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State/Territory Name: Massachusetts

State Plan Amendment (SPA) #: 14-002

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
JFK Federal Building, Government Center
Room 2275
Boston, Massachusetts 02203



Division of Medicaid and Children's Health Operations / Boston Regional Office

May 29, 2014

John Polanowicz, Secretary
Executive Office of Health and Human Services
One Ashburton Place, Room 1109
Boston, Massachusetts 02108

Dear Mr. Polanowicz:

On May 22, 2014 our Central Office sent you a letter approving your proposed State Plan Amendment (SPA) No. 14-002. This letter transmits the Transmittal and Notice of Approval of State Plan Material (CMS-179) and the approved State Plan pages.

SPA No. 14-002 proposed to amend the State's approved Title XIX State Plan to remove the optional coverage of benzodiazepines, barbiturates and smoking cessation medications from the excludable drug category in compliance with Section 2502 of the Affordable Care Act. This SPA was approved effective January 1, 2014.

Changes are reflected in the following sections of your approved State Plan:

- Supplement to Attachment 3.1-A, page 3a2; and
- Supplement to Attachment 3.1-B, page 3a2.

If you have any questions regarding this matter you may contact Julie McCarthy at (617) 565-1244 or by e-mail at Julie.McCarthy@cms.hhs.gov.

Sincerely,

/s/

Richard R. McGreal
Associate Regional Administrator

Enclosure/s

cc: Kristin Thorn, Medicaid Director
Michael Coleman, State Plan Coordinator

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-14-26
Baltimore, Maryland 21244-1850



Disabled & Elderly Health Programs Group

May 22, 2014

John Polanowicz
Secretary
Executive Office of Health and Human Services
Office of Medicaid
One Ashburton Place, 11th Floor
Boston, MA, 02108

Attention: Michael P. Coleman

Dear Mr. Polanowicz,

We have reviewed Massachusetts' State Plan Amendment (SPA) 14-002 received in the Boston regional office on March 28, 2014. This amendment proposed a removal of the optional coverage of benzodiazepines, barbiturates and smoking cessation medications from the excludable drug category. This change would make these drug categories covered for Massachusetts' Medicaid beneficiaries.

We are pleased to inform you that the amendment is approved with an effective date of January 1, 2014. A copy of the CMS-179 form, as well as the page(s) approved for incorporation into the Massachusetts state plan, will be forwarded to you by the Boston regional office. If you have any questions regarding this amendment, please contact Emeka Egwim at (410) 786-1092.

Sincerely,

/s/

Joseph L. Fine
Acting Director
Division of Pharmacy

cc: Richard McGreal, ARA, Boston Regional Office
Julie McCarthy, Boston Regional Office

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER: <div style="text-align: center;">014-002</div>	2. STATE <div style="text-align: center;">MA</div>
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT		4. PROPOSED EFFECTIVE DATE <div style="text-align: center;">01/01/14</div>	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: <div style="text-align: center;">1935(d)(1); 1927(d)(2) and 1935(d)(2)</div>		7. FEDERAL BUDGET IMPACT: a. FFY 2014 (\$28,125.00) b. FFY 2015 (\$37,500.00)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: <div style="text-align: center;">Supplement to Attachment 3.1-A pages 3a2 Supplement to Attachment 3.1-B pages 3a2</div>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): <div style="text-align: center;">Same</div>	
10. SUBJECT OF AMENDMENT: <div style="text-align: center;">Coverage of Excluded Drugs</div>			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Not required under <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 42 CFR 430.12(b)(2)(i)			
12. SIGNATURE OF STATE AGENCY OFFICIAL: <div style="text-align: center;">/s/</div>		16. RETURN TO: Michael P. Coleman State Plan Coordinator Executive Office of Health and Human Services Office of Medicaid One Ashburton Place, 11 th Floor Boston, MA 02108	
13. TYPED NAME: <div style="text-align: center;">John Polanowicz</div>		14. TITLE: <div style="text-align: center;">Secretary</div>	
15. DATE SUBMITTED: <div style="text-align: center;">03/26/14</div>		17. DATE RECEIVED: 03/28/2014	
18. DATE APPROVED: 05/22/2014		19. EFFECTIVE DATE OF APPROVED MATERIAL: 01/01/2014	
FOR REGIONAL OFFICE USE ONLY			
20. SIGNATURE OF REGIONAL OFFICIAL: <div style="text-align: center;">/s/</div>		21. TYPED NAME: Richard R. McGreal	
22. TITLE: Associate Regional Administrator, Division of Medicaid & Children's Health Operations, Boston, MA		23. REMARKS:	

State Plan under Title XIX of the Social Security Act
State: Massachusetts
Amount, Duration, and Scope of Medical
And Remedial Care and Services Provided to the Categorically Needy

☒ (f) nonprescription drugs, as follows:

Allergy Agents, Ophthalmic
Analgesics
Anthelmintic Agents
Antihistamines/Decongestants
Antimicrobials, Topical
Contraceptives, Oral
Dermatologic Agents, Topical
Gastrointestinal Products
Nonoxynol-9
Otic Agents
Pediculicides/Scabicides

☐ (g) covered outpatient drugs which the manufacturer seeks to require as a condition of sale that associated tests or monitoring services be purchased exclusively from the manufacturer or its designee

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State Plan under Title XIX of the Social Security Act
State: Massachusetts
Amount, Duration, and Scope of Medical
And Remedial Care and Services Provided to the Medically Needy

- ☒ (f) nonprescription drugs, as follows:
- Allergy Agents, Ophthalmic
 - Analgesics
 - Anthelmintic Agents
 - Antihistamines/Decongestants
 - Antimicrobials, Topical
 - Contraceptives, Oral
 - Dermatologic Agents, Topical
 - Gastrointestinal Products
 - Nonoxynol-9
 - Otic Agents
 - Pediculicides/Scabicides

- ☐ (g) covered outpatient drugs which the manufacturer seeks to require as a condition of sale that associated tests or monitoring services be purchased exclusively from the manufacturer or its designee

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