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**State/Territory Name: Utah** 

State Plan Amendment (SPA) #: 21-0015

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form
- 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

March 1, 2022

Jennifer Strohecker State Medicaid Director Division of Health Care Financing Utah Department of Health P O Box 144102 Salt Lake City UT 84114-4102

RE: TN 21-0015

Dear Ms. Strohecker:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of Utah's State Plan Amendment (SPA) Transmittal #21-0015, submitted on December 27, 2021. The SPA adds pharmacists under other licensed practitioners since the state's scope of practice was expanded to allow pharmacists to prescribe certain drugs or devices with their scope of training and experience.

CMS approved SPA #21-0015 on March 1, 2022, with an effective date of January 1, 2022. Enclosed is a copy of the CMS-179 summary form, as well as the approved pages for incorporation into the Utah State Plan.

If you have any questions regarding this amendment, please contact Mandy Strom at mandy.strom@cms.hhs.gov or (303)844-7068.

Sincerely,

Digitally signed by James G. Scott -S Date: 2022.03.01 23:54:50 -06'00'

James G. Scott, Director Division of Program Operations

#### **Enclosures**

cc: Craig Devashrayee, Utah Medicaid

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER  U T — 21 00 1 5 UTAH  3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL
TON. SENTENS FOR MEDICARE & MEDICARD SERVICES	SECURITY ACT O XIX XXI
TO: CENTER DIRECTOR	4. PROPOSED EFFECTIVE DATE
CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	January 1, 2022
5. FEDERAL STATUTE/REGULATION CITATION	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a FFY 2022 \$ 0
42 CFR 440.60	a FFY 2022 \$ 0 b. FFY 2023 \$ 0
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Page 1 of Attachment #6d, ATTACHMENTS 3.1-A and 3.1-B	Page 1 of Attachment #6d, ATTACHMENTS 3.1-A and 3.1-B
9. SUBJECT OF AMENDMENT	
Licensed Pharmacists	
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	OTHER, AS SPECIFIED:
11. SIGNATURE OF STATE AGENCY OFFICIAL	15. RETURN TO
	Craig Devashrayee, Manager
12. TYPED NAME Nate Checketts	Technical Writing Unit Utah Department of Heath
13. TITLE	PO Box 143102
Executive Director, Utah Department of Health	Salt Lake City, UT 84114-3102
14. DATE SUBMITTED December 27, 2021	
FOR CMS USE ONLY	
	17. DATE APPROVED
December 27, 2021  PLAN APPROVED - ON	March 1, 2022
	19. SIGNA <u>TURE OF APP</u> ROVING OFFICIAL
	Digitally signed by James G. Scott -S Date: 2022.03.01 23:55:25 -06'00'
January 1, 2022 20. TYPED NAME OF APPROVING OFFICIAL	21. TITLE OF APPROVING OFFICIAL
James G. Scott	Director, Division of Program Operations
22. REMARKS	Director, Division of Frogram Operations

## SERVICES PROVIDED BY OTHER PRACTITIONERS' SERVICES

- 1. Services of a licensed nurse practitioner practicing within the scope of practice according to state law.
- 2. Services of a licensed physician assistant practicing within the scope of practice according to state law.
- 3. Services of a licensed pharmacist practicing within the scope of practice according to state law.

## SERVICES PROVIDED BY OTHER PRACTITIONERS' SERVICES

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