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State/Territory Name: New York

State Plan Amendment (SPA) #: 23-0037

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 601 E. 12th St., Room 355 Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

August 28, 2023

Amir Bassiri Medicaid Director Office of Health Insurance Programs New York State Department of Health One Commerce Plaza Rm. 1605 Albany, NY 12237

Re: New York State Plan Amendment (SPA) 23-0037

Dear Director Bassiri:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number NY-23-0037. This amendment proposes to allow pharmacists and pharmacy interns to provide Medicaid covered services to the limits of their scope of practice.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act. This letter is to inform you that New York Medicaid SPA 23-0037 was approved on August 24, 2023, with an effective date of April 1, 2023.

If you have any questions, please contact Melvina Harrison at 212-616-2247 or via email at Melvina.Harrison@cms.hhs.gov

Sincerely

James G. Scott, Director Division of Program Operations

cc: Regina Devette, NYDOH

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	$\frac{2}{3} = 0 0 3 7 \boxed{N f}$
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT XIX XXI
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE April 1, 2023
FEDERAL STATUTE/REGULATION CITATION 905(a)(6) of the SS AC and 42 CFR § 440.60 \$ 1905(a)(12) Prescribed Drugs, Dentures Prosthetic Devices and Evedlasses	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY 04/01/23-09/30/23 \$ 0 b. FFY 10/01/23-09/30/24 \$ 0
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Attachment 3.1-A Supplemental Page: 2(xiv)(a) Attachment 3.1-B Supplemental Page: 2(xiv)(a)	Attachment 3.1-A Supplemental Page: 2(xiv)(a) Attachment 3.1-B Supplemental Page: 2(xiv)(a)
9. SUBJECT OF AMENDMENT	
Pharmacist Scope of Practice	
10. 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	
11 SIGNATURE OF STATE AGENCY OFFICIAL	15. RETURN TO New York State Department of Health
12. TYPED NAME	Division of Finance and Rate Setting
Amir Bassiri	99 Washington Ave – One Commerce Plaza Suite 1432
13. TITLE Medicaid Director	Albany, NY 12210
14. DATE SUBMITTED June 29, 2023	
FOR CMS USE ONLY	
16. DATE RECEIVED 06/29/2023	17. DATE APPROVED 08/24/2023
PLAN APPROVED - ONE COPY ATTACHED	
18. EFFECTIVE DATE OF APPROVED MATERIAL 04/01/2023	19. SIGN
20. TYPED NAME OF APPROVING OFFICIAL	21. TITLE OF APPROVING OFFICIAL
James G. Scott	Director, Division of Program Operations
22. REMARKS The State authorizes the following pen and ink:	
Box 5- Federal Statute/Regulation Citation	
§1905(a)(6) of the Social Security Act and 42 CFR § 440.60	

New York 2(xiv)(a)

1905(a)(6) Medical Care, or Any Other Type of Remedial care

6d. Other Practitioner Services (Continued)

Licensed Pharmacists and Pharmacy Interns

- 1. Services provided by a licensed and registered pharmacist working within their scope of practice under state law. Services provided by pharmacy interns are provided under the supervision of a licensed and registered pharmacist.
- 2. Provider qualifications.

Pharmacists must be licensed. They must also be registered with the NYS Education Department. Pharmacy interns must possess an active limited permit issued by the NYS Education Department.

TN <u>#23-0037</u> Superseding TN <u>#21-0049</u> Approval Date: <u>08/24/2023</u> Effective Date: April 1, 2023

New York 2(xiv)(a)

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