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State/Territory Name: Montana

State Plan Amendment (SPA) #: MT-17-0007

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Denver Regional Office
1961 Stout Street, Room 08-148
Denver, CO 80294



REGION VIII - DENVER

September 26, 2017

Marie Matthews, Medicaid & CHIP Director
Montana Department of Public Health & Human Services
P.O. Box 4210
Helena, MT 59604

Re: Montana #17-0007

Dear Ms. Matthews:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number MT-17-0007. This amendment adds Collaborative Practice Drug Therapy Management as a Medicaid-covered service, as well as a corresponding reimbursement methodology to Montana's State Plan.

Please be informed that this State Plan Amendment was approved today, with an effective date of July 1, 2017. We are enclosing the summary page and the amended plan page(s).

In order to track expenditures associated with this amendment, Montana should follow the CMS-64 reporting instructions outlined in Section 2500 of the State Medicaid Manual (SMM).

For those individuals whose expenditures qualify for the newly eligible federal medical assistance percentage report on the Form CMS-64.9 VIII and those not enrolled in the new adult group, claims should be reported on the Form CMS-64.9.

For Other Licensed Practitioner- clinical licensed pharmacy practitioners the expenditures should be reported on: Line 9A – Other Practitioners Services.

If you have any questions regarding this SPA please contact Barbara Prehmus at (303) 844-7472.

Sincerely,



Richard C. Allen
Associate Regional Administrator
Division for Medicaid & Children's Health Operations

cc: Sheila Hogan, Department Director
Duane Preshinger
Jo Thompson
Mary Eve Kulawik

MONTANA

Montana Medicaid covers Collaborative Practice Drug Therapy Management by a Licensed Clinical Pharmacist Practitioner as defined in the Administrative Rules of Montana (ARM) 24.174.526.

- a. Licensed clinical pharmacist practitioners must have a collaborative practice agreement with a medical practitioner as defined in (ARM) 24.174.524;
- b. Manage a member's drug therapy by providing face-to-face direct care either through a physical visit or telehealth within their scope of practice as defined by state law; and
- c. Provide care through employment or contract with a medical practitioner or facility.
- d. Licensed clinical pharmacist practitioners do not supervise any unlicensed practitioner(s).

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MONTANA

- I. Effective July 1, 2017, Collaborative Practice Drug Therapy Management by a Licensed Clinical Pharmacist Practitioner shall be paid to the Montana Medicaid-enrolled medical practitioner or facility. Unless otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers and published at <http://medicaidprovider.mt.gov>.
- II. Reimbursement for Collaborative Practice Drug Therapy Management provided:
 - A. By an office-based Physician, shall be the lower of:
 1. The provider's usual and customary charge for the service; or
 2. Reimbursement under the Attachment 4.19B, Methods and Standards for Establishing Payment Rates for Service 5(a), Physicians' Services.
 - B. At a Rural Health Clinic, reimbursement under the Attachment 4.19B, Methods and Standards for Establishing Payment Rates for Service 2 B, Rural Health Clinics.
 - C. At a Federally Qualified Health Center, shall be reimbursement under the Attachment 4.19B, Methods and Standards for Establishing Payment Rates for Service 2 C, Federally Qualified Health Centers.
 - D. In an Outpatient Hospital setting, shall be reimbursed under the relevant fee schedule of the qualified practitioner. There is no facility fee paid in addition to the practitioner fee.