

**SECTION**  
**INTRODUCTION**

**SUBJECT**

Over the Counter Medications (OTC)  
Complementary Alternative Medications (CAM)

The goal of the SDMI Home and Community Based Services program is to assist in the promotion of healthy lifestyles and meeting the healthcare needs of the members in the program. Some CAM have been found to be therapeutically beneficial for individuals with a mental health disorder and the department recognizes that some individual entering the program wish to maintain their established CAM treatment protocol prescribed by their physician. Based upon the member's physician recommendation, corresponding diagnosis, and prescribed treatment, CAM treatment may be provided to the members in the program. The OTC and CAM include the following:

Magnesium  
Melatonin  
Co-Enzyme Q3  
Vitamin B Complex  
Vitamin D with or without Calcium  
Multivitamins  
Omega 3's  
St. John's Wort

**Physician Recommendation and Treatment Routine**

Members who enter the SDMI HCBS Waiver program with a physician documented recommendation, prescribed treatment routine, and corresponding diagnosis that include the use of CAM will be able to continue with their physician's treatment protocol. In the case of additional CAMs not listed above or a change in a member's established CAM routine by their physician, the member will present the required documented physician recommendation, corresponding diagnosis, and prescription to the CMT who will submit a Prior Authorization to the Department to have the treatment routine approved. If a member who is currently not on a CAM routine and the physician provides a documented recommendation, corresponding diagnosis, and a prescription for the CAM treatment, that member will present the required documented recommendation, corresponding diagnosis, and prescription for that treatment to the CMT. The CMT will submit a Prior Authorization to the department for consideration.

**Annual Review of CAM**

At the member's annual review, all CAM treatment protocol will be reviewed by the department. A yearly physician documented recommendation, prescribed treatment routine, corresponding diagnosis, and prescription renewal is required and presented to the CMT and approved by the department to continue the prescribed CAM treatment.