

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: <u>1 1 - 1 4</u>	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 October 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 441.18	7. FEDERAL BUDGET IMPACT: a. FFY <u>2012</u> \$ <u>0</u> b. FFY <u>2013</u> \$ <u>0</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement to Attachment 3.1-A, pages 1d, 2d, 3d, 3dd, 4dd, 4ddd Supplement to Attachment 3.1-A, pages 3e, 4e, 5e, 7e, 8e, 6e Supplement to Attachment 3.1-A, pages 2f, 5f, 6f, 2ff	9. PAGE NUMBER OF THE SUPERSEDES PLAN SECTION OR ATTACHMENT (If Applicable): Supplement to Attachment 3.1-A, pages 1d, 2d, 3d, 4dd Supplement to Attachment 3.1-A, pages 3e, 4e, 5e, 7e Supplement to Attachment 3.1-A, page 2f, 5f, 6f	

10. SUBJECT OF AMENDMENT:

Clarifies targeted case management services for the developmentally disabled, severely emotionally disturbed and chronically mentally ill populations.

11. GOVERNOR'S REVIEW (Check One)

- GOVERNOR'S OFFICE REPORTED NO COMMENT *SW*
 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:

13. TYPE NAME: Brian Kinkade
14. TITLE: Interim Director
15. DATE SUBMITTED: 11-4-11

MO HealthNet Division
P.O. Box 6500
Jefferson City, MO 65102

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: November 4, 2011

18. DATE APPROVED: January 27, 2012

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

20. SIGNATURE:

21. TYPED NAME: James G. Scott

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

23. REMARKS: