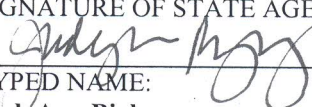


TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER: 012-002	2. STATE MA
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE 01/01/12	
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 AMENDMENT (Separate Transmittal for each amendment)		
6. FEDERAL STATUTE/REGULATION CITATION: 42 USC §1396a(a)(14), 42 USC §1396o and 42 CFR Part 447	7. FEDERAL BUDGET IMPACT: a. FFY12 \$ (175,394) b. FFY13 \$ (254,626)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.18-A, page 1a Attachment 4.18-C, Page 1a	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Same	

10. SUBJECT OF AMENDMENT:

Cumulative Maximum Copayment Requirements for Pharmacy Services

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: Not required under 42 CMR 430.12(b)(2)(ii)	
12. SIGNATURE OF STATE AGENCY OFFICIAL:  13. TYPED NAME: JudyAnn Bigby 14. TITLE: Secretary 15. DATE SUBMITTED: 03/30/12	16. RETURN TO: Michael P. Coleman State Plan Coordinator Executive Office of Health and Human Services Office of Medicaid One Ashburton Place, 11th Floor Boston, MA 02108
FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED: March 30, 2012	18. DATE APPROVED: 06/21/2012
PLAN APPROVED – ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2012	20. SIGNATURE OF REGIONAL OFFICIAL: /s/
21. TYPED NAME: Richard R. McGreal	22. TITLE: Associate Regional Administrator, Division of Medicaid and Children's Health Operations, Boston, MA
23. REMARKS:	