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State/Territory Name: North Dakota

State Plan Amendment (SPA) #: 18-0004

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) 179
- 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

March 29, 2018

Maggie Anderson, Medicaid Director
Division of Medical Services
North Dakota Department of Human Services
600 East Boulevard Avenue, Dept. 325
Bismarck, ND 58505-0250

RE: North Dakota #18-0004

Dear Ms. Anderson:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 18-0004. This amendment adds Medication Therapy Management (MTM) to the Medicaid State Plan when performed by a licensed pharmacist.

Please be informed that this State Plan Amendment was approved today with an effective date of April 1, 2018. We are enclosing the CMS-179 and the amended plan page(s).

If you have any questions concerning this amendment, please contact Kirstin Michel at (303) 844-7036.

Sincerely,

A solid black rectangular box used to redact the signature of Richard C. Allen.

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

cc: Melissa Rosales

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: <div style="text-align: center; font-size: 1.2em;">18-0004</div>	2. STATE <div style="text-align: center; font-size: 1.2em;">North Dakota</div>
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE <div style="text-align: center; font-size: 1.2em;">April 1, 2018</div>	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>): <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT </div>			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate Transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION: <div style="text-align: center; font-weight: bold;">42 CFR 440.60</div>		7. FEDERAL BUDGET IMPACT: a. FFY <u>2018</u> <u>\$22,500</u> b. FFY <u>2019</u> <u>\$45,000</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment to page 3 of Attachment 3.1-A Attachment to page 3 of Attachment 3.1-B		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Attachment to page 3 of Attachment 3.1-A Attachment to page 3 of Attachment 3.1-B	
10. SUBJECT OF AMENDMENT: Amends the State Plan regarding Medication Therapy Management (MTM) Services performed by a pharmacist.			
11. GOVERNOR'S REVIEW (<i>Check One</i>): <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL </div> <div> <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <u>Maggie D. Anderson, Director</u> <u>Medical Services Division</u> </div> </div>			
12. SIGNATURE OF STATE AGENCY OFFICIAL: <div style="background-color: black; height: 20px; width: 100%;"></div>		16. RETURN TO: Maggie D. Anderson, Director Medical Services Division ND Department of Human Services 600 East Boulevard Avenue Dept 325 Bismarck ND 58505-0250	
13. TYPED NAME: <div style="text-align: center; font-weight: bold;">Maggie D. Anderson</div>			
14. TITLE: <div style="text-align: center; font-weight: bold;">Director, Medical Services Division</div>			
15. DATE SUBMITTED: <u>3-9-2018</u>			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: <div style="text-align: center;">February 26, 2018</div>		18. DATE APPROVED: <div style="text-align: center;">March 29, 2018</div>	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <div style="text-align: center;">April 1, 2018</div>		20. SIGNATURE OF REGIONAL OFFICIAL: <div style="background-color: black; height: 20px; width: 100%;"></div>	
21. TYPED NAME: <div style="text-align: center;">Richard C. Allen</div>		22. TITLE: <div style="text-align: center;">ARA, DMCHO</div>	
23. REMARKS:			

LIMITATIONS ON AMOUNT, DURATION AND SCOPE

6.d. (Continued)

Medication Therapy Management (MTM) Services Performed by a Licensed Pharmacist

MTM services are a voluntary benefit provided by a licensed pharmacist to a recipient to optimize the therapeutic outcomes of the recipient's medications and prevent medication-related problems.

Pharmacists must have completed continuing education credits approved by the American Council of Pharmaceutical Education as follows: two hours on the delivery of MTM including MTM documentation, two hours on medication adherence, and four hours on the medical condition treated by the medications for which they will be providing MTM services.

MTM services may be provided via tele-pharmacy. Tele-pharmacy services are subject to the same requirements as services that are provided to a recipient in person.

Coverage is limited to one initial encounter and up to five subsequent encounters per recipient per 365-day period. When the treatment duration of a medication is less than six months, coverage is limited to one encounter per month of treatment. Additional encounters may be authorized if determined to be medically necessary.

LIMITATIONS ON AMOUNT, DURATION AND SCOPE

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