

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**
FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

1 1 - 1 0

2. STATE
Missouri

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):

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

1902(a)(25)

7. FEDERAL BUDGET IMPACT:

a. FFY 2011 \$ 0
b. FFY 2012 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

~~Supplement Attachment 4.22~~
Supplement 1 to Attached 4.22-A

9. PAGE NUMBER OF THE SUPERSEDES PLAN SECTION
OR ATTACHMENT (If Applicable):

New material

10. SUBJECT OF AMENDMENT:

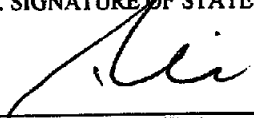
During the 2010 Missouri legislative session, legislation was passed to address the changes in section 6035 of the DRA, amended section 1902(a)(25) of the Social Security Act. Missouri's statute 208.215 was amended as the result of the passage of the following Senate and House bills during the 2010 legislative session to enact the requirements of the DRA: SB 583, SB 842, SB 1007, HB 1868 and HB 2226. The legislative change was effective August 28, 2010. This State Plan Amendment is being submitted at the request of Centers for Medicare and Medicaid Services to implement the provisions of the legislation.

11. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

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: Brian Kinkade

14. TITLE: Interim Director

15. DATE SUBMITTED: August 22, 2011

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: August 22, 2011

18. DATE APPROVED: October 13, 2011

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

July 1, 2011

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME: James G. Scott

22. TITLE: Associate Regional Administrator
For Medicaid and Children's Health Operations

23. REMARKS:

pena ink change per 9/15/11 State email.