



COMMUNITY MENTAL HEALTH ADMINISTRATION

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Mark A. Hackel
County Executive

COMPLIANCE MEMO

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Chief Executive Officer

DATE: January 24, 2019

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TO: Macomb County Community Mental Health Supports Coordination
Agencies

FROM: Kimberly Cope, MCCMH Corporate Compliance Officer
Susan Lee, MCCMH Nurse Quality Coordinator, Compliance Analyst.

RE: Enhanced Pharmacy

Louis J. Burdi
Nick Ciaramitaro
Susan Doherty
Barry J. Gross, D.O.
Phil Kraft
Brian Negovan
Christopher M. O'Connell, D.O.
Lori A. Phillips
Selena M. Schmidt

The Michigan Medicaid Provider Manual identifies that "Enhanced Pharmacy" is a covered benefit for beneficiaries' enrolled in Medicaid as a B3 service and covered under the Habilitation Waiver for Persons' with Developmental Disabilities. Please see the Medicaid Provider Manual, Behavioral and Intellectual and Developmental Supports and Services; Section 15 - Habilitation Supports Waiver for Persons with Developmental Disabilities and Section 17 - Additional Mental Health Services (B3):17.3.c Enhanced Pharmacy; for a full description of this benefit and Michigan Medicaid Provider Manual requirements.

This notice is to provide direction on the *updated* Macomb County Community Mental Health requirements for "Enhanced Pharmacy" for covered items listed within this benefit below:



A CARF Accredited
Organization

- *Cough and cold medication*
- *Allergies*
- *Headache medications*
- *Pain*
- *Gastrointestinal distress remedy medications*
- *Vitamin and minerals*



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ALL medications requested are nonprescription "medicine chest" items and are supported in the beneficiaries' support plan. All items must be in direct medical and remedial benefit to the beneficiary and is the most cost effective alternative to meet the beneficiaries' needs. *Generic brands will be authorized unless specified via the physician order/prescription as "DAW" and sufficient evidence to provide support for non generic brands.*

As of February 1, 2019, ALL requests for Enhanced Pharmacy, nonprescription "Medicine Chest" medications must:

- Have a physician signed prescription and/or order that conforms to the current Administration rules of the Michigan Board of Pharmacy, Michigan Public Health Code, State and Federal laws, rules and regulations. A prescription order must contain, at minimum:
 - Beneficiary's full name
 - Prescribers printed name and address
 - Medication name and strength
 - Quantity ordered
 - Directions for use
 - Number of refills; if applicable
 - ICD 10 diagnosis
 - Reason for requested item
 - Start/end date of order(no more than one year)
- The beneficiary's medical record must show a denial for coverage under the beneficiaries' third party insurance, commercial carrier or any other program that has liability for all or part of the consumer medical coverage.
- All medications requested must be listed on the "**Michigan Medicaid Health Plan Common Formulary.**" (See provided attachment.)
 - Comparable medications within the *drug class* and *drug name* outlined on the "Michigan Medicaid Health Plan Common Formulary" may be considered upon request.
 - Exception**Cough and Cold medications in the drug categories: Antitussives, Decongestants, Cough Suppressants and Expectorants will be reviewed and considered upon authorization request.
- All requested quantities are limited according to accepted standards of practice and/or FDA regulations.

As of February 1, 2019, the "Enhanced Pharmacy" benefit will not be permitted through Self Determination. Requested "Enhanced Pharmacy" medications that meet the above requirements, shall be requested and dispensed through one of MCCMH contracted providers. Please contact MCCMH Self-Determination Administrator and Contract Manager, Laura Manza via email at Laura.Manza@mccmh.net or via phone at 586-469-5275 and/ or work with your supports coordination agency for further assistance in choosing an enhanced pharmacy benefit provider.