TRANSMITTAL AND NOTICE OF APPROVAL OF		FORM APPROV
OIAIR PLAN MATERIAL	I. TRANSMITTAL NUMBER:	2. STATE
FOR: HEALTH CARE FINANCING ADMINISTRATION	1 1 - 0 7	Missouri
	3. PROGRAM IDENTIFICATION TITLE XIX OF THE SOCIAL S	
O: REGIONAL ADMINISTRATOR	(MEDICARD)  4. PROPOSED EFFECTIVE DATE	
HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	October 1, 2011	•
TYPE OF PLAN MATERIAL (Check One):		
NEW STATE PLAN AMENDMENT TO BE CONSIDER	RED AS NEW PLAN 23 AMENDMENT	
COMPLETE BLUCKS 6 THRU TO IF THIS IS AN	AMENDMENT (Separate Transmittel for each and	endwent)
FELERAL STATUTE/REGULATION CITATION	7. FEDERAL BUDGET IMPACT	
42 CFR 447 Subpart C	a. FFY 2012 \$ 34.409.052 b. FFY 2013 \$ 34.729.657	<u>:                                    </u>
PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPPRIS	EDDS MAN COUTION
Attachment 4.19-D	OR ATTACHMENT (If Applicable Attachment 4.19-D)	):
age 165 E , 52C	Pages 165 E	
0. SUBJECT OF AMENDMENT;		
		· · · · · · · · · · · · · · · · · · ·
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