EPARTMENT OF HEALTH AND HUMAN SERVICES EALTH CARE FINANCING ADMINISTRATION			FORM APPROVED OMB NO. 0938-019
TRANSMITTAL AND NOTICE OF APPROVAL OF	1	. TRANSMITTAL NUMBER:	2. STATE
STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	-	<u>1 1 0 8</u>	Missouri
	3	. PROGRAM IDEN'ITFICATIO	V:
	1,	TITLE XIX OF THE SOCIAL	SECURITY ACT
TO: REGIONAL ADMINISTRATOR		MEDICAID) . PROPOSED EFFECTIVE DAT	E
HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	_	·	_
S. TYPE OF PLAN MATERIAL (Check One):		uly 1, 2011	
NEW STATE PLAN ☐ AMENDMENT TO BE CONS	SIDERED AS NE	W PLAN 🖾 AMENDMENT	
COMPLETE BLOCKS 6 THRU 10 IF THIS I			mendment)
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR Part 440		7. FEDERAL BUDGET IMPACT:	
		a. FFY <u>2011</u> \$ 0 b. FFY <u>2012</u> \$ 0	
<u> </u>			
PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT		9. PAGE NUMBER OF THE SUPP	RSEDES PLAN SECTION
ADDITION OF THE PROPERTY OF A PROPERTY OF A PARTY CONTROLLY	hame there	OR ATTACHMENT (If Applicable) Attachment 3.1-A, pages	
	tale more with	Attachment 4.19-B, pages	
Attachment 4.19-13, pages 4a and 9 Hachment 3.14, page 12a ord 03/22/	12 E-mail	Attachment 3.1-A, FOOK	
0. SUBJECT OF AMENDMENT:		Transfer of the first	
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