

PROGRAM OPERATIONS DIRECTIVE 2.0

SUBJECT: Medication Only Clinic

ISSUED: January 26, 2015

*** Revised:** July 15, 2015
September 15, 2017

PURPOSE:

The purpose of this correspondence is to clarify the expectations for the Medication Only Clinic.

DEFINITION:

Medication only services are offered to individuals in need of ongoing psychiatric medication only services that they are unable to access in another setting, e.g., their Primary Care Physician (PCP).

POPULATION:

Adults with severe mental illness, developmental disabilities, co-occurring disorders and dual disorders (mental health and developmental disabilities)

REQUIREMENTS:

Priority:

Considerations for the Medication Only Clinic include individuals who:

- Are stable in their recovery
- Do not require other supports or services from CMH
- May be receiving injections or Clozaril
- May require support with their medications
- Have natural supports in place
- Are not able to obtain their medication treatment from their PCP at this time

Procedures:

When an individual receiving services is identified as meeting the priority requirements of the Medication Only Clinic the following steps must occur:

1. The individual's case holder will complete the Medication Only Clinic Screening form #135 and consult with their respective supervisor.
2. If the supervisor makes the recommendation for the Medication Only Clinic, the case holder will meet with the prescriber at CMH and discuss this option.
3. If the prescriber is in agreement then they will schedule a transfer meeting with the nurse.
4. If all parties, prescriber, Caseholder and supervisor are in agreement then the option of the Medication Only Clinic can be presented to the individual receiving services.
5. The completed/signed Medication Only Screening form #135 will be submitted to the nurse/case manager of the Medication Only Clinic program site.
6. Services that can be billed under the Medication Only Clinic include assessments, health services, medication administration, medication review, supports coordination, injections, clubhouse, time limited secondary in-house community living supports with supervisor approval.

REFERENCES:

Medicaid Provider Manual

Michigan PIHP/CHSP Provider Qualifications per Medicaid Services & HCPCS/CPT Codes

Public Health Code Act 368 of 1978

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