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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

TN: MT-17-0007 **Approval Date:** 09/26/2017 **Effective Date** 07/01/2017

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

TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE
STATE PLAN MATERIAL	17-0007	Montana
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE 07/01/2017	
5. TYPE OF PLAN MATERIAL (Check One):		
☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☐ AMENDMENT		
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME.		
6. FEDERAL STATUTE/REGULATION CITATION: Section 1902(a)(30)(A)	7. FEDERAL BUDGET IMPACT: a. FFY 17: \$0 b. FFY 18: \$0 c. FFY 19: \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERS OR ATTACHMENT (If Applicable):	
Supplement to Attachment 3.1A, Service 6(d), Page 1 of 1 Supplement to Attachment 3.1B, Service 6(d), Page 1 of 1 Attachment 4.19B, Service 6(d), Page 1 of 1	N/A, New Pages	
program, effective July 1, 2017. The update is necessary to incorporate licensed clinical pharmacist practitioners as part of the health care team. They will be able to bill for their services in helping to identify and resolve drug-therapy problems and ensuring Medicaid member's medications are appropriate, effective, and safe. Reimbursement will not be directly provided to the licensed clinical pharmacist practitioner, but through the current medical practitioner or facility reimbursement methodologies. 11. GOVERNOR'S REVIEW (Check One):		
☐ GOVERNOR'S OFFICE REPORTED NO COMMENT ☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED ☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	☑ OTHER, AS SPECIFIED: Single Agency Director Review	
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO: Montana Department of Public Health and Human Services Marie Matthews	
13. TYPED NAME: Marie Matthews	Attn: Mary Eve Kulawik PO Box 4210	
14. TITLE: State Medicaid Director	Helena MT 59620	
15. DATE SUBMITTED: 9 - 26 17		
FOR REGIONAL OFFICE USE ONLY		
17. DATE RECEIVED: September 26, 2017 PLAN APPROVED – ON	18. DATE APPROVED: September 26, 2017	
19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2017	20. SIGNATURE OF REGIONAL OF	FICIAL:
21. TYPED NAME: Richard C. Allen	22. TITLE: ARA, DMCHO	
23. REMARKS:		

Page 1 of 1
Supplement to Attachment 3.1A
Service 6 (d)
Other Practitioners' Services
Licensed Clinical Pharmacist Practitioner

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;
- 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).

TN: 17-0007 Approved: 09/26/2017 Effective: 07/01/2017

Supersedes: New

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Supplement to Attachment 3.1B
Service 6 (d)
Other Practitioners' Services
Licensed Clinical Pharmacist Practitioner

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Supersedes: New

Page 1 of 1 Attachment 4.19 B Methods and Standards for Establishing Payment Rates Service 6 (d) Other Practitioners' Services Licensed Clinical Pharmacist Practitioner

Effective: 07/01/2017

MONTANA

- Ι. 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.
- 11. Reimbursement for Collaborative Practice Drug Therapy Management provided:
 - A. By an office-based Physician, shall be the lower of:
 - 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.

Approved: 09/26/2017

Supersedes: New

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