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STATE: <u>MINNESOTA</u> Effective: January 1, 2022 TN: 22-03 Approved: Supersedes: 15-20, 11-16 (10-18, 06-01) 6.d. Other practitioners' services. (continued)

I. Medication therapy management services

Medication therapy management services are provided by qualified, licensed pharmacists to recipients to optimize the therapeutic outcomes of a recipient's medications. It is provided to recipients taking a prescription medication to treat or preventone or more chronic medical conditions.

Pharmacists must have graduated from an accredited college of pharmacy on or after May 1996, or completed a structured and comprehensive education program approved by the Minnesota Board of Pharmacy and the American Council of Pharmaceutical Education.

Medication therapy management services that are otherwise covered as direct face-to-face services may be provided via <u>telehealth</u>. two-way, interactivevideo to:

- an ambulatory care site if the recipient is more than twenty miles from any enrolled medication therapy management provider and the interactive video site is in a trade area that does notcontain an enrolled medication therapy management provider; or
- a recipient's home, during a covered home health care visit.

The service is comprised of the following components:

- A. assessing a recipient's health status;
- B. developing a medication treatment plan;
- C. monitoring and evaluating a recipient's response to the therapy
- D. providing a comprehensive medication review to identify, resolve, and prevent medication-related problems;
- E. documenting the care provided and communicating essential information to a recipient's primary care providers;
- F. providing oral education and training to enhance recipient understanding and appropriate use of medications;
- G. providing information, support services, and resources to enhance recipient adherence to therapeutic regimens;
- H. coordinating and integrating medication therapy management services within the broader health care services provided to a recipient.

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4.a. Early and periodic screening, diagnosis, and treatment services:

- Early and periodic screening, diagnosis and treatment service is a service provided to a recipient under age 21 to detect, prevent, and correct physical andmental conditions or illnesses discovered by screening services, and to provide diagnosis and treatment for a condition identified according to 42 CFR 441.50 and according to section 1905(r) of the Social Security Act.
- Initial and periodic screenings are provided as indicated by the periodicity schedule. Inter-periodic screens are available to recipients based on medical necessity. An EPSDT service can be requested by the recipient or performed by a provider at any time if medically necessary.
- Initial face-to-face and written notifications of recipients are followed up bycounty agencies with telephone contacts, letters, and/or home visits. Annual orperiodic written notifications may also be supplemented by personal contacts.
- Drugs that are considered investigational, drugs that are provided to a recipient during the clinical trial designed to test the efficacy of the provided drug, or drugs that have not been approved for general use by the U.S. Food and Drug Administration are not covered, except for stiripentol, which is described in item 12.a.

A diagnostic assessment is a written report that documents clinical and functional face-to-face evaluation of a recipient's mental health, including the nature, severity and impact of behavioral difficulties, functional impairment, and subjectivedistress of the recipient, and identifies the recipient's strengths and resources. A diagnostic assessment is necessary to determine a recipient's eligibility for mental health services.

An interactive diagnostic assessment, usually performed with children, may use physical aids and nonverbal communication to overcome communication barriers because the recipient demonstrates one of the following:

- Has lost or has not yet developed either the expressive language communication skills to explain his/her symptoms and response to treatment
- Does not possess the receptive communication skills needed to understand the mental health professional if he/she were to use adult language for communicationor
- Needs an interpreter, whether due to hearing impairment or the recipient'slanguage is not the same as the provider's, in order to participate in the diagnostic assessment **Brief Diagnostic Assessment**

The Brief Diagnostic Assessment includes a written clinical summary that explains the diagnostic hypothesis which may be used to address the recipient's immediate needs orpresenting problem. The assessment collects sufficient information to apply a provisional clinical hypothesis. Components includes:

- The recipient's current life situation
- Recipient's description of symptoms (including reason for referral)
- A mental status exam
- Screenings used to determine a recipient's substance use, abuse, or dependency, and other standardized screening instruments
 Standard Diagnostic Assessment
- All components of Brief Diagnostic assessment
- Conducted in the cultural context of the recipient
- An assessment of the recipient's needs based on baseline measurements, symptoms, behavior, skills, abilities, resources, vulnerabilities, and safety
- Assessment methods and use of standardized assessment tools Clinical summary, recommendations, and prioritization of needed mental health, ancillary or other services

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