## **Table of Contents**

# 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



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 Deyette, NYDOH

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES 5. FEDERAL STATUTE/REGULATION CITATION <sup>1905</sup> (a)(6) of the SS ACT	2       3       0       0       3       7       IN       1         3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT       Image: Security act security
§ 1905(a)(12) Prescribed Drugs, Dentures, Prosthetic Devices, and Every and Every State St	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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)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) O GOVERNOR'S OFFICE REPORTED NO COMMENT O COMMENTS OF GOVERNOR'S OFFICE ENCLOSED O NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	
	15. RETURN TO New York State Department of Health Division of Finance and Rate Setting
12. TYPED NAME Amir Bassiri	99 Washington Ave – One Commerce Plaza
Medicaid Director	Suite 1432 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. SIGNATURE OF APPROVING OFFICIAL
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.

## New York 2(xiv)(a)

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