

Questionnaire: Medication Management

Medication Management

1. *Indicate if this referral is for a MaineCare Funded service or a Non-MaineCare Funded (also known as Grant-Funded) service:*

(Please select one.)

- MaineCare Funded
- Non-MaineCare (Grant-Funded)

If you answered "MaineCare Funded" on question 1

1.1.1. *Is provider intending to submit for Ancillary Medication Management Contract?*

(Please select one.)

- Yes
- No

If you answered "Yes" on question 1.1.1

1.1.1.1. *Is this member age eighteen (18) or older, or is an emancipated minor?*

(Please select one.)

- Yes
- No

1.1.1.1.2. *Does member have a primary diagnosis of Schizophrenia, Schizoaffective Disorder; Moderate or Severe Obsessive Compulsive Disorder, Bipolar Disorder, or Major Depressive Disorder?*

(Please select one.)

- Yes
- No

1.1.1.1.3. *LOCUS Composite Score:*

Min/Max - 0/35; No decimal places allowed

1.1.1.1.4. *Is the member on two (2) or more psychotropic medications?*

(Please select one.)

- Yes
- No

If you answered "Yes" on question 1.1.1.1.4

1.1.1.1.4.1.1. *Please list the medications*

1.1.1.1.5. *Has member been referred for psychiatry or medication management services from a primary care provider?*

(Please select one.)

- Yes
- No

Instructions: For the purpose of this section, reported history shall mean an oral or written history obtained from the member, a provider, or a caregiver and documented in the clinical record

1.1.1.1.6. *Does the member have a documented or reported history of treatment resistant/refractory symptoms?*

(Please select one.)

- Yes
- No

If you answered "Yes" on question 1.1.1.1.6

Instructions: For the purpose of this section, reported history shall mean an oral or written history obtained from the member, a provider, or a caregiver and documented in the clinical record

1.1.1.1.6.1.1. *Please explain*

If you answered "Non-MaineCare (Grant-Funded)" on question 1

1.2.1. *Is this member age eighteen (18) or older, or is an emancipated minor?*

(Please select one.)

- Yes
- No

1.2.2. *Does member have a primary diagnosis of Schizophrenia, Schizoaffective Disorder; Moderate or Severe Obsessive Compulsive Disorder, Bipolar Disorder, or Major Depressive Disorder?*

(Please select one.)

- Yes
- No

1.2.3. *LOCUS Composite Score:*

Min/Max - 0/35; No decimal places allowed

1.2.4. *Is the member on two (2) or more psychotropic medications?*

(Please select one.)

- Yes
- No

If you answered "Yes" on question 1.2.4

1.2.4.1.1. *Please list the medications*

1.2.5. *Has member been referred for psychiatry or medication management services from a primary care provider?*

(Please select one.)

- Yes
- No

Instructions: For the purpose of this section, reported history shall mean an oral or written history obtained from the member, a provider, or a caregiver and documented in the clinical record

1.2.6. *Does the member have a documented or reported history of treatment resistant/refractory symptoms?*

(Please select one.)

- Yes
- No

If you answered "Yes" on question 1.2.6

Instructions: For the purpose of this section, reported history shall mean an oral or written history obtained from the member, a provider, or a caregiver and documented in the clinical record

1.2.6.1.1.

Please explain
