

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
12-15

2. STATE
Missouri

FOR: HEALTH CARE FINANCING ADMINISTRATION

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
07-01-2012

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:

Section 1924 of the Social Security Act
42 CFR 435.733

7. FEDERAL BUDGET IMPACT:

a. FFY 12	\$ 1,632,881.00
b. FFY 13	\$ 1,637,009.00

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 2.6-A, Page 4a

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Supersedes MS-03-18 Attachment 2.6-A, Page 4a

10. SUBJECT OF AMENDMENT:

Increase In Personal Needs Allowance

11. GOVERNOR'S REVIEW (Check One):

- GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Brian Kinkade

14. TITLE:

Interim Director, Department of Social Services

15. DATE SUBMITTED:

16. RETURN TO:

Alyson Campbell, Director
Family Support Division
P.O. Box 2320
Jefferson City, MO 65103

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

September 28, 2012

18. DATE APPROVED:

December 21, 2012

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

July 1, 2012

20. SIGNATURE OF REGIONAL OFFICIAL:

/s/

21. TYPED NAME:

CDR Delia Jones-McNorgh

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

23. REMARKS:

pen and ink charge per State Request dated 12.13.12