

## **Table of Contents**

**State/Territory Name: Massachusetts**

**State Plan Amendment (SPA)#: MA-23-0003**

This file contains the following documents in the order listed

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

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



**Center for Medicaid and CHIP Services**  
**Disabled and Elderly Health Programs Group**

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May 25, 2023

Kathleen E. Walsh, Secretary  
The Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Office of Medicaid  
One Ashburton Place, Room 1109  
Boston, MA 02108

Dear Kathleen E. Walsh,

The CMS Division of Pharmacy team has reviewed Massachusetts' State Plan Amendment (SPA) 23-0003 received in the CMS Medicaid & CHIP Operations Group on March 30, 2023. This SPA proposes to update the coverage language for certain nonprescription drugs on the state's Pharmacy coverage pages.

Based on the information provided and consistent with the regulations at 42 CFR 430.20, we are pleased to inform you that MA-23-0003 is approved with an effective date of January 1, 2023. We are attaching a copy of the signed CMS-179 form, as well as the pages approved for incorporation into Massachusetts' state plan.

If you have any questions regarding this request, please contact Lisa Shochet at 410-786-5445 or [lisa.shochet@cms.hhs.gov](mailto:lisa.shochet@cms.hhs.gov).

Sincerely,



Cynthia R. Denemark, R.Ph.  
Acting Director  
Division of Pharmacy

cc: Kaela Konefal, The Commonwealth of Massachusetts  
Alison Kirchgasser, The Commonwealth of Massachusetts  
Marie DiMartino, CMS, Medicaid & CHIP Operations Group

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER <u>2</u> <u>3</u> — <u>0</u> <u>0</u> <u>0</u> <u>3</u>	2. STATE <u>M</u> <u>A</u>
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3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT

TO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
01/01/2023

5. FEDERAL STATUTE/REGULATION CITATION  
14 U.S.C. 1396r-8

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)  
a. FFY<sup>23</sup> \_\_\_\_\_ \$ 0  
b. FFY<sup>24</sup> \_\_\_\_\_ \$ 0


7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
  
Supplement to Attachment 3.1-A page 3a2  
Supplement to Attachment 3.1-B page 3a2

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  
  
Supplement to Attachment 3.1-A page 3a2  
Supplement to Attachment 3.1-B page 3a2

9. SUBJECT OF AMENDMENT  
  
An amendment to update over-the-counter drug coverage

10. GOVERNOR'S REVIEW (Check One)

<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT	<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Not required under 42 CFR 430.12(b)(2)(i)
<input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	
<input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	

11. SIGNATURE OF STATE AGENCY OFFICIAL  


12. TYPED NAME  
Mike Levine

13. TITLE  
Assistant Secretary for MassHealth

14. DATE SUBMITTED  
03/30/2023

15. RETURN TO  
  
Executive Office of Health and Human Services  
Commonwealth of Massachusetts  
Office of Medicaid  
One Ashburton Place  
Boston, MA 02108

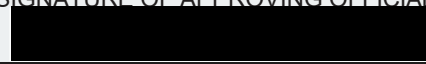
**FOR CMS USE ONLY**

16. DATE RECEIVED  
March 30, 2023

17. DATE APPROVED  
May 25, 2023

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL  
January 1, 2023

19. SIGNATURE OF APPROVING OFFICIAL  


20. TYPED NAME OF APPROVING OFFICIAL  
Cynthia R. Denemark, R.Ph.

21. TITLE OF APPROVING OFFICIAL  
Acting Director, Division of Pharmacy

22. 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**

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(f) nonprescription drugs, as follows:

Certain nonprescription drugs are covered as outlined on the MassHealth Drug List on the state's website.

(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

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

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