

# Questionnaire: Medication Management

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## Medication Management

1. *Is this request a new treatment/episode of care?*

(Please select one.)

- Yes
- No

2. *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 2**

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

(Please select one.)

- Yes
- No

### **If you answered "Yes" on question 2.1.1**

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

(Please select one.)

- Yes
- No

2.1.1.1.2. *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

2.1.1.1.3. *LOCUS Composite Score:*

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

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

(Please select one.)

- Yes
- No

**If you answered "Yes" on question 2.1.1.1.4**

2.1.1.1.4.1.1. *Please list the medications*

2.1.1.1.5. *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

2.1.1.1.6. *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 2.1.1.1.6**

**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

2.1.1.1.6.1.1. *Please explain*

**If you answered "Non-MaineCare (Grant-Funded)" on question 2**

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

(Please select one.)

- Yes
- No

2.2.2. *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

2.2.3. *LOCUS Composite Score:*

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

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

(Please select one.)

- Yes
- No

**If you answered "Yes" on question 2.2.4**

2.2.4.1.1. *Please list the medications*

2.2.5. *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

2.2.6. *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 2.2.6**

**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

2.2.6.1.1.

*Please explain*

