

Center for Medicaid and CHIP Services

FEB - 6 2012

Brian Kinkade, Acting Director
Department of Social Services
Broadway State Office Building
P.O. Box 1527
Jefferson City, Missouri 65102

RE: Missouri State Plan Amendment TN: 11-07

Dear Mr. Kinkade:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 11-07. This amendment provides for a per diem increase to nursing facility and HIV nursing facility reimbursement rates by granting a trend increase resulting in an increase of six dollars (\$6.00) for dates of service beginning October 1, 2011.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903(a) of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C. This is to inform you that Medicaid State plan amendment 11-07 is approved effective October 1, 2011. We are enclosing the HCFA-179 and the amended plan pages.

If you have any questions, please call Tim Weidler at (816) 426-6429.

Sincerely,



Cindy Mann
Director, CMCS

Enclosures