



TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: <u>1 1 - 1 7</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 431.53 42 CFR 440.170	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: Attachment 3.1-A, pages 9-2 and 9-5	9. PAGE NUMBER OF THE SUPERSEDES PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1-A, pages 9-2 and 9-5	

10. SUBJECT OF AMENDMENT:
Adds restriction regarding children under the age of 17 being transported under the non-emergency medical transportation program. Add coverage for foster care participants 18-21 years of age.

11. GOVERNOR'S REVIEW (Check One) <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <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: Brian Kinkade		
14. TITLE: Interim Director		
15. DATE SUBMITTED: December 6, 2011		

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17. DATE RECEIVED: <u>December 6, 2011</u>	18. DATE APPROVED: <u>March 2, 2012</u>
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: <u>October 1, 2011</u>	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: <u>James G. Scott</u>	22. TITLE: <u>Associate Regional Administrator for Medicaid and Children's Health Operations</u>
23. REMARKS:	