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State/Territory Name: MO

State Plan Amendment (SPA) #: 12-03

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-14-26
Baltimore, Maryland 21244-1850



Center for Medicaid and CHIP Services
Disabled and Elderly Health Programs Group

Mr. Brian Kinkade
Interim Director
MO HealthNet Division
P.O. Box 6500
Jefferson City, Missouri 65102-6500

Dear Mr. Kinkade:

We have reviewed Missouri State Plan Amendment (SPA) 12-003, Prescribed Drugs, received in the Regional Office on February 8, 2012. This amendment proposes to extend the date for the triennial assurance of the pharmacy program adherence for "other drugs". We are pleased to inform you that the amendment is approved, effective January 1, 2012.

A copy of the pages approved for incorporation into the Missouri State Plan will be forwarded by the Kansas City Regional Office. If you have any questions regarding this request, please contact Lisa Ferrandi at (410) 786-5445.

Sincerely,

Larry Reed
Director
Division of Pharmacy

cc: James G. Scott, ARA, Kansas City Regional Office
Narinder Singh, Kansas City Regional Office

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: <u>1 2 - 0 3</u>	2. STATE MO
	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 January 1, 2012	

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: 42 CFR 447.518	7. FEDERAL BUDGET IMPACT: a. FFY <u>12</u> \$ <u>0</u> b. FFY <u>13</u> \$ <u>0</u>
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: 4.19-B page 3b	9. PAGE NUMBER OF THE SUPERSEDES PLAN SECTION OR ATTACHMENT (If Applicable): 4.19-B page 3b

10. SUBJECT OF AMENDMENT:

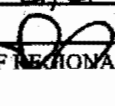
Triennial assurance of the pharmacy program adherence to the requirement of federal regulation regarding expenditures for all other drugs.

11. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT' OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPE NAME: Brian Kinkade 14. TITLE: Interim Director 15. DATE SUBMITTED: February 8, 2012	16. RETURN TO: MO HealthNet Division Post Office Box 6500 Jefferson City, MO 65102-6500
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FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: <u>February 8, 2012</u>	18. DATE APPROVED: <u>April 2, 2012</u>
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: <u>January 1, 2012</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:	

State Missouri

The triennial assurance is given for the time period October 1, 2006 to September 30, 2009 that the requirements of 42 CFR 447.518 are met, in the aggregate, for "other drugs".

State Plan TN# MO 12-03
Supersedes TN# 08-16

Effective Date January 1, 2012
Approval Date APR 02 2012