

Table of Contents

State/Territory Name: Missouri

State Plan Amendment (SPA)#: MO-23-0033

This file contains the following documents in the order listed

- 1) Approval Letter
- 2) CMS 179 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

Medicaid Benefits and Health Programs Group

January 26, 2024

Todd Richardson
Director
MO HealthNet Division
Missouri Department of Social Services
P.O. Box 6500
Jefferson City, Missouri 65102-6500

Dear Todd Richardson:

The CMS Division of Pharmacy team has reviewed Missouri's State Plan Amendment (SPA) 23-0033 received in the CMS Medicaid & CHIP Operations Group on December 28, 2023. This SPA provides annual assurance of the pharmacy program adherence to the FULs requirements of federal regulation for the time period October 1, 2022 through September 30, 2023.

Based on the information provided and consistent with the regulations at 42 CFR 430.20, we are pleased to inform you that SPA 23-0033 is approved with an effective date of October 1, 2023. We are attaching a copy of the signed CMS-179 form, as well as the page approved for incorporation into Missouri's state plan.

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

Sincerely,

A solid black rectangular box redacting the signature of Mickey Morgan.

Mickey Morgan
Deputy Director
Division of Pharmacy

cc: Josh Moore, PharmD, Director of Pharmacy, MO HealthNet Division
Marissa Crump, CAPM, Executive Assistant, MO HealthNet Division
Mandy Strom, CMS - Division of Program Operations

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER <u>2 3 0 0 3 3</u>	2. STATE <u>MO</u>
	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE October 1, 2023	
5. FEDERAL STATUTE/REGULATION CITATION 42 CFR 447.518	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 4.19-B page 3c	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) 4.19-B page 3c	

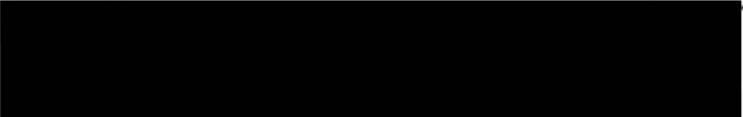
9. SUBJECT OF AMENDMENT
Annual assurance of the pharmacy program's adherence to the requirement of federal regulation regarding expenditures for multiple source drugs.

10. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED: **SLV**

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED


NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

 ROBERT J. KNODELL	15. RETURN TO HealthNet Division Post Office Box 6500 Jefferson City, MO 65102-6500
13. TITLE Director	
14. DATE SUBMITTED <u>12-27-23</u>	

FOR CMS USE ONLY

16. DATE RECEIVED <u>12/28/2023</u>	17. DATE APPROVED <u>1/26/2024</u>
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PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL <u>10/1/2023</u>	19. 
20. TYPED NAME OF APPROVING OFFICIAL <u>Mickey Morgan</u>	21. TITLE OF APPROVING OFFICIAL <u>Deputy Director, Division of Pharmacy</u>

22. REMARKS

State: Missouri

The annual assurance is given that, for the period October 1, 2022, through September 30, 2023, the requirements of 42 CFR 447.518 are met, in the aggregate, for multiple source drugs.

State Plan TN# MO23-0033
SupersedesTN# MO21-0040

Effective Date October 1, 2023
Approval Date January 26, 2024