

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: <u>1 2 ... 0 6</u>	2. STATE Missouri
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) XIX	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE October 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 455 Subpart E	7. FEDERAL BUDGET IMPACT: a. FFY _____ \$ 0.00 b. FFY _____ \$ 0.00
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: 4.46, Pages 792.4-792.7 4.45, Page 792.3	9. PAGE NUMBER OF THE SUPERSEDES PLAN SECTION OR ATTACHMENT (If Applicable): New Material
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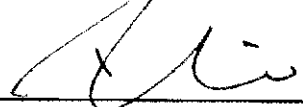
10. SUBJECT OF AMENDMENT:
Screening and Enrollment

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: 	16: RETURN TO: MO HealthNet Division P.O. Box 6500 Jefferson City, MO 65102
13. TYPE NAME: Brian D Kinkade	
14. TITLE: Interim Director	
15. DATE SUBMITTED: October 16, 2012	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: <u>October 16, 2012</u>	18. DATE APPROVED: <u>December 28, 2012</u>
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: <u>October 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:

Pen and ink changes per request dated 12.13.12