

T1999 – Enhanced Pharmacy

Covered Service

Enhanced Pharmacy items are physician-ordered, nonprescription “medicine chest” items as specified in the individual’s plan of service. 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 beneficiary’s need.

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 beneficiary):

- Cough, cold, pain, headache, allergy, and/or gastrointestinal distress remedies
- First aid supplies (e.g., band-aids, iodine, rubbing alcohol, cotton swabs, gauze, antiseptic cleansing pads)

The following items are covered for beneficiaries living in independent settings, with family, or in licensed dependent care settings:

- Special oral care products to treat specific oral conditions beyond routine mouth care (e.g., special toothpaste, toothbrushes, anti-plaque rinses, antiseptic mouthwashes)
- Vitamins and minerals
- Special dietary juices and foods that augment, but do not replace, a regular diet
- Thickening agents for safe swallowing when the beneficiary has a diagnosis of dysphagia and either:
 - A history of aspiration pneumonia, or
 - Documentation that the beneficiary is at risk of insertion of a feeding tube without the thickening agents for safe swallowing.

Coverage excludes:

- Routine cosmetic products (e.g., make-up base, aftershave, mascara, and similar products)

Current Procedure Code

T1999

Unit Type- [Day, Encounter, Etc.]

Item

Eligibility Criteria and Service Priorities:

Enhanced Pharmacy Services are available to Medicaid beneficiaries with a serious emotional disturbance, serious mental illness and/or intellectual/developmental disability through the §1915(i) State Plan Amendment (SPA) for home and community-based services in accordance with §1915(i)(7) of the Social Security Act. The intent of the §1915(i) SPA is to fund 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 person-centered planning. The authorization and use of Medicaid funds for any of the §1915(i) SPA supports and services, as well as their amount, scope and duration, are dependent upon:

- The Medicaid beneficiary's eligibility for specialty services and supports as defined in the Behavioral Health and Intellectual and Developmental Disability Supports and Services Chapter of the Michigan Medicaid Provider Manual
- The service(s) having been identified during person-centered planning;
- The service(s) being medically necessary
- The service(s) being expected to achieve one or more of the following goals as identified in the beneficiary's plan of service:
 - Community Inclusion and Participation
 - Independence
 - Productivity

Associated Outcomes:

One or more of the following as identified in the beneficiary's plan of service:

1. Community Inclusion and Participation - The individual uses community services and participates in community activities in the same manner as the typical community citizen.
2. Independence - "Freedom from another's influence, control and determination." (Webster's New World College Dictionary, 1996). Independence in the B3 context means how the individual defines the extent of such freedom for him/herself during person-centered planning.
3. Productivity - Engaged 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.

Typical Service Utilization Pattern:

The person-centered planning process determines the authorization for this service. The authorization will be specific to each one-time request and evaluated on the merits of such a service in relation to supporting the beneficiary's desired future in their person-centered plan. The authorization may include multiple purchases if the specific item is needed through the course of the current individual service plan year.

Provider Qualifications:

Please refer to the current version of the [MDHHS Behavioral Health Code and Provider Qualifications Document](#) for specific qualification and training requirements.