HEALTH CARE FINANCING ADMINISTRATION		•	FORM APPROVED OMB NO. 0938-0193
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. 7	TRANSMITTAL NUMBER:	2. STATE
STATE PLAN MATERIAL	1	1 1 1	Missouri
FOR: HEALTH CARE FINANCING ADMINISTRATION	2 1	PROGRAM IDENTIFICATION:	
	3. 1	TITLE XIX OF THE SOCIAL SI	CURITY ACT
TO BECOMME AND TOTAL OF		EDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION	4. F	PROPOSED EFFECTIVE DATE	
DEPARTMENT OF HEALTH AND HUMAN SERVICES	Oct	tober 1, 2011 January	1,2012
5. TYPE OF PLAN MATERIAL (Check One): NEW STATE PLAN AMENDMENT TO BE CONSIDERE	D AS NEW I	PLAN MAMENDMENT	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION:		7. FEDERAL BUDGET IMPACT (in thousands):	
		a FFY 2012 \$ 1.589	
Section 2703 of the Affordable Care Act and Section 1945 of the Social Security		b. FFY <u>2013</u> \$ <u>3.495</u>	
Act			
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:		9. PAGE NUMBER OF THE SUPERSEDES PLAN SECTION OR ATTACHMENT (If Applicable):	
A., 4		OKATIACIMENT (TAPPROGO	,
Attachment 3.1-H, page 1		New material	
Attachment 4.19-B, page 48	Î		
10. SUBJECT OF AMENDMENT:		<u> </u>	
TW. BODDLET OF AMERICANIEST.			
Designation of community mental health centers as health homes for individuals with a serious and persistent mental			
health condition and at least one other chronic condition.			
TOWNS TO THE WAS AND COME ON THE CONTROL OF THE CON			
11. GOVERNOR'S REVIEW (Check One)		-	******
GOVERNOR'S OFFICE REPORTED NO COMMENT		OTHER, AS SPECIFIE	D·
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED			
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16: RETURN TO:		
1 1 1 1 1 1 1			
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		MO HealthNet Division	
		P.O. Box 6500	
13. TYPE NAME: Ronald J. Levy	Jefferson City, MO 65102		
14. TITLE: Director			
15. DATE SUBMITTED:			
July 22, 2011			
FOR REGIONAL O	FFICE USI		
17. DATE RECEIVED: July 22 2011		APPROVED: October 2/	29011
PLAN APPROVED - ON	NE COPY A	ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNA	TURE OF REGIONAL OF ICIAL:	
January 1,2012		and sulf	
21. TYPED NAME:	22. TITLE:	Associate Regional Ao	mini stratar
James G. Scott	Sa Madi	aid and Children's He	alth operations
23. REMARKS:	/WALTERST	Me to to MITOLETS //C	
pen and ink changes per State request			
hay and all armiles has and realisance			

FORM HCFA-179 (07-92)