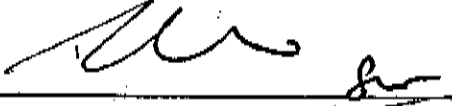
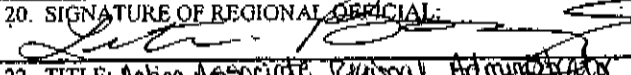


Original submitted 1-17-11

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATIONFORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: <u>1 1 -- 0 8</u>	2. STATE Missouri
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE July 1, 2011	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR Part 440		7. FEDERAL BUDGET IMPACT: a. FFY <u>2011</u> \$ <u>0</u> b. FFY <u>2012</u> \$ <u>0</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: <i>Attachment 3.1-A, page 18f (new page)</i> <i>Attachment 3.1-A, pages 18f and 18g</i> <i>Attachment 4.19-B, pages 4a and 9</i> <i>Attachment 3.1-A, page 12a</i>		9. PAGE NUMBER OF THE SUPERSEDES PLAN SECTION OR ATTACHMENT (if Applicable): <i>Attachment 3.1-A, pages 18f and 18g</i> <i>Attachment 4.19-B, pages 4a and 9</i> <i>Attachment 3.1-A, page 12a</i>	
10. SUBJECT OF AMENDMENT: <ul style="list-style-type: none"> Clarifies nurse practitioner services to comply with 42 CFR 440.166 and adds language which documents the reimbursement methodology used to pay for services rendered by nurse practitioners. At the request of the Centers for Medicare and Medicaid Services (CMS), the reference to nurse practitioner services on Attachment 3.1-A, page 18g of the current approved state plan page is being removed as it is duplicative of paragraph 6.d on pages 12 and 12a of Attachment 3.1-A. Adds clarifying reimbursement language to personal care services in Attachment 4.19-B, page 4a. Removes references to Mental Health Residential Personal Care in Attachment 3.1-A, page 18f and Attachment 4.19-B, page 4a. 			
11. GOVERNOR'S REVIEW (Check One) <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <i>SW</i> <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL <input type="checkbox"/> OTHER, AS SPECIFIED:			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: MO HealthNet Division P.O. Box 6500 Jefferson City, MO 65102	
13. TYPE NAME: Ronald J. Levy			
14. TITLE: Director			
15. DATE SUBMITTED: July 15, 2011			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: <i>July 15, 2011</i>		18. DATE APPROVED: <i>March 26, 2012</i>	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <i>July 1, 2011</i>		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: <i>Leticia Baraza</i>		22. TITLE: <i>Acting Associate Regional Administrator for Medicaid and Children's Health Operations</i>	
23. REMARKS:			