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State/Territory Name: Massachusetts

State Plan Amendment (SPA)#: 24-0023

This file contains the following documents in the order listed below:

- 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



Medicaid Benefits and Health Programs Group

August 29, 2024

Mike Levine, Assistant Secretary
Executive Office of Health and Human Services
Commonwealth of Massachusetts
Office of Medicaid
One Ashburton Place
Boston, MA 02108

Dear Assistant Secretary Levine,

We have reviewed Massachusetts SPA 24-0023 received in the Centers for Medicare and Medicaid Services (CMS) OneMAC application on June 28, 2024. This SPA proposes to amend the State Plan to cover prescribed drugs when medically necessary during drug shortages identified by the United States Food and Drug Administration (FDA).

Based on the information provided and consistent with the regulations at 42 CFR 430.20, we are pleased to inform you that MA-24-0023 is approved with an effective date of June 26, 2024.

We are attaching a copy of the signed CMS-179 form, as well as the pages approved for incorporation into the Massachusetts state plan. If you have any questions regarding this amendment, please contact Whitney Swears at Whitney.Swears@cms.hhs.gov.

Sincerely,

A solid black rectangular box redacting the signature of Cynthia R. Denemark.

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

cc: Kaela Konefal, MassHealth
Alison Kirchgasser, MassHealth
Marie DiMartino, CMS, Medicaid and CHIP Operations Group
Vanessa Jefferies, CMS, Medicaid and 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> 4 </u> — <u> 0 </u> <u> 0 </u> <u> 2 </u> <u> 3 </u>	2. STATE <u> M </u> <u> A </u>
	3. PROGRAM IDENTIFICATION: TITLE <u> XIX </u> OF THE SOCIAL SECURITY ACT	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE 06/26/2024	
5. FEDERAL STATUTE/REGULATION CITATION 14 U.S.C. 1396r-8	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u> 24 </u> \$ <u> 0 </u> b. FFY <u> 25 </u> \$ <u> 0 </u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Supplement to Attachment 3.1-A page 3a0 Supplement to Attachment 3.1-B page 3a0	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Supplement to Attachment 3.1-A page 3a0 Supplement to Attachment 3.1-B page 3a0	

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 type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Not required under 42 CFR 430.12(b)(2)(i)
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11. SIGNATURE OF STATE AGENCY OFFICIAL <div style="background-color: black; width: 100px; height: 15px; margin-bottom: 5px;"></div>	15. RETURN TO Executive Office of Health and Human Services Commonwealth of Massachusetts Office of Medicaid One Ashburton Place Boston, MA 02108
12. TYPED NAME Mike Levine	
13. TITLE Assistant Secretary for MassHealth	
14. DATE SUBMITTED 06/28/2024	

FOR CMS USE ONLY

16. DATE RECEIVED 06/28/2024	17. DATE APPROVED 08/29/2024
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PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL 06/26/2024	19. <div style="background-color: black; width: 100%; height: 20px;"></div>
20. TYPED NAME OF APPROVING OFFICIAL Cynthia R. Denemark, R.Ph.	21. TITLE OF APPROVING OFFICIAL Director, Division of Pharmacy

22. REMARKS

State Plan under Title XIX of the Social Security Act
State: Massachusetts
Limitations to Services Provided to the Categorically Needy

Item 11: Therapies and Related Services

Speech, occupational and physical therapies to improve or prevent the worsening of a congenital or acquired condition are provided in accordance with 42 CFR 440.110. MassHealth pays for maintenance therapy performed by a licensed therapist when the therapist's specialized knowledge and judgment are required to perform services that are part of a maintenance program. Diversional and recreational therapy are not reimbursable services.

Services that are subject to prior authorization include more than 20 occupational therapy visits, 20 physical therapy visits, or 35 speech/language therapy visits, including group therapy visits, for a member within a 12 month period.

Audiologist Services are provided in accordance with 42 CFR 440.110. The MassHealth agency does not pay for more than one hearing aid per ear per member in a 60-month period without prior authorization.

Item 12: Prescribed Drugs, Dentures, Prosthetic Services, and Eyeglasses

a. **Prescribed Drugs** - Legend FDA-approved drugs and certain non-legend over-the-counter drugs are reimbursable subject to the conditions specified in 130 CMR 406.000. Prescribers must obtain prior authorization for non-generic multiple source drugs, and for any drug identified by the Division in accordance with 130 CMR 450.303. Insulins are reimbursable for recipients without restrictions. Prescribed drugs that are not covered outpatient drugs (including drugs authorized for import by the FDA) are covered when medically necessary during drug shortages identified by the FDA.

Active pharmaceutical ingredients (APIs) and excipients that are included in an extemporaneously compounded prescription written by an authorized prescriber and dispensed by MassHealth pharmacy providers are covered if medically necessary.

The state is in compliance with Section 1927 of the Social Security Act. Based on the requirements of Section 1927 of the Social Security Act, the state has the following policies for the supplemental rebate program for the Medicaid population:

1. The state will be negotiating supplemental rebates in addition to the federal rebates provided for in Title XIX. Rebate agreements between the state and a pharmaceutical manufacturer will be separate from the federal rebates.

State Plan under Title XIX of the Social Security Act
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