervision, consultation, medications, prescribing, and management of emergencies.

The document also contains a section to designate supplemental psychiatric scope of practice. The Psych APP Program approves supplemental practice based upon specialized training or experience; it must meet the collaborative physician's requirement for competency.

The collaborating psychiatrist may grant the psych APP supplemental practice duties when the need exists, when the clinic can support the level of specialty, and when training and experience of the IHSC psychiatric APP demonstrates competency for these added practice elements.

B. IHSC CLINICAL PHARMACIST COLLABORATIVE PRACTICE AGREEMENT

The clinical pharmacist CPA outlines the scope of practice for all clinical pharmacists and includes a section for psychiatric pharmacists. The document provides guidance regarding supervision, consultation, medications, prescribing, and management of emergencies.

C. IHSC BEHAVIORAL HEALTH PROVIDER ORIENTATION AND COMPETENCY ASSESSMENT

The Psych APP Program uses the Behavioral Health Provider Orientation and Competency Assessment to guide the orientation and initial competency assessment of newly hired psych APPs. The program also uses the document for annual policy review and competency assessment. This document is accessible on the IHSC Clinical Services SharePoint site.

D. IHSC MULTIDISCIPLINARY PEER REVIEW POLICY AND PEER REVIEW FORMS

The multidisciplinary peer review policy sets forth policies and procedures that govern the peer review process for health care providers within IHSC to assess and maintain standards of care across the IHSC health care system. The multidisciplinary peer review forms are used to continuously improve the quality of care provided to the IHSC patient population. The forms are available via the IHSC Policy Library.

E. IHSC MULTIDISCIPLINARY BEHAVIORAL HEALTH PROVIDER PEER REVIEW GUIDE

The multidisciplinary behavioral health provider peer review guide is used to explain concepts, assign responsibilities, and detail procedures for conducting a behavioral health provider peer review and provides oversight of the behavioral health provider peer review process. Staff may access the guide via the IHSC Policy Library.

F. IHSC PSYCHIATRIC APP POSITION DESCRIPTIONS

Position descriptions outline the major duties, responsibilities, and supervisory relationships of a specific position. The IHSC Personnel Unit maintains copies of all IHSC psych APP position descriptions.

G. IHSC BEHAVIORAL HEALTH SERVICES POLICY AND GUIDE

These documents provide detailed information on the structure of behavioral health services, types of services offered, and the specific processes related to mental health care of IHSC's patient population. The behavioral health services policy and guide are available via the IHSC Policy Library.

VI. PSYCHIATRIC ADVANCED PRACTICE PROVIDER COLLABORATIVE PRACTICE AND PRESCRIPTIVE AUTHORITY AGREEMENTS

Psych-APPs are health care professionals who have successfully completed a PMHNP or PA training program and have a valid state license to practice.

This document serves to establish the collaborative practice and prescriptive authority agreement for Psych-APPs within the ICE Health Service Corps (IHSC) who provide health care to ICE detainees. Psych-APPs practice collaboratively with Psychiatrist within the IHSC health system. Psychiatric health care for ICE detainees falls under the clinical supervision of psychiatrists and clinical directors and is governed by IHSC policy and established standards of care.

The collaborative practice agreement (CPA) addresses parameters of collaborative practice that are mutually agreed upon by the Psych-APP and the collaborating physician. The prescriptive authority agreement (PAA) outlines parameters in which the Psych-APP will order and prescribe medications. The original CPA/PAA document should be maintained in the credential file of the Psych-APP.

The CPA and PAA are effective from the date of signature for one year or until:

- The collaborating physician status changes; or
- The certification or license of the Psych-APP or collaborating physician changes/expires; or
- The Psych-APP or collaborating physician has a period of absence from duty greater than or equal to 180 days; or
- The Psych-APP or collaborating physician provides 30-day written notice to terminate agreement.

This agreement is between (see also final page(s) for additional or alternate collaborating physicians):

Collaborating physician (psychiatrist) name:	
Physician clinical practice area:	Psychiatry
Physician state / territory of license:	
Physician license number / expiration:	
DEA license number/expiration:	
APP name:	
APP board certification / expiration:	
APP state / territory of license:	
APP license number / expiration:	
DEA license number / expiration:	
Facility name / address:	

A. IHSC COLLABORATIVE PRACTICE AGREEMENT

State of practice: IHSC is a federal agency; however, Psychiatric NPs and PAs are licensed by state licensing boards. Separate documents or processes to establish collaborative practice may be required by individual states. The Psych-APP is expected to maintain current state licensure to practice as a PA or PMHNP. Federal or contract physicians may provide clinical oversight to both contract and federal Psych-APPs as permitted by their licensure.

Psych-APP: The Psych-APP is expected to maintain competency and practice within established standards and practice guidelines. The Psych-APP should ensure that all acts of health care delivery adhere to IHSC guidance, IHSC formulary, and that practice is within the scope of the Psych-APP certification, state licensure, and DEA certification. The Psych-APP should provide emergency care to stabilize and prevent deterioration of a patient's condition and review the care with the collaborating physician. The Psych-APP agrees to seek consultation from the collaborating physician consistent with the standard of care of a reasonable and prudent Psych-APP and per IHSC guidance. When the collaborating physician is consulted by the Psych-APP, notation to that effect should be made in the patient health record.

Collaborating Physician: The collaborating physician is expected to maintain competency, practice within established standards and practice guidelines, and oversee the care provided by the Psych-APP. The collaborating physician or designee may provide clinical supervision in person, by telephone, or via other electronic means of communication.

Alternate Collaborating Physician: The collaborating physician should designate an alternate if he/she will not be available for consultation. If the Psych-APP is serving TDY, the clinical director or psychiatrist at the TDY site should serve as the alternate collaborating physician for the duration of the TDY.

Malpractice Insurance: The contract employed Psych-APPs should obtain information about malpractice coverage from their employer. Federally employed Psych-APPs, including U.S. Public Health Service and civil service staff acting within the scope of their employment, are covered under the Federal Tort Claims Act (FTCA). For more information about the FTCA, contact the Office of the Principal Legal Advisor, District Court Litigation Division.

Complaints Against License: The collaborating physician and the Psych-APP agree to immediately notify the other if they encounter any disciplinary action that results in restricted privileges to provide medical care. The Psych-APP listed in this agreement has disclosed to the collaborating physician any prior disciplinary action by a licensing board as follows:

Clinical Practice Guidelines: The Psych-APP and collaborating physician agree to adhere to guidance provided by IHSC policy, IHSC specialists, and IHSC clinical guidelines. In addition,

the Psych-APP and collaborating physician may agree to use established guidance from experts within the medical community. The Up To Date® program will be provided to all APPs and physicians for clinical reference.

Quality Assurance Plan: Collaboration between the physician and Psych-APP to maintain the standard of patient care and compliance with IHSC guidance will be ongoing and will include:

- Attendance at meetings and/or review of meeting minutes as required.
- Attendance at live trainings and/or review of training materials as required.
- Signature and/or co-signature of medical documentation as required.
- Notate in the patient health record when the physician is consulted by the Psych-APP.
- Participate in the continuous quality improvement program including annual peer review.

Core Scope of Practice: The core scope is expected of all IHSC Psych-APPs. Supplemental psychiatric scope of practice will be approved based upon training or experience that meets the collaborating physician's requirement(s) for competency.

- Triage and prioritize psychiatric care services to ensure the appropriate provision of care.
- Provide acute, chronic, and urgent care psychiatric services.
- Compile and review psychiatric history and complete comprehensive medical evaluation.
- Formulate diagnosis and treatment plan for management of outpatient psychiatric conditions.
- Initiate and follow up with specialty consultation and referrals.
- Order, interpret, and follow up laboratory and diagnostic testing appropriate to patient condition.
- Provide comprehensive education to patients about assessment and treatment plans.
- Provide emergency care to stabilize and prevent deterioration of a patient's condition
- Coordinate emergency psychiatric care and transfers as indicated.
- Coordinate transfer to Krome Behavior Health Unit (KBHU).
- Coordinate forensic psychiatric evaluations.
- Provide on-call telephone support services to the assigned facility.

Core psychiatric scope of practice areas (cross through and initial any that do not apply):

Anxiety Disorders	Autism Spectrum Disorders (ASD/PPD/Asperger's)	Bipolar and Related Disorders
Depressive Disorders	Disruptive, Impulse-Control, Conduct Disorders	Dissociative Disorders
Elimination Disorders	Emergency Psychiatric Conditions	Feeding and Eating Disorders
Gender Dysphoria	Medication-Induced Movement Disorders	Medication Adverse Effects
Neurocognitive Disorders	Neurodevelopmental Disorders	Obsessive Compulsive and Related Disorders
Other Psychotic Disorders	Paraphilic Disorders	Personality Disorders
Psychotherapy	Schizophrenic Spectrum Disorders	Sexual Dysfunction and Sexual Trauma
Sleep-Wake Disorders	Somatic Symptoms and Related Disorders	Substance-Related and Addictive Disorders
Suicide Prevention	Trauma and Stressor-Related Disorders	Withdrawal and Addiction Treatment
<u>Supplemental psychiatric scope of practice areas (specify):</u>		

B. IHSC PRESCRIPTIVE AUTHORITY AGREEMENT

The prescriptive authority agreement (PAA) serves to establish the authority for the ordering and prescribing of psychiatric medications and treatments by the Psych-APP under the clinical supervision of the collaborating physician. The collaborating physician serves as the delegating physician for the PAA.

State of practice: Separate documents or processes to establish prescriptive authority for the Psych-APP may be required by the Psych-APP's state of licensure. The Psych-APP is expected to maintain current state licensure. Federal or contract physicians may provide prescriptive authority to both contract and federal Psych-APPs as allowed by licensure.

Psych-APP: The Psych-APP is expected to order and prescribe treatments using professional judgement commensurate with the education, experience, certification and licensure. The Psych-APP should ensure that all acts of ordering or prescribing adhere to standards of care, IHSC guidance, and the IHSC formulary. The Psych-APP is expected to provide patient education about reasons for medication and any associated risks. The Psych-APP should seek consultation from the physician when clinically necessary and per IHSC policy. When the

physician is consulted by the Psych-APP, notation to that effect should be made in the patient health record.

Collaborating Physician: The collaborating physician agrees to provide supervision and consultation consistent with standards of care and will supervise the Psych-APP prescriptive authority commensurate with the Psych-APP's education, experience, certification, licensure, and the relationship between the Psych-APP and physician.

IHSC Guidance: The Psych-APP and collaborating physician agree to adhere to the IHSC clinical guidelines and prescriptions should follow the guidance in the IHSC Pharmaceutical Services Directive 09-02 the IHSC Formulary. All guidance can be found here: [IHSC POLICY](#).

C. CONTROLLED MEDICATION PRESCRIPTIVE AUTHORITY

IHSC Psych-APPs are authorized to order and prescribe controlled medications within the IHSC system for ICE detainees in accordance with the PAA. The Drug Enforcement Agency (DEA) sets federal requirements for the content and manner of prescriptions as well as registration requirements for individual prescribers. Federal Psych-APPs may be able to prescribe controlled medications under the facility's pharmacy DEA license. State regulatory boards for Psych-APPs have various requirements and restrictions. It is the responsibility of the Psych-APP to understand and adhere to all DEA, state licensure, and IHSC requirements.

Controlled medications are not dispensed to ICE detainees. They are administered only under directly observed therapy. All orders and prescriptions for controlled medications should adhere to IHSC Clinical Guidelines, the IHSC Pharmaceutical Services Directive 09-02, and the IHSC Formulary located here: [IHSC POLICY](#).

The 2015 US Presidential Memorandum- Addressing Prescription Drug Abuse and Heroin Use- mandates one-hour of safe opioid prescribing training once every three years. States may have additional required training. Documentation of training should be on file prior to the initiation of controlled medication prescriptive authority. Additional information can be found in the [IHSC APP Orientation and Credentialing - Controlled Medication Prescribing Folder](#).

___ / ___ (Initials of APP /physician) - *Date of safe opioid prescribing training*

Initiation of treatment with controlled medications: IHSC Psych-APPs are authorized to initiate treatment with controlled medications. The Psych-APP must document appropriate justification for the use of controlled medications in the diagnosis and treatment plan. The treatment plan must be routed for subsequent review by the collaborating physician through the electronic health record (EHR).

Continuity of care / new intake: IHSC Psych-APPs are authorized to initiate controlled medications for purposes of continuity of care. The Psych-APP should substantiate prior treatment with controlled medications by obtaining and reviewing relevant patient medical records. The treatment plan must be routed for subsequent review by the collaborating physician through the EHR.

Written prescriptions: All prescriptions for controlled medications must be entered into the EHR and printed to create a written hard copy. The written prescription must be signed (wet-ink signature) by the Psych-APP and routed to the pharmacist. When the Psych-APP is not on-site, the Psych-APP must wet-ink sign the hard copy and fax or mail it to the pharmacist for dispensing.

Verbal Orders: IHSC Psych-APPs may initiate verbal orders for controlled medications when the APP is off-site during after-hours, for continuity of care, and for emergencies, when delay may lead to suffering, injury, or death to the patient. All verbal orders must be documented in the EHR. Verbal orders must be limited to the amount and/duration needed to treat the patient until the Psych-APP can issue a prescription that follows the process for controlled prescriptions. Verbal orders must follow guidance in the IHSC Pharmaceutical Services Directive 09-02, located here: [IHSCPOLICY](#).

Detoxification and Withdrawal: IHSC Psych-APPs are authorized to initiate treatment for detoxification and withdrawal in accordance with guidance in the IHSC Clinical Guidelines and IHSC document 03-13 Detainees with Substance Dependence and Abuse, located here: [IHSC POLICY](#)

Renewal or Refills: The controlled medication prescription, including refills, may not exceed 90 days without authorization from the collaborating physician. The authorization for renewal must be obtained and documented through the EHR.

Psych-APPs are not authorized to initiate treatment with involuntary psychotropic medications.

Additional requirements per the collaborating physician:

____/____(Initials - Psych-APP /physician) This agreement (check one) [] WILL [] WILL NOT include authority to order and prescribe controlled medications for ICE detainees within IHSC.

Collaborating physician statement: I hereby acknowledge my review and approval of the contents of this collaborative practice and prescriptive authority agreement. I have the certification and licensure as indicated in this document and have no knowledge of any pending adverse actions against my license.

Physician Signature / Printed Name

Date

Psych-APP statement: I hereby acknowledge that I have no known reason to prohibit my ability to perform the duties outlined in this collaborative practice and prescriptive authority agreement. I have the education, certification, and licensure as indicated in this document and have no knowledge of any pending adverse actions against my license.

Psychiatric Advanced Practice Provider Signature / Printed Name

Date

Additional or alternate collaborating physician:

Physician name:

Physician clinical practice area:

Physician state / territory of license:

Physician license number / expiration:

DEA license number / expiration:

Collaborating physician statement: I hereby acknowledge my review and approval of the contents of this collaborative practice and prescriptive authority agreement. I have the certification and licensure as indicated in this document and have no knowledge of any pending adverse actions against my license.

Physician Signature / Printed Name

Date

Psych-APP statement: I hereby acknowledge that I have no known reason to prohibit my ability to perform the duties outlined in this collaborative practice and prescriptive authority agreement. I have the education, certification, and licensure as indicated in this document and have no knowledge of any pending adverse actions against my license.

Psychiatric Advanced Practice Provider Signature / Printed Name

Date