

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES

1. TRANSMITTAL NUMBER:

1 2 - 1 6

2. STATE
MO

3. PROGRAM IDENTIFICATION:
TITLE XIX OF THE SOCIAL SECURITY ACT
(MEDICAID)

4. PROPOSED EFFECTIVE DATE

December 31, 2012

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

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 440.130(d)

7. FEDERAL BUDGET IMPACT:

a. FFY 2013 \$ 0.00

b. FFY _____ \$ _____

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-B, Page 4aa

Attachment 3.1-A Page 17aaaaaa

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

Attachment 4.19-B, Page 4aa

Attachment 3.1-A Page 17aaaaaa

10. SUBJECT OF AMENDMENT:

This amendment reflects a change in the sunset date for Adult Day Health Care services from December 31, 2012 to June 30, 2013.

11. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT *su*

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 65102-6500

13. TYPE NAME: Brian Kinkade

14. TITLE: Interim Director

15. DATE SUBMITTED:

August 28, 2012

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: August 28, 2012

18. DATE APPROVED: November 21, 2012

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

December 31, 2012

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Leticia Barraza

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

23. REMARKS:

pen and ink changes per State request dated 10.18.12