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State/Territory: Michigan

State Plan Amendment (SPA) #: 23-0022

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form
- 3) Approved SPA Page

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

Medical Benefits Health Programs Group

November 29, 2023

Megan Groen, Senior Deputy Director
Behavioral and Physical Health and Aging Services Administration
Michigan Department of Health and Human Services
400 South Pine Street, 7th Floor
Lansing, MI 48933-2250

Dear Megan Groen,

The CMS Division of Pharmacy team has reviewed Michigan's State Plan Amendment (SPA) 23-0022 received in the CMS Medicaid & CHIP Operations Group on September 28, 2023. This SPA proposes to amend the language provisions for coverage of selective nonprescription drugs.

Based on the information provided and consistent with the regulations at 42 CFR 430.20, we are pleased to inform you that SPA 23-0022 is approved with an effective date of July 1, 2023. Our review was limited to the materials necessary to evaluate the SPA under applicable federal laws and regulations.

We are attaching a copy of the signed CMS-179 form, as well as the page approved for incorporation into Michigan's state plan. If you have any questions regarding this amendment, please contact Terry Simananda at (410) 786-8144 or terry.simananda@cms.hhs.gov.

Sincerely,

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

cc: Erica Black, Michigan Department of Health and Human Services
Keri Toback, Michigan Medicaid State Lead, CMS

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER <u>23</u> — <u>0022</u>	2. STATE <u>MI</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

3. PROPOSED EFFECTIVE DATE
July 1, 2023

5. FEDERAL STATUTE/REGULATION CITATION
Section 1905(a)(13) of the Social Security Act

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2023 \$0
b. FFY 2024 \$0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1-A.1 Page 2

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Attachment 3.1-A.1 Page 2 (TN# 21-0018)

9. SUBJECT OF AMENDMENT
This SPA clarifies over the counter (OTC) outpatient drug coverage language.


10. 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:

11. SIGNATURE OF STATE AGENCY OFFICIAL


11. TYPED NAME
Meghan Groen

12. TITLE
Senior Deputy Director

13. DATE SUBMITTED
September 28, 2023

15. RETURN TO
Behavioral and Physical Health and Aging Services
Administration
Office of Strategic Partnerships & Medicaid Administrative
Services – Federal Liaison
Capitol Commons Center – 7th Floor
400 South Pine
Lansing, Michigan 48933

Attn: Erin Black

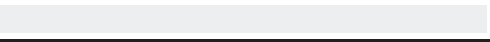
FOR CMS USE ONLY

16. DATE RECEIVED
September 28, 2023

17. DATE APPROVED
November 29, 2023

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
July 1, 2023

19. SIGNATURE OF APPROVING OFFICIAL


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 of MICHIGAN

***Requirements Relating to Covered Outpatient Drugs
For the Categorically and Medically Needy***

Citation(s)	Provision(s)
1927(d)(2) and 1935(d)(2)	<p>1. The Medicaid agency provides coverage for the following excluded or otherwise restricted drugs or classes of drugs, or their medical uses to all Medicaid recipients, including full benefit dual eligible beneficiaries under the Medicare Prescription Drug Benefit – Part D</p> <ul style="list-style-type: none"><input checked="" type="checkbox"/> The following excluded drugs are covered:<ul style="list-style-type: none"><input checked="" type="checkbox"/> (a) select agents when used for anorexia, weight loss, weight gain as listed on the MDHHS website<input type="checkbox"/> (b) agents when used to promote fertility<input type="checkbox"/> (c) agents when used for the symptomatic relief cough and colds<input checked="" type="checkbox"/> (d) select prescription vitamins and mineral products, except prenatal vitamins and fluoride as listed on the MDHHS website<input checked="" type="checkbox"/> (e) select nonprescription drugs as listed on the MDHHS website<input type="checkbox"/> (f) 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<input type="checkbox"/> No excluded drugs are covered

TN NO.: 23-0022

Approval Date: 11/29/2023

Effective Date: 07/1/2023

Supersedes

TN No.: 21-0018