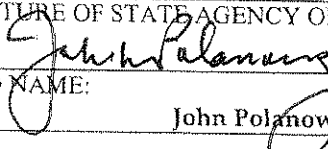


TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER: 013-007	2. STATE MA
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE 01/01/13	
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: 1935(d)(1); 1927(d)(2) and 1935(d)(2)		7. FEDERAL BUDGET IMPACT: a. FFY 2013 (\$693,750) b. FFY 2014 (\$925,000)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: <i>Att. 3.1-B, Pg 4.</i> <i>3a0</i> Supplement to Attachment 3.1-A pages 3a1, 3a2, 3a3 (new) Supplement to Attachment 3.1-B pages 3a1, 3a2, 3a3 (new)		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): <i>att. 3.1-B, Pg. 4</i> <i>3a0</i> Supplement to Attachment 3.1-A pages 3a1, 3a2, Supplement to Attachment 3.1-B pages 3a1, 3a2	
10. SUBJECT OF AMENDMENT: Coverage of Excluded Drugs (Medicare Part D)			
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: 		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	
13. TYPED NAME: John Polanowicz			
14. TITLE: Secretary			
15. DATE SUBMITTED: 03/25/13			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 03/25/2013		18. DATE APPROVED: 05/30/2013	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 01/01/2013		20. SIGNATURE OF REGIONAL OFFICIAL: /s/	
21. TYPED NAME: Richard R. McGreal		22. TITLE: Associate Regional Administrator, Division of Medicaid & Children's Health Operations, Boston, MA	
23. REMARKS:			