

LAKESHORE REGIONAL ENTITY SERVICE DESCRIPTION
Enhanced Pharmacy Services

This service must be provided consistent with requirements outlined in the MDHHS Medicaid Provider Manual as updated. The manual is available at:

<http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf>

1. Definition or Description of Service

- a. Enhanced Pharmacy Services includes physician-ordered, nonprescription "medicine chest" items as specified in the Individual's plan of service plan. There must be documented evidence that the item is not available through Medicaid or other insurances, and is the most cost-effective alternative to meet the Individual's need.
- b. The following items are covered only for adult beneficiaries living in independent settings (i.e., own home, apartment where deed or lease is signed by the Individual):
 - i. Cough, cold, pain, headache, allergy, and/or gastrointestinal distress remedies.
 - ii. First aid supplies (e.g., band-aids, iodine, rubbing alcohol, cotton swabs, gauze, antiseptic cleansing pads).
- c. The following items are covered for beneficiaries living in independent settings, with family, or in licensed dependent care settings:
 - i. Special oral care products to treat specific oral conditions beyond routine mouth care (e.g., special toothpaste, tooth brushes, anti-plaque rinses, antiseptic mouthwashes).
 - ii. Vitamins and minerals.
 - iii. Special dietary juices and foods that augment, but do not replace, a regular diet.
 - iv. Thickening agents for safe swallowing when the Individual has a diagnosis of dysphagia and either:
 - (1) A history of aspiration pneumonia, or
 - (2) Documentation that the Individual is at risk of insertion of a feeding tube without the thickening agents for safe swallowing.
- d. For non-Habilitation Supports Waiver Individuals, coverage excludes routine cosmetic products (e.g., make-up base, aftershave, mascara, and similar products).
- d. For Individual's on the Habilitation Supports Waiver (HSW), Enhanced Pharmacy includes physician-ordered, nonprescription "medicine chest" items as specified in the Individual's support plan. Items that are not of direct medical or remedial benefit to the Individual are not allowed. Only the following items are allowable:
 - i. Cough, cold, pain, headache, allergy, and/or gastrointestinal distress remedies.
 - ii. Vitamins and minerals.
 - iii. Special dietary juices and foods that augment, but do not replace, a regular diet.
 - iv. Thickening agents for safe swallowing when the Individual has a diagnosis of dysphagia and either:
 - (1) A history of aspiration pneumonia, or
 - (2) Documentation that the Individual is at risk of insertion of a feeding tube without thickening agents for safe swallowing.
 - v. First aid supplies (e.g., band-aids, iodine, rubbing alcohol, cotton swabs, gauze, antiseptic cleansing pads).
 - vi. Special oral care products to treat specific oral conditions beyond routine mouth care (e.g., special toothpaste, toothbrushes, anti-plaque rinses, antiseptic mouthwashes).
 - vii. Special items (i.e., accommodating common disabilities -- longer, wider handles), tweezers and nail clippers.
 - viii. Routine cosmetic products (e.g., make-up base, aftershave, mascara, and similar products) are not included. However, products necessary to ameliorate negative visual impact of serious facial disfigurements (e.g., massive scarring) and/or skin conditions

(including exposed area eczema, psoriasis, and/or acne) will be covered. Refer to the Pharmacy Chapter in the Medicaid Provider Manual for information about Medicaid-covered prescriptions.

- ix. HSW funds cannot be used to pay for copays for other prescription plans the Individual may have.

2. Practice Principles

- a. The intent of enhanced pharmacy services as an “Additional Mental Health Services (B3s)” is to provide medically necessary supports and services that promote community inclusion and participation, independence, and/or productivity when identified in the individual plan of service as one or more goals developed during the person-centered planning process.
 - i. Community Inclusion and Participation – The Individual uses community services and participates in community activities in the same manner as the typical community citizen.
 - ii. Independence – The freedom from another’s influence, control, and determination. This refers to how the Individual defines the extent of such freedom for him/herself during person-centered planning.
 - iii. Productivity – The engagement in activities that result in or lead to maintenance of or increased self-sufficiency. Those activities are typically going to school and work. The operational definition of productivity for an Individual may be influenced by age-appropriateness.

3. Credentialing Requirements

- a. Provider will assure that licensed professional staff are licensed and/or registered in the State of Michigan to provide services at the level authorized by the Payor. Licensed professionals shall act within the scope of practice defined by their license.
- b. Provider shall assure that all staff providing services are qualified and trained to provide services at the level authorized by the Payor.

4. Service Requirements

- a. Enhanced Pharmacy services require a physician’s prescription for reimbursement.
- b. There must be documented evidence that the item is not available through Medicaid or other insurances, and is the most cost effective alternative to meet the Individual’s need.

5. Training Requirements

- a. See Attachment I: Training Requirements for specific training requirements and frequency of trainings.

6. Eligibility Criteria/Access Requirements/Authorization Procedures

- a. Individuals presenting for mental health services will be engaged in a person-centered planning process through which diagnostic information and service eligibility will be determined. Eligibility tools may be used in conjunction with the person-centered planning process to determine and document medical/clinical necessity for the requested service.
- b. Waiver eligibility requires verification of no change in waiver status.
- c. The [Lakeshore Regional Entity Guide to Services](#) provides a summary of service eligibility, access to services, and service authorization. Additional information related to policies, procedures and Provider Manuals may be found by accessing the specific CMHSP websites.